



## **Application for a place in a Kindergarten Program in 2026**

**Programs for children born between 1<sup>st</sup> July 2021 and 30<sup>th</sup> June 2022**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name Parent/Carer \_\_\_\_\_ Phone \_\_\_\_\_

Please note that this form is an application for a place in a kindergarten program for 2026. Completion of this application does not guarantee enrolment and may be made at only one location.

Will your child bus to school? Yes/No

The following information will facilitate the smooth transition of your child into our college  
My child has the following medical conditions: (Please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Bee Sting Allergy                     | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> ADHD – With Medication                | <input type="checkbox"/> ADHD – Without Medication |
| <input type="checkbox"/> Physical Disability                   | <input type="checkbox"/> Behaviour Issues          |
| <input type="checkbox"/> Other Medical Conditions or allergies | <input type="checkbox"/> Intellectual Disability   |
| <input type="checkbox"/> Food Allergy                          | <input type="checkbox"/> Asthma                    |

My child needs the services of:-

- ☐ Speech Therapist  
☐ Occupational Therapist  
☐ Physiotherapist  
☐ School Psychologist  
☐ Other Agency Involvement \_\_\_\_\_

Please provide any information that may help the school best support your child: eg Family Court Orders

In Term 4 we will hold an Information Session for Parents. On that day you will receive a copy of the Kindergarten Handbook and be advised which days your child will attend.

Although we cannot guarantee which group your child will be a part of at this time please indicate below if you have a particular preference:

☐ Mon/Tue ☐ Thur/Fri ☐ Either

Your preference does not guarantee your child a place in the group, but we will do our best.

☐ I have a concern about my child's education and I would like to discuss this with the Principal.

I declare that the information provided on these forms is true.

Signature Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

*Please note that the immunisation card and a birth certificate or other proof of date of birth must be sighted by a representative of the school when formal enrolment takes place.*

WESTERN AUSTRALIAN  
PUBLIC SCHOOL

**\*\*Please read the attached general information  
sheet and submit to the school of your choice.**

OFFICE USE ONLY

Date received: \_\_\_\_\_

Birth certificate sighted: YES ☐ NO ☐

Visa sighted YES ☐ NO ☐

Family Court Order sighted YES ☐ NO ☐

**Application:**

<b>1. PERSONAL DETAILS</b> (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
		Email	
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
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"/>			
Are there any siblings currently attending this school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b> Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
Is your child of Aboriginal or Torres Strait Island origin (for students of both Aboriginal & Torres Strait Islander Origin mark both "Yes" boxes)			
NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Island <input type="checkbox"/>			
<b>3. DISABILITY/MEDICAL CONDITION?</b>			
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:			
<b>I declare that the information provided on this form is true.</b> <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 _____	