# APPLICATION FOR ENROLMENT

## WESTERN AUSTRALIAN GOVERNMENT SCHOOL

**Please read the attached general information sheet and submit to the school of your choice**

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

<table>
<thead>
<tr>
<th>Child's surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Sex (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname of parent/guardian</td>
<td>Given names</td>
<td>Mr/Mrs/Ms</td>
<td></td>
</tr>
<tr>
<td>Residential Address (must be completed)</td>
<td></td>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Nearest intersecting street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address (if different from residential address)</td>
<td>Postcode</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone – Home</td>
<td>Work (if convenient)</td>
<td>Mobile Phone No</td>
<td></td>
</tr>
</tbody>
</table>

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (✓) YES □ NO □

If applicable, year level child currently enrolled in (e.g. year 7)

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

Are you applying to enrol in a specialist program at this school? Please indicate (✓) YES □ NO □

Name of specialist program:

Are there any siblings currently attending this school? Please indicate (✓) YES □ NO □

Names and year levels:

** Is your child currently under suspension from a school? Please indicate (✓) YES □ NO □ N/A □

If yes, name of school:

** Has your child ever been excluded from a school? Please indicate (✓) YES □ NO □ N/A □

If yes, name of school:

**2. PERMANENT RESIDENT OF AUSTRALIA?** Please indicate (✓) YES □ NO □

If no, please indicate date entered Australia: VISA SUB CLASS No:

**3. 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 indicate (✓)

- Physical
- Intellectual
- Other
- Medical Condition

Please outline nature of disability/medical condition:

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I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.

Signature of parent/guardian Date ___________________

Signature of parent/guardian Date ___________________

Signature of parent/guardian Date ___________________

** These questions are unlikely to apply to kindergarten and pre-primary children.