



# Roebuck Primary School

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### 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 2024

*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: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> 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](mailto: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: Legal (if different):	Given names:	Date of birth:	Sex (M / F):
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?  YES  NO  
 Is the child subject to access restriction? If YES, please specify and attach supporting documentation.  YES  NO

Will the child start school at the beginning of the school year **2024**?  YES  NO  
 If **NO**, indicate start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the student attend a Child and Parent Centre in the past year?  YES  NO

Did the student attend KindiLink in the past year?  YES  NO

Will there be any brothers or sisters attending this school?  YES  NO  
 Full Name/s and year level/s:

Permission to update contact details for siblings to reflect details on this form?  YES  NO

Is your child a permanent resident of Australia?  YES  NO

If NO, please indicate date entered Australia: \_\_\_\_\_ Visa Sub Class No.: \_\_\_\_\_

International Fee Paying (if known)  YES  NO

Does your child have a 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 whether:

Physical  Intellectual  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:

Toileting  Speech/Language Therapy  Occupational Therapy/Physiotherapy

*This information will enable class teachers to best cater for the needs of all students in the class.*

**OFFICE USE ONLY**

Application for Enrolment entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) Entered by: \_\_\_\_\_ (signature)