Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

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Application for Enrolment in a Western Australian Public School (Primary)

You must complete a separate enrolment application for each student.

IMPORTANT

1. Please ensure that all requested documentation is included and returned to Port Hedland Primary School.
2. This application will **NOT** be processed unless all supporting documentation is received, including proof of address.
3. **Immunisation:** You are required to provide the school with this information when you apply to enrol your child.
4. You must supply an **AIR Immunisation History Statement**, **no more than two months old**.
5. Children may be enrolled for Kindergarten in one school only, either public or private.
6. Interpreters may be available for school enrolment interviews; would an Interpreter be required? ◯ Yes ◯ No

Submitting an application for enrolment does not guarantee you will receive a place at the school.

The school will notify you of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education website.

SCHOOL NAME

Enrolment Year - 20 ☐☐ *Select* Year Level Kindy ☐ Pre-Pr ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5 ☐ Yr 6 ☐

School name PORT HEDLAND PRIMARY SCHOOL

PERSONAL DETAILS (Please complete all details below)

Child's surname

Legal surname (if different)

Given names

Date of birth (dd/mm/yy) ☐☐ / ☐☐ / ☐☐ **Gender** ◯ Male ◯ Female ◯ Not Specified

Parent/Guardian Surname

Parent/Guardian First Name **Title** ◯ Mr ◯ Mrs ◯ Ms Other

Residential Address (must be completed)

Postcode

Postal Address (if different from residential address)

Postcode

Telephone (Home) **Telephone (Work)** (If convenient)

Mobile Phone No. **Email**

PERSONAL DETAILS (Continued)

Year Level enrolling in ☐ **Start date: Beginning of school year** ◯ YES ◯ NO

If no, indicate start date ☐☐ / ☐☐ / ☐☐

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

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

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

◯ YES ◯ NO

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

◯ YES ◯ NO

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

Will there be any brothers or sisters attending this school? ◯ YES ◯ NO

Name/s and year levels

Is your child currently under suspension from a school? ◯ YES ◯ NO

If yes, name of school

Is your child a temporary resident? ◯ YES ◯ NO If yes, please indicate:

Date entered Australia if born overseas. ☐☐ / ☐☐ / ☐☐

Visa Sub Class No. Visa expiry date ☐☐ / ☐☐ / ☐☐

Does your child have health or medical condition, disability or additional needs? ◯ YES ◯ NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

PERSONAL DETAILS (Continued)

Is the student of Aboriginal or Torres Strait Islander origin?

◯ No ◯ Yes, Aboriginal ◯ Yes, Torres Strait Islander (TSI) ◯ Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

◯ No, English only ◯ Yes, Aboriginal English ◯ Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home?

Does the student mainly speak English at home? ◯ YES ◯ NO

DOCUMENTS TO BE PROVIDED

Checklist: Check the box ☒ to indicate documents you can provide to support this application.

The school requires two items of proof of address.

FIRST item must be one of the following:

☐ Your current water or council rates bill *(if owner occupier)* **OR**
☐ Rental or Lease Agreement ***OR***
☐ Company Rental, with housing authority supporting letter

SECOND item must be a utilities bill showing residential address:

☐ Electricity Account *(most recent)*
☐ Gas Account (*most recent*)
☐ NBN or Internet Account (*most recent*)
☐ Telephone Bill - post paid (*most recent)*

ADDITIONAL DOCUMENTS

☐ 1. Birth Certificate or extract or other identity documents
☐ 2. Copy of Visa / Passport
☐ 3. Copies of Family Court or any other court orders (if applicable)
☐ 4. Copy of AIR Immunisation History Statement (*not more than 2 months old*). Available from My Gov or Medicare.
☐ 5. Information relating to suspensions
☐ 6. Information relating to health or medical condition, disability or additional needs (if applicable)
☐ 7. Additional Kindergarten Form (required document if enrolling for Kindergarten or Pre-Primary)
☐ 8. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

Please provide any other relevant information.

DECLARATION

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

Name of person enrolling child

Title ◯ Mr ◯ Mrs ◯ Ms Other

Relationship to child

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

Telephone (Home) **Telephone (Work)**

Mobile Phone No.

Signature **Date** / /

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct**

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

OFFICE USE ONLY

Documents provided:

1. Birth Certificate or extract or other identity documents ◯ YES ◯ NO
2. Copies of Family Court or any other court orders ◯ YES ◯ NO
3. Proof of address ◯ YES ◯ NO
4. Information relating to suspensions ◯ YES ◯ NO
5. Information relating to health or medical condition, disability or additional needs ◯ YES ◯ NO
6. Kindergarten Additional Information form ◯ YES ◯ NO

Date application received / / **Year Level**

Principal's approval Application for Enrolment approved ◯ YES ◯ NO

Name

Signature of principal/delegate **Date** / /