## 2019 KINDERGARTEN APPLICATION FOR ENROLMENT IN A WESTERN AUSTRALIAN PUBLIC SCHOOL





## BYFORD COMMUNITY KINDERGARTEN OR BYFORD PRIMARY 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.

Application for Kindergarten – Children can only be enrolled at **one school** (public or private) at a time.

To be eligible to enrol for a Kindergarten placement in 2019, your child must be born between 1 July 2014 – 30 June 2015.

Enrolments for Kindergarten 2019 close on Friday 20th July 2018.

Applications are to be returned to Byford Primary School, 36 Clifton St Byford WA 6122 or via email to <a href="mailto:Byford.ps@education.wa.edu.au">Byford.ps@education.wa.edu.au</a>. Please do not hesitate to contact the school on 9525 1337 if you require additional information or support to fill out the form.

Byford Community Kindergarten (Park Road) is likely to operate in 2019. The operation of the Community Kindergarten for 2019 is subject to a number of factors.

Byford Primary School will provide Kindergarten places in 2019. It is expected that Byford Primary School will have the capacity to accommodate **all local** children.

Please indicate on the next page the site for 2019 that you would like to enrol your child – Byford Community Kindergarten OR Byford Primary School. You can only tick **ONE box**.

Parents will be advised by 10<sup>th</sup> August 2018 as to status of your application. At this time an update will be provided regarding the operation of the Community Kindergarten in 2019.



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I wish to apply for enrolment of my child at:							
	BYFORD COMMUNITY KINDERGARTEN						
0	<u>R</u>						
	BYFORD PRIMARY SCHOOL						
DE	ECLARATION						
	e information and statements provided in this application for enrolment are true and accurate ation to:	in					
Na	ame of child:						
Na	ame of person enrolling child:						
Re	elationship to child:						
(In	dependent Minors and those aged 18 years or older may apply on their own behalf)						
Sig	gnature:						
Da	ate:/						
de	OTE: In the event that statements made in this application later prove to be false or misleading cision on this application may be reversed. Information supplied may need to be checked by hool.						
DC	DCUMENTS TO BE PROVIDED						
Ple	ease place <b>X</b> in □ to indicate each document is attached to this application form.						
1. 2. 3. 4. 5.	Birth Certificate or extract or other identity documents if applicable 'Immunisation Certificate' Immunisation Statement from Medicare Copies of Family Court or any other court orders (if applicable) Proof of address (see <b>Requested documentation</b> in the attached Parent information) Information relating to suspensions or exclusions Information relating to disability						
6.	mornation relating to disability						
6.	your child was not born in Australia, you must provide evidence of: Date of entry into Australia Passport or travel documents Current visa subclass and previous visa subclass (if applicable)						



### **Return this form to: BYFORD PRIMARY SCHOOL**

**36 Clifton Street BYFORD WA 6122** 

Telephone: (08) 9525 1337 Fax: (08) 9526 2179





#### **PERSONAL DETAILS** (PLEASE PRINT ALL DETAILS BELOW)

Child's Legal Surname:	Given nam	es:	Date of b	oirth:	Sex (M /F):			
Surname of parent/responsible	Given nam	00:			Mr/Mrs/Ms:			
person:	Given nam	<del>c</del> s.			IVII/IVII 5/IVI5.			
porcorn								
Residential Address (must be completed)		Postcode:						
Nearest intersecting street:								
Todioot intolocoting offoot.								
Postal Address (if different from residential address):								
Telephone – Home:		Mobile Phone No:						
теюрнопе – поше.		Wobile Friorie No.						
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?								
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 □ NO □								
Is your child currently under suspension from a school? If YES, name of school: YES \( \Bar{\text{VES}} \)								
Has your shild over been evaluded from a	n achaol2 If V	TC name of school:	VEC I	□ N/	Λ Π			
Has your child ever been excluded from a school? If YES, name of school: YES □ NO □								
Is your child a permanent resident of Aus	tralia?		YES I	□ N	0 🗆			
If NO, please indicate date entered Austra	alia:	Vis	sa Sub Class N	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 ☐ Intellectual ☐	Other m	edical condition $\ \square$						
☐ Please outline nature of disability/medical condition (or attach details).								
•		,						
OFFICE USE ONLY								
Date receive Year Level Applyi	Start date	:						
Accepted Yes	No	In local-intake Area:		Yes	No			
Birth Certificate Yes	No	Visa		Yes	No			
Family Court Orders Yes	No	Medicare Immunisation	Statement	Yes	No			
Byford Community Kindergarten Yes	Byford Primary School		Yes	No				