



Wanslea Early Learning Centre

APPLICATION FOR ENROLMENT KINDERGARTEN 2021

INDICATE YOUR PREFERENCE FOR A KINDERGARTEN CENTRE

by placing 1 and 2 into the adjacent boxes.
Please return your application to the centre you
have marked as ***preference 1***



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/Dr	
Current 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:			
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? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Names and year levels:			
** Is your child currently under suspension from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
** Has your child ever been excluded from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____ VISA EXPIRY DATE : _____			
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. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.			
Signature of parent/guardian _____ Date _____			
Signature of parent/guardian _____ Date _____			
** These questions are unlikely to apply to kindergarten and pre-primary children.			

PLEASE TURN OVER

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 PS 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 your ***first preference centre:***

North Cottesloe Primary School
100 Eric St,
Cottesloe, WA, 6011

OR

Seaview Community Kindergarten
Cnr Broome and Jarrad Streets,
Cottesloe, WA , 6011

If you have applied for a first preference place at Seaview Community Kindergarten please indicate your attendance preference.

Blue Group

Monday (full day) + Tuesday (full day) + Wednesday morning

Red Group

Wednesday afternoon + Thursday (full day) + Friday (full day)

BLUE
GROUP

RED
GROUP

OFFICE USE ONLY

Date received: _____

Proof of residence sighted YES NO

Birth Cert sighted YES NO

Visa sighted YES NO N/A

Immunisation record sighted YES NO