



WEST LEEDERVILLE
PRIMARY

APPLICATION FOR ENROLMENT

GENERAL INFORMATION (FOR ALL PRE-PRIMARY TO YR 6 ENROLMENTS)

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.

Please complete one form for each child. You will also be required to show proof of your child's date of birth and of your usual place of residence.

Once accepted, you will be asked to show your child's Birth Certificate or birth extract or equivalent identity documents; your child's 'Immunisation Certificate'; usual place of residence: for example utilities account, lease agreement of at least three months, proof of ownership of property, driver's licence, statutory declaration; copies of any Family Court or other court orders; and visa details (if applicable). You will be required to complete the enrolment procedures at the school.

Decisions about the enrolment of your child into a specific year of schooling and/or the educational program will be based on age eligibility, as well as the child's level of previous schooling, achievement levels and identified needs.

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, it is recommended that you contact the principal to discuss your grievance informally.

Where the school has a local-intake area, an eligible child whose place of residence is within that area is guaranteed enrolment in the compulsory years of schooling (Pre-primary to Year 12).

Children whose usual place of residence is not in the local-intake area may be accommodated where possible. If the school has further capacity to accommodate children from outside the local-intake area, after making provision for local-intake area needs, the following selection criteria are to be applied in considering

| 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. |

applications for enrolment:

Families residing in the local-intake area may lodge the Application for Enrolment form and the Enrolment Form concurrently.

All information provided on this form will be treated confidentially. Section 242 of the *School Education Act 1999* precludes 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

APPLICATION FOR ENROLMENT FORM

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

| | | | |
|-----------------|-------------|---------------|------------|
| Child's surname | Given names | Date of birth | Sex (M /F) |
|-----------------|-------------|---------------|------------|

| | | |
|--------------------|-------------|-----------|
| Surname of parent/ | Given names | Mr/Mrs/Ms |
|--------------------|-------------|-----------|

| | |
|---|----------|
| 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?
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:

Will there be any brothers or sisters 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 YES <input type="checkbox"/> NO <input type="checkbox"/> | Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/> | Other YES <input type="checkbox"/> NO <input type="checkbox"/> | Medical Condition 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.

Signature of parent/responsible person _____ Date _____