



## CARRAMAR PRIMARY SCHOOL

### OFFICE USE ONLY

Date received: \_\_\_\_\_ Year Level: \_\_\_\_\_  
Birth Cert / Passport sighted: YES  NO   
Family Court Order sighted: YES  NO   
Visa (if applicable) sighted: YES  NO   
Immunisation sighted: YES  NO   
Carramar Resident YES  NO

**Kindy 2022**

## APPLICATION FOR ENROLMENT FORM

### DECLARATION

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

Name of child: \_\_\_\_\_

Name of person enrolling child:

Title: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.**

**NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.**

### DOCUMENTS TO BE PROVIDED

Checklist:

Please place an 'X' in the box  to indicate each document attached (or sighted) to this application form.

1. Birth Certificate (original or certified copy) or extract or other identity documents   
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation records (available online at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au), through the MyGov website or
3. [by calling 1800 653 809](http://www.medicareaustralia.gov.au)) **This is the only immunisation record that will be accepted.**
4. Copies of Family Court or any other court orders (if applicable)
5. Proof of address. Applicants are asked to provide current pieces of evidence (**minimum of 2**) to confirm their residential address. These may include: 
  - **Water account**
  - **Electricity account**
  - **Gas account**
  - **Council rate notice**
  - **Rental agreement**
6. Information relating to suspensions or exclusions
7. Information relating to disability

If your child was not born in Australia, you must provide evidence of:

1. Date of entry into Australia
2. Passport
3. Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:

- Confirmation of enrolment or evidence of any permission to transfer   
provided by [Education and Training International \(ETI\)](http://Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au) email: [study.eti@dtwd.wa.gov.au](mailto:study.eti@dtwd.wa.gov.au)  
(if holding an International full fee student visa, sub class 571);  
OR  
Evidence of the visa for which the student has applied if the student holds a bridging visa

**PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

|  |                   |                       |             |
|--|-------------------|-----------------------|-------------|
| Child's surname<br>Legal (if different)  | Given names:      | Date of birth:        | Sex (M / F) |
| Surname of parent/responsible person:  | Given names:      | Mr / Mrs / Ms / Other |             |
| Residential Address (must be completed):   |                   |                       | Postcode:   |
| Nearest intersecting street:   |                   |                       |             |
| Postal Address (if different from residential address):  |                   |                       | Postcode:   |
| Telephone (Home):  | Mobile Phone No.: |                       |             |
| Work (if convenient):  | Email:            |                       |             |
| Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                   |                       |             |
| Is the child subject to access restrictions? If yes, please specify and attach supporting documentation.<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                   |                       |             |
| Is there currently any brothers or sisters attending this school?<br>Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO  |                   |                       |             |
| Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____  |                   |                       |             |
| Does your child have a disability/medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Please indicate whether:<br><input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s<br>Please outline nature of disability/medical condition/s (or attach details):<br>_____<br><i>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.</i> |                   |                       |             |
| Application for Enrolment approved: Yes / No      ____/____/____ (date)  |                   |                       |             |

As per Department Policy, enrolment in Kindergarten does not guarantee enrolment at the same school for the following compulsory year unless the child lives in that school's local-intake area.