



Lathlain
Primary School

Lathlain Primary School
APPLICATION FOR ENROLMENT FORM Years 1 to 6

OFFICE USE ONLY

Date received: _____

Year Level: _____

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Full name of child: _____

Name of person enrolling child:

Title: _____ Name: _____ Surname: _____

Relationship to child: _____

Tel (H): _____ Tel (W): _____ Mobile: _____

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

Checklist:

Please place an ***X*** in the box ☐ to indicate each document attached (or sighted) to this application form:

1. Birth Certificate or extract or other identity documents ☐
if applicable.
2. 'Immunisation Certificate' ☐
3. Copies of Family Court or any other court orders (if applicable) ☐
4. Proof of address ☐
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 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) email: 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.

PERSONAL DETAILS

Child's surname Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent	Given names:	Title	
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile:		
Work number:	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If yes, please specify Supporting documentation attached. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level: _____			
Start date: Beginning of school year 20 _____: <input type="checkbox"/> YES <input type="checkbox"/> NO . If NO, indicate start date: _____			
If applicable, year level child currently enrolled in :			
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? Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child currently under suspension from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child a permanent resident of Australia? If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your child have a disability/medical condition? <i>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:</i> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s Please outline nature of disability/medical condition/s (or attach details)			
Supporting Documentation attached <input type="checkbox"/> YES <input type="checkbox"/> NO			
Application for Enrolment approved: _____ (signature of Principal) __/__/____ (date)			