

Cooinda Primary School

Independent Public School



Our Kids
Safe, Happy, Learning

APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.

DECLARATION

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

Name of child : _____ (1st name) _____ (2nd name) _____ (surname)

Childs DOB : ____/____/____ Male Female

Name of person enrolling child : _____ (title) _____

Relationship to child : _____

(Independent Minors and those aged 18 years or older may apply on their own behalf)

Email: _____ Mobil: _____

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 identifying documents.....
(Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided.)
2. Immunisation Certificate.....
3. Copies of Family Court or any court orders (if applicable).....
4. Proof of address (see requested documentation in the attached Parent Information).....
5. Information relating to suspensions or exclusions.....
6. 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 or travel documents.....
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 of evidence of any permission to transfer.....

Provided by [Education and Training International \(ETI\)](http://www.educationandtraininginternational.com.au) email: 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)

Childs surname : _____ 1st Name _____ 2nd Name _____

Childs legal surname (if different) _____

Name of person responsible for child: Mr/Mrs/Ms other _____

Residential Address: _____ Postcode _____

Nearest intersecting street : _____

Postal address (if different from residential address) _____ Postcode _____

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? YES/NO (please circle)

Is the child subject to access restriction? If yes, please specify and attach supporting documentation? YES/NO (please circle)

Year Level : _____ Start date : _____

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

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

_____ Siblings attending Coinda Primary School : _____

Are you applying to enrol in the Autism Spectrum Disorder program at this school? YES/NO (If yes, please complete Appendix 1)

Is your child currently under suspension from a school: YES/NO (please circle)

If yes, name of school :

Has your child ever been excluded from a school? YES/NO (please circle)

If yes, name of school:

Is your child a permanent resident of Australia? YES/NO (please circle)

If No, please indicate date entered Australia : _____ Visa Sub Class No: _____

Does your child have a 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 education program for your child.* Please indicate whether (please circle) :

Physical YES/NO Intellectual YES/NO Other medical conditions YES/NO

Please outline nature of disability/medical condition/s (or attach details).

Application for Enrolment approved: _____ (signature of Principal) ____/____/____