



PEG'S CREEK PRIMARY SCHOOL APPLICATION FOR ENROLMENT

Kindy Program in 2020
Program for children born
1 July 2015– 30 June 2016

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"/>	
Immunisation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Family Court Orders	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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
Nearest intersecting street			
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"/>			
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:			
Are you applying to enrol in a specialist program at this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Name of specialist program:			
Are there any siblings currently attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
** Has your child ever been excluded from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
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: _____			
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. <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 _____	
Signature of parent/guardian _____		Date _____	
** These questions are unlikely to apply to kindergarten and pre-primary children.			

One application for Pre Primary/Kindergarten

Pegs Creek – Peg's Creek PS
Bulgarra – Karratha PS.
Nickol – Tambrey PS.
Baynton – Baynton West PS
Millars Well – Millars Well PS.

Please be advised that when your application is confirmed you will be required to show proof of residence by way of documentation such as a current utilities bill in your name