



Rangeway Primary School

OFFICE USE ONLY

Date processed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Birth certificate/Passport	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Immunisation (AIR)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Proof of address	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student resides within local intake area	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Visa sighted (if applicable):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Court Order/s (if applicable):	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2026 APPLICATION FOR KINDERGARTEN ENROLMENT FORM

(For enrolment in a Western Australian Public School)

1 JULY 2021 TO 30 JUNE 2022

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					
TITLE		FIRST NAME		SURNAME	
RELATIONSHIP TO CHILD					
TEL (H)		TEL (W)		MOBILE	
SIGNATURE				DATE	

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.

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.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an '*' in the box to indicate each document attached to this application form.

*Note: If you are typing the information into this form, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.

1. **Birth Certificate** (original or certified copy) or extract or other identity documents
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. **Australian Immunisation Register (AIR) Immunisation History Statement**; or
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer
3. **Copies of Family Court or any other court orders** (if applicable)
4. **Proof of address** (see Requested documentation in the attached Parent information)
5. **Information relating to suspensions or exclusions**
6. **Information relating to disability**

If your child was not born in Australia, you must provide evidence of:

1. **Date of entry into Australia**
2. **Passport or travel documents**
3. **Current visa subclass and previous visa subclass** (if applicable)

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer
provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);
or
Evidence of the visa for which the student has applied if the student holds
a bridging visa

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PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

CHILD'S SURNAME			GIVEN NAMES		
LEGAL SURNAME (IF DIFFERENT)				DATE OF BIRTH	SEX (M/F)
SURNAME OF PARENT/RESPONSIBLE PERSON	GIVEN NAMES				MR / MRS / MS / OTHER
RESIDENTIAL ADDRESS (MUST BE COMPLETED)					POSTCODE
NEAREST INTERSECTING STREET					
POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)					POSTCODE
TELEPHONE (HOME)			MOBILE PHONE NO		
TELEPHONE WORK (IF CONVENIENT)			EMAIL		
Are there any FAMILY COURT ORDERS regarding the day to day or long term care, welfare and development of the child?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is the child subject to ACCESS RESTRICTION? If yes, please specify and attach supporting documentation.			YES <input type="checkbox"/> NO <input type="checkbox"/>		
YEAR LEVEL		START DATE		OR Beginning of school year	2026 _____
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					
IMMUNISATION: (you are required to provide the school with this information when you apply to enrol your child) Is the child immunised? If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old?					YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you applying to enrol in a specialist program at this school? Name of specialist program					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Will there be any brothers or sisters attending this school? Name/s and year levels					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Is your child currently under suspension from a school? If YES, name of school:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Has your child ever been excluded from a school? If YES, name of school:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Is your child a permanent resident of Australia?					YES <input type="checkbox"/> NO <input type="checkbox"/>

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If NO, please indicate date entered Australia: Visa Sub Class No.: _____		Visa Sub Class No	
Does your child have a disability/medical condition? <i>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.</i> Please indicate whether:			
<input type="checkbox"/> Physical		<input type="checkbox"/> Intellectual	
Please outline nature of disability/medical condition/s (or attach details).			
Application for Enrolment approved: (signature of Principal)		Date:	