



White Gum Valley Primary School

29 Hope Street
White Gum Valley WA 6162
☎ 08 9335 2655

🌐 <http://www.whitegumvalley.wa.edu.au/>

APPLICATION FOR ENROLMENT FORM FOR ENROLMENT IN A WESTERN AUSTRALIAN PUBLIC SCHOOL

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.

This application is for

Grade: **K** **PP** **1** **2** **3** **4** **5** **6**

School Year of enrolment: _____

DECLARATION

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

Name of child: _____

Name of person enrolling child: _____

Relationship to child: _____

If this is an application for Kindergarten, I declare this to be the only application made.

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.



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PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M /F):
Surname of parent/responsible person:	Given names:		Mr/Mrs/Ms:
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone – Home:		Mobile Phone No:	
Work (if convenient):		Email:	
If applicable, year level child currently enrolled in (e.g. Year 7):			
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? Names and year levels: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child currently under suspension from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your child ever been excluded from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Does your child have a 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 whether: Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____ <input type="checkbox"/> Please outline nature of disability/medical condition (or attach details).			