



**APPLICATION FOR ENROLMENT FORM**  
(For enrolment in a Western Australian Public School)

**OFFICE USE ONLY**

Date received:	_____
Sighted:	Birth certificate    Passport    Travel document
Student resides within local intake area	YES    NO
Visa subclass documents	YES    NO
Family Court Order/s:	YES    NO
Immunisation History statement	YES    NO

**DECLARATION**

Year Level: \_\_\_\_\_ Start date: Beginning of school year **20**\_\_\_\_\_:    YES    NO If NO, indicate start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Surname \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Mr Mrs Ms Miss

Name of person enrolling student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(The information and statements provided in this application are true and accurate) 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.

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

<b>Child's Surname</b>	<b>Legal Name (if different)</b>	<b>Sex</b> Male    Female    Other
<b>Child's given name</b>		<b>Date of birth:</b> / /
<b>Postal Address (if different from residential address):</b>		<b>Postcode:</b>
<b>Telephone (Home):</b>  <b>Work Contact number (if applicable)</b>	<b>Parent/Guardian Mobile:</b>  <b>Parent/Guardian Email:</b>	
Are there any Family Court Orders regarding welfare and development of the child?    YES    NO		
Is the child subject to access restriction?    YES    NO <i>If yes, please specify and attach supporting documentation.</i>		
<b>Names of siblings currently attending Henley Brook Primary School (or also enrolling)</b>		
Sibling 1 Surname _____	First Name: _____	Year: _____
Sibling 2 Surname _____	First Name: _____	Year: _____
If applicable, name of school at which the child is currently or was last enrolled: _____		
Is your child currently under suspension from another school    YES    NO		
If YES, Name of school _____		
Does your child have an Australian Immunisation History statement (SIR) Australian immunisation Register? YES    NO <i>If your application is accepted, you will be asked to provide an Australian Immunisation Register(AIT) Immunisation History statement that is not, more that two months old.</i>		
Is the student of Aboriginal or Torres Strait Islander Origin?    YES    NO		
Citizen born outside of Australia    New Zealand citizen    Permanent resident    Temporary resident		
First year student attended an Australian School: (DD/MM/YYYY) ____/____/____		
Is your child a permanent resident of Australia?    YES    NO		
If <b>NO</b> , please indicate date entered Australia: _____ Visa Sub Class No.: _____		
Does your child have a disability/medical condition? <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>		
Please indicate whether:    Physical    Intellectual    Other medical condition/s		
_____		
Please outline nature of disability/medical condition/s and provide documentation if applicable (or attach details).		
Principal Name: _____ Application for Enrolment approved:    YES    NO		
Signature of Principal: _____ DATE ____/____/____		