Department of EDUCATION

***Please read the general information sheet overleaf and submit to the school of your choice.*

OFFICE USE ONLY
Date received:_____
Birth certificate attached: YES ☐
Immunisation Records attached: YES ☐
Proof of residence attached YES ☐
Copy of Lease Attached YES ☐
Family Court Order attached: YES ☐

Please return this Application for Enrolment form along with copies of your *child's birth certificate*, *immunisation records and proof of your address (most recent utilities' account ie: Synergy Energy or Alinta Gas* – this is the only form of proof of residence we accept). *If you are renting, please provide a copy of your lease agreement as well as a utilities account.*

APPLICATION FOR ENROLMENT INTO KINDERGARTEN FOR 2017

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

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

Parent /Guardian Name/s

Mother _____ Father _____

Child lives with Mother ☐ Father ☐ Both Parents ☐

Is this student subject to any court orders in respect of their care, welfare and development? ☐ Yes ☐ No
If YES please attach supporting documentation.

Mother Residential Address (must be completed) Rental Property ☐ Yes (please attach copy of lease) ☐ No

Father Residential Address (must be completed) Rental Property ☐ Yes (please attach copy of lease ☐ No

Mother Telephone	Father Telephone
Home _____ Mobile _____	Home _____ Mobile _____

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:

Are there any siblings currently attending this school? ☐ Yes ☐ No
Names and year levels:

****** Is your child currently under suspension from a school? ☐ Yes ☐ No ☐ N/A
If yes, name of school:

****** Has your child ever been excluded from a school? ☐ Yes ☐ No ☐ N/A
If yes, name of school:

2. PERMANENT RESIDENT OF AUSTRALIA? ☐ 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.

Physical	Intellectual	Other	Medical Condition
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Please outline nature of disability/medical condition:

I declare that the information provided on this form is true. This is the ONLY application for enrolment I have made. I have attached PROOF of RESIDENCE in the form of a current utilities (power / gas) bill and a copy of my lease agreement (if required) and I declare that the address stated <u>is my child's usual place of residence</u>.

Name of Parent/Guardian completing this form _____

Signature of Parent/Guardian _____ Date _____

APPLICATION** *These questions are unlikely to apply to kindergarten and pre-primary children.*

Preferred Days
Please tick box

☐ **Monday, Tuesday, alternate Wednesdays** ☐ **alternate Wednesday, Thursday Friday**

☐ **No preference**