



WEST LEEDERVILLE
PRIMARY

KINDERGARTEN 2020

APPLICATION FOR ENROLMENT

GENERAL INFORMATION (FOR KINDERGARTEN)

This is an application only and not an enrolment.

A parent/responsible person applying to enrol a child in a public school should complete this *Application for Enrolment* form. Only permanent Australian residents and those children holding an approved visa subclass number are eligible to enrol in public schools. Children may be enrolled in Kindergarten in one school only, either public or private.

Please complete one form for each child. You will also be required to show proof of your child's date of birth (usually birth certificate) and of your usual place of residence. An example of this would be a utilities account (electricity, water or telephone) showing your name and usual place of residence.

Applications for the first round of offers for Kindergarten are accepted any time during the year before attending until the closing date. For children starting in Kindergarten the closing date for applications for the first round of offers is the first Friday in Term 3 of the previous year. Applications may still be made after this date and will be considered on a case by case basis, in accordance with the Department of Education's *Enrolment Policy* which can be found at <http://www.det.wa.edu.au/policies>.

Once accepted, you will be required to complete enrolment procedures at the school. Parents should bring evidence of the child's legal name, immunisation records, immigration records (if applicable) and medical information. Any Family Court Orders or parenting plans registered with the Family Court should also be made available at the time of enrolment.

If your Application for Enrolment is not accepted, you will be advised in writing within three weeks of the advertised closing date for applications. Should you disagree with a school's decision regarding your Application for Enrolment you can appeal to the District Education Office in the district in which the school is located. Prior to submitting an appeal, however, it is recommended that you contact the principal to discuss your grievance informally.

Students in the pre-compulsory year of schooling (Kindergarten) are guaranteed a place in a public school. Where possible this will be their local school. The following selection criteria are to be applied in considering applications for enrolment:

First Priority	Second Priority	Third Priority	Fourth Priority
Child residing in the local-intake area who has a sibling also enrolled at the school in the current year, and who lives nearest the school.	Child in the local-intake area who does not have a sibling enrolled at the school in the current year, and who lives nearest the school.	Child not residing in the local-intake area who has a sibling also enrolled at the school in the current year, and who lives nearest the school.	Child not residing in the local-intake area who does not have a sibling enrolled at the school in the current year, and who lives nearest the school.

All information provided on the Application for Enrolment form will be treated confidentially. Section 242 of the *School Education Act 1999* and the Department of Education's *Information Privacy and Security policy* preclude this information from being used for any purpose other than:

- to determine whether your application for enrolment can be accepted;
- to assist the school with addressing any needs for your child if enrolment is accepted; and
- to comply with legal requirements or ministerial directions.



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OFFICE USE ONLY

Date received: _____

Birth certificate sighted: YES NO

Visa sighted YES NO

Family Court Order sighted YES NO

KINDERGARTEN APPLICATION FOR ENROLMENT 2020

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M /F)
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Surname of parent/responsible person	Given names	Mr/Mrs/Ms
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Residential Address (must be completed)	Postcode
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Nearest intersecting street

Postal Address (if different from residential address)	Postcode
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Telephone – Home	Mobile Phone No
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Work	Email
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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

Will there be any brothers or sisters attending this school?
Please indicate (√) YES NO

Names and year levels:

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
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please outline nature of disability/medical condition:

I declare that the information provided on this form is true. I also declare that this is the ONLY application I have made.

Signature of parent/responsible person: _____

Date: _____