

KINDY

APPLICATION FOR ENROLMENT

PERSONAL DETAILS PLEASE PRINT ALL DETAILS BELOW

Child's Surname	Given names	Date of birth / /	Sex (M / F)
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Parent / Carer Surname:	Given name:	Mrs / Ms Miss / Mr
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Residential Address (must be completed)	Postcode
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Email Address: _____

Phone: Home	Phone: Work	Mobile Phone No:
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Are there any siblings currently attending this school? Please indicate: YES NO

Names and year levels: _____

PERMANENT RESIDENT OF AUSTRALIA? Please indicate: YES NO

If No, VISA SUB CLASS Number: _____

DISABILITY / MEDICAL CONDITION?

THIS INFORMATION WILL ASSIST THE SCHOOL PRINCIPAL WITH CONSIDERING WHETHER ANY SPECIFIC OR ADDITIONAL RESOURCES ARE REQUIRED AND AVAILABLE TO ASSIST THE SCHOOL WITH PROVIDING THE BEST EDUCATIONAL PROGRAM FOR YOUR CHILD. PLEASE TICK BOX TO INDICATE:

PHYSICAL YES <input type="checkbox"/> NO <input type="checkbox"/>	INTELLECTUAL YES <input type="checkbox"/> NO <input type="checkbox"/>	MEDICAL YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER YES <input type="checkbox"/> NO <input type="checkbox"/>
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PLEASE OUTLINE NATURE OF DISABILITY/MEDICAL CONDITION:

IMMUNISATION

Is your child immunised? YES NO
 A child must now have an Australian Immunisation Register (AIR) History Statement when enrolling into Kindy. You will be asked to provide this statement at a later date.

**I declare that the information provided on this form is true.
 I also declare that this is the ONLY application I have made at a WA Government School.**

Signature of parent/guardian _____ Date _____

Once you have lodged your completed Application, a letter will be sent to you in August regarding the Enrolment process.

OFFICE USE ONLY

Date received: _____