

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

Date received:		
Birth certificate sighted	YES	NO
Immunisation records	YES	NO
Visa sighted	YES	NO
Family Court order sighted	YES	NO
Proof of Residence	YES	NO

## 2020 APPLICATION FOR ENROLMENT

### (CONFIDENTIAL)

### YEAR LEVEL FOR 2020

**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?
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Is your child currently under suspension or excluded from a school? If yes, name of school:	Please indicate (√) YES NO
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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
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2. PERMANENT RESIDENT OF AUSTRALIA?	Please indicate (√) YES NO
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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
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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

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Date received: \_\_\_\_\_

Birth certificate sighted	YES	NO
Immunisation records	YES	NO
Visa sighted	YES	NO
Family Court order sighted	YES	NO
Proof of Residence	YES	NO

## 2021 APPLICATION FOR ENROLMENT

(CONFIDENTIAL)

### YEAR LEVEL FOR 2021 \_\_\_\_\_

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