

**WESTERN AUSTRALIAN  
PUBLIC SCHOOL**

*\*\*Please read the attached general information sheet and submit to Edgewater Primary School*

**[Years K to 6]**

Student Year Level: .....

**OFFICE USE ONLY**

Date received: .....

Birth certificate sighted: YES  NO

Immunisation Sighted YES  NO

Visa sighted YES  NO

Family Court Order sighted YES  NO

**APPLICATION FOR ENROLMENT**

<b>1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)</b>			
Child's surname	Given names	Date of birth	Sex (M /F)
Surname of parent/guardian [Mother]	Given names	Mrs/Ms/Miss	
Surname of parent/guardian [Father]	Given names	Mr	
Residential Address (must be completed)			Postcode
Postal Address (if different from residential address)			Postcode
Telephone – Home [Mother]	Work	Mobile Phone No	
Email Mother:		Email Father:	
Telephone – Home [Father]	Work	Mobile Phone No	
Is this student in the care of the Department of Community Development [DCD] Chief Executive Officer? Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are there any siblings currently attending this school? Names and year levels: Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>			
Previous School:			
Movement Reason: [if applicable]			
<b>2. AUSTRALIAN CITIZEN</b>		Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>PERMANENT RESIDENT OF AUSTRALIA?</b>		Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, please indicate date entered Australia: .....			
VISA SUB CLASS No: ..... Visa Expiry Date: .....			
<b><u>This section must be fully completed</u></b>			
<b>3. DISABILITY/MEDICAL CONDITION?</b>			
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:			
<b>I declare that the information provided on this form is true.</b>			
<b><i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</i></b>			
Signature of parent/guardian _____ Date _____			