



**COOLOONGUP PRIMARY
SCHOOL
AN INDEPENDENT PUBLIC SCHOOL**

APPLICATION FOR ENROLMENT (CONFIDENTIAL) PRIMARY 2021

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)		
Child's Surname	Legal or Previous Surname <i>(if different)</i>	Sex (M/F)
Child's First Name	Child's Middle Name/s	Date of Birth
Surname of parent/guardian	Given names	Mr/Mrs/Ms
Residential Address (must be completed)		Postcode
Nearest intersecting street		
Postal Address (if different from residential address)		Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes Aboriginal Yes <input type="checkbox"/> Torres Strait Islander		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <i>(if yes, please attached supporting documents)</i> Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Is this child subject to access restriction? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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:		
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any siblings currently attending this school? Names and year levels:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>
** Is your child currently under suspension from a school? If yes, name of school:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
** Has your child ever been excluded from a school? If yes, name of school:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>		
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:		
Application for Enrolment approved: _____ (Signature of Principal/Delegate) ____/____/____		



**COOLOONGUP PRIMARY
SCHOOL
AN INDEPENDENT PUBLIC
SCHOOL**

OFFICE USE ONLY		
Date received:	Year: _____	
Birth certificate/Passport sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
AIR Immunisation History	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family Court Order sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Resides in Local Intake	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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: _____

Name of person enrolling child: _____

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____
(Independent Minors and those aged 18 years or older may apply on their own behalf)

Tel (H): _____ Tel (W): _____ Mobile: _____

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.
**Note: If you are typing the information into this form, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.*

- Birth Certificate (original or certified copy) or extract or other identity documents
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
- Australian Immunisation Register (AIR) Immunisation History Statement; or
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer
- Copies of Family Court or any other court orders (if applicable)
- Proof of address (see Requested documentation in the attached Parent information)
- Information relating to suspensions or exclusions
- Information relating to disability

If your child was not born in Australia, you must provide evidence of:

- Date of entry into Australia
- Passport or travel documents
- Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:
Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA

or
Evidence of the visa for which the student has applied if the student holds a bridging visa
.....