



# SOUTH BUNBURY PRIMARY SCHOOL

South Bunbury Primary School, Prosser St, Bunbury WA 6230

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# KINDERGARTEN 2024

Available for children born between July 1 2019 to 30 June 2020

## APPLICATION FOR ENROLMENT (CONFIDENTIAL)

### 1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M/F)
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Surname of parent/guardian	Given names	Mr/Mrs/Ms
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Residential Address (must be completed)	Postcode
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Nearest intersecting street
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Postal Address (if different from residential address)	Postcode
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Telephone – Home	Work (if convenient)	Mobile Phone No
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Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?  
Please indicate (✓) YES  NO

Are there any siblings currently attending this school? Please indicate (✓) YES  NO

Names and year levels:

Names and ages of siblings

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES  NO

If no, please indicate date entered Australia: \_\_\_\_\_ VISA SUB CLASS No: \_\_\_\_\_

### 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	Intellectual	Other	Medical Condition
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 \_\_\_\_\_

OFFICE USE ONLY	
Date received:	_____
Birth certificate sighted:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>
Family Court Order sighted	YES <input type="checkbox"/> NO <input type="checkbox"/>
Application:	accepted / not accepted