



Roebuck Primary School

PMB 4000 BROOME WA 6725
 Phone: (08) 9192 3377 Fax: (08) 9192 3388
 Email: roebuck.ps@education.wa.edu.au
 Web: roebuckps.wa.edu.au

| OFFICE USE ONLY | |
|--|---|
| Date received: | |
| Proof of Residential Address | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Student resides within local intake area | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Application Category: | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Year Level: _____ Form _____ | |
| Birth Certificate | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Immunisation History Statement | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| School Entry Health Questionnaire (PP) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Passport/Travel document sighted | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Visa sighted | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Family Court Order/s | <input type="checkbox"/> YES <input type="checkbox"/> NO |

APPLICATION FOR ENROLMENT FORM Pre-Primary to Year 6

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.

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|-----------------------|--|
| 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: ___ / ___ / ____ Pre-Primary to Year 6

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? YES NO

Is the child subject to access restriction? If YES, please specify and attach supporting documentation.

YES NO

Year Level: _____

Will the child start school at the beginning of the school year (20____)? YES NO

If NO, indicate start date: ____/____/____

If applicable, year level child currently enrolled in (e.g. Year 6):

If applicable, name of school at which the child is currently or was last enrolled:

Will there be any brothers or sisters attending this school?

Name/s and year levels: YES NO

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

Is your child currently under suspension from a school?

If YES, name of school: YES NO

Has your child ever been excluded from a school?

If YES, name of school: 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):

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Application for Enrolment entered: ____/____/____ (date) Entered by: _____ (signature)