



Roebuck Primary School

PMB 4000 BROOME WA 6725

Phone: (08) 9195 1900

Email: roebuck.ps@education.wa.edu.au

Web: roebuckps.wa.edu.au

OFFICE USE ONLY

Date received: _____

Proof of Residential Address YES NO

Student resides within local intake area YES NO

Application Category: 1 2 3 4

Year Level: _____ Form _____

Birth certificate YES NO

Immunisation History Statement YES NO

School Entry Health Questionnaire YES NO

Passport/Travel document sighted YES NO

Visa sighted: YES NO

Family Court Order/s: YES NO

APPLICATION FOR ENROLMENT FORM Kindergarten 2021

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.

OFFICE USE ONLY

DOB: __ / __ / ____

DESTROY: _____

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: _____

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

Signature: _____ Date: ____ / ____ / ____ Kindergarten

Signature: _____ Date: ____ / ____ / ____ Pre-Primary to Year 6

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' (as provided by Medicare)
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (utilities bill or lease agreement reflecting your street address)
5. Information relating to suspensions or exclusions
6. Information relating to disability

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

1. Date of entry into Australia
2. Passport or travel documents
3. Current visa subclass and previous visa subclass (if applicable)

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 / F):
Legal (if different):			
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	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			
Year Level: _____			
Will the child start school at the beginning of the school year 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, indicate start date: ____ / ____ / ____			
If applicable, name of school at which the child is currently or was last enrolled:			
Did the student attend a Child and Parent Centre in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did the student attend KindiLink in the past year? <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			
Full Name/s and year level/s:			
Permission to update contact details for siblings to reflect details on this form? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child currently under suspension from a school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, name of school:			
Has your child ever been excluded from a school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, name of school:			
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.: _____			
International Fee Paying (if known) <input type="checkbox"/> YES <input type="checkbox"/> 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. Please indicate whether:</i>			
<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s			
Please outline nature of disability/medical condition/s (or attach details):			
Has your child experienced any difficulties or received any treatment for the following:			
<input type="checkbox"/> Toileting <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Occupational Therapy/Physiotherapy			
<i>This information will enable class teachers to best cater for the needs of all students in the class.</i>			
OFFICE USE ONLY			
Application for Enrolment entered: ____ / ____ / ____ (date) Entered by: _____ (signature)			