

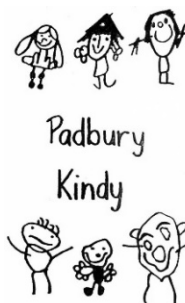
Padbury Community Kindergarten

2 Caley Road

PADBURY WA 6025

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APPLICATION FOR ENROLMENT FOR KINDERGARTEN 2019 (CONFIDENTIAL)

| | | | |
|---|--|---|---|
| 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 |
| email Address | | | |
| 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"/> | | | |
| Name of Pre-Primary this child will attend the following year | | | |
| Are there any siblings currently attending a local school? Names and year levels: _____ Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Name of the school siblings attend | | | |
| 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 teacher 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 and that this is the only application for a kindergarten place that I have made for my child. | | | |
| Signature of parent/guardian | | | Date |

Children must turn 4 years old by 30/06/2019

OFFICE USE ONLY

Date received: _____

Birth certificate sighted: YES NO

Visa sighted: YES NO

Family Court Order sighted: YES NO

Application: _____ / _____
accepted / not accepted

