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**OFFICE USE ONLY** ~ Date received: \_\_\_\_\_  
Birth certificate sighted: YES ☐ NO ☐  
Immunization Records: YES ☐ NO ☐  
Visa sighted: YES ☐ NO ☐  
Family Court order sighted: YES ☐ NO ☐  
Application: accepted / not accepted

## APPLICATION FOR ENROLMENT ~ Pre Primary to Year 6 2018 (CONFIDENTIAL)

Please read the attached general information form before completing this form (D.O.B. from 1 July 2006~ 30 June 2013)

### 1. PERSONAL DETAILS (PLEASE CLEARLY PRINT ALL DETAILS BELOW)

<u>CHILDS SURNAME</u>	<u>CHILDS GIVEN NAMES</u>	<u>DATE OF BIRTH</u>	<u>SEX (CIRCLE)</u> MALE OR FEMALE
<u>PARENT/GUARDIAN SURNAME</u>	<u>PARENT/GUARDIAN GIVEN NAMES</u>	<u>TITLE (PLEASE CIRCLE)</u> MR/MRS/MS/MISS OTHER ~ _____	
<u>HOME ADDRESS (must be completed)</u>		<u>POSTCODE</u>	
<u>POSTAL ADDRESS (IF DIFFERENT FROM HOME ADDRESS)</u>		<u>POSTCODE</u>	
<u>HOME TELEPHONE</u>	<u>WORK TELEPHONE</u>	<u>MOBILE TELEPHONE</u>	

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 ☐

Name of school (if any) at which the child is currently or was last enrolled:

Is your child currently under suspension from a school? Please indicate (✓) YES ☐ NO ☐

If yes, name of school:

Has your child ever been excluded from a school? Please indicate (✓) YES ☐ NO ☐

If yes, name of school:

Names of any brothers and sisters currently attending this school:

### 2. ARE YOU A PERMANENT RESIDENT OF AUSTRALIA?

Please indicate (✓) YES ☐ NO ☐

If no, please indicate date entered Australia: \_\_\_\_\_ VISA SUB CLASS No: \_\_\_\_\_

VISA GRANT NUMBER: \_\_\_\_\_

VISA SUB CLASS EXPIRY DATE: \_\_\_\_\_

### 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	Intellectual	Other	Medical Condition
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 position, I also declare that this is the ONLY application I have made.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE