Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

Office Use
Year Group: _____
Additional Notes: _____
IN / OUT of area- KMS: _____
P1 – P2 – P3 – P4

Application for Enrolment

Kindergarten to Year 6

You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Kindergarten or Pre-Primary for the current or following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school on 9297 7050 or email UpperSwan.PS.Enrolments@education.wa.edu.au

SCHOOL NAME

School name	Upper Swan Primary School

PERSONAL DETAILS (Please complete all details below)

Child's surname			
Legal surname (if different)			
Given names			
Date of birth (dd/mm/yy)	/ /	**Gender**	◯ Male ◯ Female ◯ Not Specified
Parent Surname			
Parent First Name		**Title**	◯ Mr ◯ Mrs ◯ Ms Other
Residential Address (must be completed)			
		Postcode	
Postal Address (if different from residential address)			
		Postcode	
Telephone (Home)		**Telephone (Work)** (If convenient)	
Mobile Phone No.		**Email**	

PERSONAL DETAILS (Continued)

Year Level enrolling in **Start date:** Beginning of following school year ◯ **Yes** ◯ **No**

If no, indicate start date / /

If applicable, year level your child is currently enrolled in (e.g. Year 6)

If applicable, name of school at which your child is currently or was last enrolled

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

◯ **Yes** ◯ **No**

Will there be any brothers or sisters attending this school? ◯ **Yes** ◯ **No**

Name/s and year levels

Is your child currently under suspension from a school? ◯ **Yes** ◯ **No**

If yes, name of school

Is your child a temporary resident? ◯ **Yes** ◯ **No** **If yes, please indicate:**

Date entered Australia if born overseas. / /

Visa Sub Class No. Visa expiry date / /

Does the student speak a language other than English at home?

◯ **No, English Only** ◯ **Yes, Aboriginal English** ◯ **Yes, other language – please specify**

(if more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home

Does the student mainly speak English at home? ◯ **Yes** ◯ **No**

English as an additional language (EALD) funding assists schools to support student learning English.

What is the status of your child's Australian Immunisation Register (AIR) Immunisation History Statement

◯ Up to date ◯ Not up to date ◯ Catch up schedule ◯ Exempt (please see front office for form)

Is your child of Aboriginal or Torres Strait Islander origin?

◯ **No** ◯ **Yes, Aboriginal** ◯ **Yes, Torres Strait Islander (TSI)** ◯ **Yes, both Aboriginal and TSI**

Does your child have health or medical condition, disability or additional needs? ◯ **Yes** ◯ **No**

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

New Student Questionnaire

What do you see as your child's strengths?

What does your child find challenging or difficult to deal with?

What are your child's social and behavioural strengths?

What are your child's current learning goals?

(PP to Year 6) In your opinion how is your child progressing academically compared to other children his/her age?

(PP to Year 6) Has your child had an individual or group plan at their current school?

(PP to year 6) What would you like to tell us about your child that we couldn't read in a school report?

What would you like us to know about your family's culture/cultural background?

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of person enrolling child

Title ☐ **Mr** ☐ **Mrs** ☐ **Ms** **Other**

Relationship to child

Contact Phone Number

☐ **By ticking this box, you understand this Application for Enrolment may be declined if evidence of the student's usual place of residence is insufficient, false or misleading.**

Signature **Date** / /

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct**

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

All applications must have the below documents 1-3. Any incomplete applications will not be accepted.

Checklist: Check the box ☒ to indicate documents provided to support this application.

☐ 1. Birth Certificate or extract or other identity documents

☐ 2. Proof of residential address. Please provide;

1 copy of proof of home ownership, such as rates notice or lease agreement; and

1 copy of additional information, such as driver's licence, a utilities account, home insurance or statutory declaration.

Please note, your application may be declined if evidence of the student's usual place of residence is insufficient, false or misleading.

☐ 3. Latest School Report (PP – Year 4 only)

☐ 4. Copies of Family Court or any other court orders (if applicable)

☐ 5. Information relating to suspensions (if applicable)

☐ 6. Information relating to health or medical condition, disability or additional needs (if applicable)

Please provide any other relevant information.

OFFICE USE ONLY

Documents provided: 1 to 3 is a must.

- ☐ 1. Birth Certificate or extract or other identity documents
- ☐ 2. Proof of residential address supplied
- ☐ 3. Latest School Report
- ☐ 4. Copies of Family Court or any other court orders (if applicable)
- ☐ 5. Information relating to suspensions (if applicable)
- ☐ 6. Information relating to health or medical condition, disability or additional needs (if applicable)

Date application received / / **Year Level** **Classroom** **Faction**

Principal's approval Application for Enrolment approved ☐ YES NO ☐

Name

Signature of principal/delegate **Date** / /