



BEENYUP PRIMARY SCHOOL

APPLICATION FOR ENROLMENT 2020 PP-Yr 6

(For enrolment in a Western Australian Public School)

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre - English as an Additional Language or Dialect (EAL/D) Program. Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

Documentary evidence, including court orders relating to your child, may be required to support information supplied. Principals may consult with the Education Regional Office where sufficient evidence has not been supplied. All official records must be in the child's **legal** name. The use of a preferred name may be possible for informal communications.

It is highly recommended not to purchase items such as uniforms until you receive confirmation of enrolment.

The Department's *Enrolment Policy* can be found at <http://www.det.wa.edu.au/policies>.

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.

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.

Once the application has been accepted, you will be required to complete an Enrolment Form and submit it to the school. If your Application for Enrolment is not accepted, you will be advised in writing within three weeks of the advertised closing date for applications, **26th July 2019**. Should you disagree with a school's advice regarding your application for enrolment please contact the principal in the first instance. The Coordinator Regional Operations at your Education Regional Office can provide advice if a concern has not been resolved. Information about formal disputes can be obtained from the school, the Education Regional Office or the Department's Enrolment Policy which can be found at <http://www.det.wa.edu.au/policies>.

For parents of students with disability

In order to provide an appropriate education program, the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

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.

BEENYUP PRIMARY SCHOOL

APPLICATION FOR 2020 ENROLMENT

(For enrolment in a Western Australian Public School)

OFFICE USE ONLY

Date received: _____

Year Level:

3 Proof of Residency sighted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Owner / Non Owner	
Birth Certificate sighted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Immunisation Records sighted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Passports & Visa sighted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sibling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In Zone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Court Order/s:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Accepted	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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.

1. 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).
2. Immunisation History Statement (Medicare Statement)
3. Copies of Family Court or any other court orders (**if applicable**)
4. Proof of address (1. Rates Notice / Lease Agreement, 2. Drivers Licence & 3. Utilities Bill
6. Information relating to Medical Conditions / Disability

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

1. Date of entry into Australia
2. Passport
3. Visa Grant Notice

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer
provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);

or

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

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname: _____	Given names: _____ _____	Date of birth: _ _ / _ _ / _ _ _ _	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Legal (if different): _____	_____	_____	_____
Surname of parent/responsible person: _____	Given names: _____	Mr / Mrs / Ms: _____	
Residential Address (must be completed): _____			Postcode: _ _ _ _
Nearest intersecting street: _____			
Postal Address (if different from residential address): _____			
Telephone (Home): (08) _ _ _ _ - _ _ _ _	Mobile Phone No: _ _ _ _ _ _ _ _		
Work (if convenient): (08) _ _ _ _ - _ _ _ _	Email: _____ @ _____		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will there be any brothers or sisters attending this school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name/s and year levels: _____ Year: _____ _____ Year: _____			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Does your child have a disability/medical condition? <i>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.</i> Please indicate whether:			
Physical <input type="checkbox"/> YES <input type="checkbox"/> NO	Intellectual <input type="checkbox"/> YES <input type="checkbox"/> NO	Other <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical Condition <input type="checkbox"/> YES <input type="checkbox"/> NO
Please outline nature of disability/medical condition/s (or attach details). _____			

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: _____