



# White Gum Valley Primary School

29 Hope Street  
White Gum Valley WA 6162  
☎ 08 9435 6900  
🌐 <http://www.whitegumvalley.wa.edu.au/>

## APPLICATION FOR ENROLMENT FORM FOR ENROLMENT IN A WESTERN AUSTRALIAN PUBLIC SCHOOL

*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.*

This application is for

Grade:    **K**    **PP**    **1**    **2**    **3**    **4**    **5**    **6**  
                                         

School Year of enrolment: \_\_\_\_\_

### 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: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**If this is an application for Kindergarten, I declare this to be the only application made.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**The school will advise you of any additional documentation required.**

**Checklist:** Please place an **\*X\*** in the box  to indicate documents you can provide to support this application.

1. Birth Certificate (original or certified copy) or extract or other identity documents .....
2. 'Immunisation History Statement' .....
3. Copies of Family Court or any other court orders (if applicable).....
4. Proof of address (see Requested documentation in the attached Parent information).....
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 \(ETI\)](mailto:study.eti@dtwd.wa.gov.au) 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

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## PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified	
Surname of parent/responsible person:	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:	
Work (if convenient):	Email:	
If applicable, year level child currently enrolled in (e.g. Year 7):		
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? Names and year levels:		YES <input type="checkbox"/> NO <input type="checkbox"/>
Is your child currently under suspension from a school? If YES, name of school:		YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child ever been excluded from a school? If YES, name of school:		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 your child?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Is your child a permanent resident of Australia? If NO, please indicate date entered Australia: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>
		Visa Sub Class No.: _____
Is your child a temporary resident?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please indicate date entered Australia: _____		Visa Sub Class No.: _____ Visa Expiry date: _____
Does your child have a disability/medical condition?		YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>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:</p> <p>Physical <input type="checkbox"/>      Intellectual <input type="checkbox"/>      Other medical condition <input type="checkbox"/> _____</p>		
<p><b>Please outline nature of disability/medical condition (or attach details).</b></p>          		