



2020 APPLICATION FOR ENROLMENT

Pre Primary - Year 6

NORTH COTTESLOE PRIMARY SCHOOL

Student Year Level _____

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
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Telephone - Mobile	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 3)			
If applicable, name of school at which the child is currently or was last enrolled:			
Desired commencement date:			
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"/>	
2. PERMANENT RESIDENT OF AUSTRALIA?		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, Date entered Australia: _____ VISA SUB CLASS No: _____ VISA EXPIRY : _____			
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"/>
Please outline nature of disability/medical condition:			
I declare that the information provided on this form is true. <i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</i>			
Signature of parent/guardian _____		Date _____	
Signature of parent/guardian _____		Date _____	

The following documentation must accompany this form:

- Proof of Residence - a lease agreement or current utility consumption account (water, electricity, gas or phone) showing the residential address as stated in the application (*North Cottesloe is a Local Area Intake school*)
Local Council rate notice and Water Corporation annual notice not accepted as proof of residence
- Student's birth certificate
- Student's Australian Immunisation Register statement – you can download it from:
<https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register>
- Current Court Orders if applicable
- Visa documentation if applicable (if student is not an Australian citizen or permanent resident of Australia).
- Documentation proving Permanent Residency if applicable.

**Submit form and supporting documentation to
100 Eric St, Cottesloe, WA, 6011**

OFFICE USE ONLY			
Date received: _____			
Proof of residence sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Birth Cert sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Immunisation sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	