

WESTERN AUSTRALIAN GOVERNMENT SCHOOL

WILLANDRA PRIMARY SCHOOL

202 ____ YEAR: _____

OFFICE USE ONLY	DATE RECEIVED: _____
Birth certificate provided:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Immunisation provided:	YES <input type="checkbox"/> NO <input type="checkbox"/>
4 Year Old Immunisation provided:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa provided:	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Family Court Order provided:	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Proof of address provided:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Proof of address not required (Older sibling at school)	YES <input type="checkbox"/> NO <input type="checkbox"/>

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Gender (M /F)
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Surname of parent/guardian	Given names	Mr/Mrs/Ms
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Residential Address (must be completed)	Postcode
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Nearest intersecting street

Postal Address (if different from residential address)	Postcode
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Telephone - Home	Mobile Phone No
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Telephone - Work (if convenient)	Parent/Guardian Email address
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If applicable, name of school at which the child is currently or was last enrolled-

Year level child currently enrolled in (e.g. Year 6)

Will there be any brothers or sisters attending this school Please indicate (√) YES NO

Name and year level:

Name and year level:

Name and year level:

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child
Please indicate (√) YES NO

** Is your child currently under suspension from a school Please indicate (√) YES NO N/A
If yes, name of school:

** Has your child ever been excluded from a school Please indicate (√) YES NO N/A
If yes, name of school:

2. PERMANENT RESIDENT OF AUSTRALIA Please indicate (√) YES NO

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"/>
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Please outline nature of disability/medical condition:

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

Signature of Parent/Guardian _____ Date _____

** These questions are unlikely to apply to Kindergarten and Pre Primary children