

WESTERN AUSTRALIAN GOVERNMENT SCHOOL

**WILLANDRA PRIMARY SCHOOL
APPLICATION FOR ENROLMENT**

2025 KINDERGARTEN

OFFICE USE ONLY

DATE RECEIVED: _____

Birth certificate provided: YES NO
Immunisation provided: YES NO
4 Year Old Immunisation provided: YES NO
Visa provided: YES NO N/A
Family Court Order provided: YES NO N/A
Proof of address provided: YES NO
Proof of address not required (Older sibling at school) YES NO

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Gender (M /F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone - Home	Mobile Phone No		
Telephone - Work (if convenient)	Parent/Guardian Email address		
If applicable, name of school at which the child is currently or was last enrolled-			
Year level child currently enrolled in-			
Will there be any brothers or sisters attending this school Name and year level: Name and year level: Name and year level:	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"/>		
Is your child currently under suspension from a school If yes, name of school:	Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
Has your child ever been excluded from a school If yes, name of school:	Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
2. PERMANENT RESIDENT OF AUSTRALIA	Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			

3. 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 (√)

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:

I declare that the information provided on this form is true
If applying for a Kindergarten program, I also declare that this is the ONLY application I have made

I understand the following information: An application for my child to move into Pre Primary in 2026, could be declined should we reside outside the school intake area.

Signature of Parent/Guardian _____ Date ____/____/202__