

**DEPARTMENT OF EDUCATION**151 Royal Street, East Perth, Western Australia 6004  
Telephone: (08) 9264 4111 Fax: (08) 9264 5005**OFFICE USE ONLY**

Date received:		
Birth certificate sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Immunisation records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family Court order sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of Residence	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DRYANDRA PRIMARY SCHOOL**

## 2019 APPLICATION FOR ENROLMENT

(CONFIDENTIAL)

### YEAR LEVEL FOR 2019 \_\_\_\_\_

**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 / MISS	RELATIONSHIP TO CHILD
RESIDENTIAL ADDRESS (must be completed)		TELEPHONE - HOME	
POSTAL ADDRESS (if different from residential address)		TELEPHONE - WORK (if convenient)	
MOBILE NO	LANGUAGE SPOKEN AT HOME	COUNTRY OF BIRTH	

Names of any brothers and sisters currently attending this school:

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

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

Is student Aboriginal/Torres Strait Islander?

Is your child currently under suspension or excluded from a school?  
If yes, name of school:Please indicate (✓) YES  NO 

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 **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  NO Intellectual  
YES  NO Other  
YES  NO Medical Condition  
YES  NO 

Please outline nature of disability/medical condition:

**I declare that the information provided on this form is true and correct and I have not applied to attend at another primary school.**\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date