



APPLICATION TO ENROL COMET BAY PRIMARY SCHOOL

WESTERN AUSTRALIAN INDEPENDENT PUBLIC SCHOOL

OFFICE USE ONLY			
Date received:	_____		
Birth certificate sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Visa sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Family Court Order sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Immunisation Records:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Proof of Address:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
In School Boundary	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Enrolling for Year _____ 20_____			

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M / F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
Email Address			
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"/>			
If applicable, year level child currently enrolled in (e.g. Year 2)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are there any siblings currently attending this school? Names and year levels:		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"/>	
You are required to provide the school with Immunisation information when you apply to enrol your child. Is your child Immunised? Yes <input type="checkbox"/> NO <input type="checkbox"/>			

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: _____

4. 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 _____	Entry into Kindy
Signature of parent/guardian _____	Date _____	Entry into Pre-Primary
Signature of parent/guardian _____	Date _____	Entry into Year 1 - 6

** These questions are unlikely to apply to kindergarten and pre-primary children.