

OFFICIAL

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:

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
		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:			
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: _____			
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"/>			
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 _____	