



Balga
Primary School

APPLICATION FOR ENROLMENT FORM

Filling in this form does not entitle this student to attend Balga Primary School. This document becomes an enrolment form when the student is offered a place at Balga Primary School.

First Name/s: _____

Last Name/s: _____

Date of Birth: _____

Calendar Year								
Year Level								
Room								

Enrolment Procedure

1. Complete and submit an Application for Enrolment Form to the school with all relevant documents.
2. Upon receipt of the application, it will be assessed using the local intake area procedures of the Department of Education and notification will be provided of the outcome of the enrolment.
3. If accepted, the student's start date will be agreed upon.
4. Relevant and appropriate staff will be notified of the enrolment.
5. The student's details will be uploaded to Balga Primary School's information system and the student's previous school will be notified of a change in enrolment.

Enrolment Policy

It is compulsory to advise the school of any changes of details in relation to the student's name, usual place of residence, usual place of residence, and contact number of the Parent/Carers.

If there are any court orders in effect, please submit them to the school as documentation is required in order for the school to enforce them.

According to the Department of Education's Enrolment Policy, Balga Primary School reserves the right to cancel an enrolment should any of the information supplied be false, misleading, or out of date.

It is very important that the information is accurately entered on this form. Missing or incorrect information could lead to confusion or incorrect individuals being contacted in emergencies.

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Department databases. The management of these databases is governed by State and Department policies to ensure security, privacy, and confidentiality.

Assistance with completing this form

If you require assistance completing this form, including translation services, please contact the school.

Department of Education Enrolment Policy and Procedures:

<https://www.education.wa.edu.au/web/policies/-/enrolment-in-public-schools-policy>

<https://www.education.wa.edu.au/web/policies/-/enrolment-in-public-schools-procedures>

Document Checklist

When you apply to enrol your child at Balga Primary School, please provide the following documentation for your child:

- Application for Enrolment
- Birth certificate
- Immunisation History Statement (found on my.gov.au – must be from within the last 2 months)
- Proof of Address (utility bills, lease agreement, driver’s license, etc.)

If applicable:

N/A

- Court Order/s regarding custody or access to the child
- Information relating to medical conditions or disability
- Information relating to previous suspensions or exclusions

If the child **or** their parents were born overseas, you **must** also provide evidence of:

N/A

- Date of entry into Australia
- Passport or travel documents (including Immi card)
- Current visa subclass and previous visa subclass (if applicable)

OR

- Citizenship Certificate

What year is your child enrolling in?	
What is your preferred start date?	
If enrolling in Kindy, what is your preference of days? (Kindy runs over a 5 day fortnight)	<input type="checkbox"/> Maali group – <i>Monday, Tuesday, alternating Wednesdays</i> <input type="checkbox"/> Yonga group – <i>alternating Wednesdays, Thursday, Friday</i> <input type="checkbox"/> No Preference <small>Please note: if there is only one kindy class it may default to Maali days.</small>

Student Details

Enrolment Year Level	Year Level: <input type="checkbox"/> K <input type="checkbox"/> PP <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Surname:		
Legal Surname on birth certificate: <i>(if different from above)</i>		
Previous Surname: <i>(if applicable)</i>		
1 st Name:		
2 nd Name:		
3 rd Name:		
Preferred Name:		
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential address:	Street:	
	Suburb/ Town:	Postcode:
Does the student have any siblings (brothers or sisters) currently at Balga Primary School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sibling's Name/s:	
Is this student subject to any court orders in respect of their care, welfare, and development?	<input type="checkbox"/> Yes <i>(if yes, please attach documents)</i> <input type="checkbox"/> No	
Is this student subject to Access Restriction?	<input type="checkbox"/> Yes <i>(if yes, please attach documents)</i> <input type="checkbox"/> No	
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	<input type="checkbox"/> Yes <i>(if yes, please attach documents)</i> <input type="checkbox"/> No	
What school did the student previously attend? <i>(if previously enrolled in Home Education, please specify Education Region)</i>		
Reason for change of school:		

Student Details – Additional Information

Does the student speak a language other than English at home? <small>(If more than one language, indicate the one that is spoken most often)</small>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – <i>please specify</i> _____	
Does the student mainly speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	
Is the student an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the student's country of birth?		
What is the student's religion?		
Visa Information:		
If the student is NOT an Australian Citizen, are they:	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Temporary resident
Visa Sub Class Number:		
Visa Grant Number:		
Visa Expiry Date:		
Date of Arrival in Australia:		

Student History

Has the student ever been excluded from a school? <small>If YES, please name school:</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Is the student currently suspended from a school? <small>If YES, please name school:</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Kindy Students ONLY:		
Did the student attend a Child and Parent Centre in the past year?	<input type="checkbox"/> Yes, 10 times or more	<input type="checkbox"/> No
Did the student attend KindiLink in the past year?	<input type="checkbox"/> Yes, 10 times or more	<input type="checkbox"/> No

Parent/Guardian Details

Parent/Guardian 1:		
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First Name:		
Surname:		
Relationship to student: <i>(e.g., father, grandmother)</i>		
Mobile:		
Email:		
Home/Postal Address:	Street:	
	Suburb/town:	Postcode:
Occupation:		
Workplace:		
Workplace telephone:		
Australian Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsible for care of the student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive correspondence, reports, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsible for payment of Contributions and Charges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian 2:		
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First Name:		
Surname:		
Relationship to student: <i>(e.g., father, grandmother)</i>		
Mobile:		
Email:		
Home/Postal Address:	Street:	
	Suburb/town:	Postcode:
Occupation:		
Workplace:		
Workplace telephone:		
Australian Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsible for care of the student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive correspondence, reports, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsible for payment of Contributions and Charges	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent/ Guardian Background Information

Background Information	Parent/Guardian 1	Parent/Guardian 2
Does the parent/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify
Does the parent/guardian mainly speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest year of primary or secondary school the parent/guardian has completed? <i>For persons who have never attended school, mark Year 9 or equivalent or below</i>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the highest qualification the parent/guardian has completed?	<input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> No non-school qualification
Occupation Group	Parent/Guardian 1	Parent/Guardian 2
What is the occupation group of the parent/guardian? Please select the most appropriate occupation group. If the person is not currently paid in work but have had a job in the last 12 months, please use the person's last occupation. <i>For more details refer to the table on Page 9</i>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i>
	<input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i>	<input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i>
	<input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales, and service staff</i>	<input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales, and service staff</i>
	<input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers, and related workers</i>	<input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers, and related workers</i>
	<input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i>	<input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i>

Additional Contacts

Additional Contact 1			
Full Name:			
Relationship to student: (e.g. grandmother, aunty)		Telephone:	
List as Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Contact 2			
Full Name:			
Relationship to student: (e.g. grandmother, aunty)		Telephone:	
List as Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Student Health Care Summary

Evidence of Immunisation History Statement provided Yes No

Medicare No: _____ Ref: __ Valid to: ___/___/_____

Health Care Card No: (if applicable) _____ - _____ - _____ Expiry Date: ___/___/_____

Do you have ambulance cover? Yes No Provider: _____

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

I give permission for the school to:

- Share your child's health care information as necessary
- Administer First Aid as necessary
- Call an ambulance if necessary

(If there is a medical emergency parents/ guardians are expected to meet the cost of the ambulance)

Disability Information

Does the student have a disability? YES NO If YES, please complete the details below.

Copies of documentation are required for school records. Please attach documents with this enrolment form.

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> ADHD | <input type="checkbox"/> Specific Learning Difficulty
(Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia) |
| <input type="checkbox"/> Global Developmental Delay (prior to age 6) | <input type="checkbox"/> Vision Impairment | |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Severe Mental Disorder | |
| <input type="checkbox"/> Mental Health Condition (Anxiety/Depression) | <input type="checkbox"/> Intellectual Disability | |
| <input type="checkbox"/> Deaf or Hard of hearing | <input type="checkbox"/> Other: _____ | |

Medical Condition Information

Does the student have a medical condition? YES NO If YES, please complete the details below.

Medical Condition	Details
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Minor or Moderate Allergies	
<input type="checkbox"/> Severe Allergy/ Anaphylaxis	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Food specific allergies (ie Eggs)	
<input type="checkbox"/> Other	
Does your child have a Medic Alert bracelet/pendant?	<input type="checkbox"/> YES (if yes, please provide details below) <input type="checkbox"/> NO

Medical Practice Details

Medical Practice Name:	
Medical Practice Address:	
Medical Practice Telephone:	
Name of Family Doctor:	

I give permission for the school to contact the Doctor if necessary Yes No

Occupational Groups

Relates to Parent/Guardian Background information.

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are design as broad occupational groupings.

All Australian states and territories use the same categories.

Parent Permission

Please read carefully before signing

1. I declare that the information provided on this form is true and understand that if found to be false, the enrolment of my child at Balga Primary School may be cancelled.
2. Media Image Consent. I give permission for my child's image and/or their work to be published to recognise excellence or effort and may appear within the school, newsletter, website, and online apps.
3. Image Consent. I give permission for my child's photo to be displayed on medical records.
4. Internet Consent. I give permission for my child to access the internet in accordance with school policy.
5. Viewing Consent. I give permission for my child to watch videos/DVD/television documentaries as part of their learning. Very occasionally something with a PG rating is appropriate, for which we would need parental permission.
6. Chaplain Consent. I give permission for my child to speak with the school chaplain. The school chaplain makes a valuable contribution to the social and emotional wellbeing of our school community. Occasionally students may benefit from seeking the support of the school chaplain.

I declare that I have read, understand, and agree to all the information above.

Kindy only:

I declare that this is the *ONLY* kindergarten application completed at any government primary school.

If there are any permissions and/or consents that you do not agree to, please detail them below:

Name of person enrolling student:		
Relationship to student:		
Mobile number:		
Signature:		Today's Date:

**Please submit your completed form to Balga Primary School at 11 Fernhurst Crescent Balga WA 6061
Contact Phone: 9253 4500**

Please return this form to the Balga Primary School Administration Office



Student Name: _____

DOB: _____

Entry	Exit
Entry Date: _____	Exit Date: _____
Previous School: _____	New School: _____
<input type="checkbox"/> Enrolment Form Complete <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunisation History Statement <input type="checkbox"/> Visa documentation (if applicable) <input type="checkbox"/> Court Orders (if applicable) <input type="checkbox"/> Medical Condition Forms (if applicable)	<input type="checkbox"/> Transfer Note received <input type="checkbox"/> RM Billing – reverse unpaid billing items <input type="checkbox"/> Move to Former Roll <input type="checkbox"/> Email student file to new school (public only) <input type="checkbox"/> Email teaching & admin staff <input type="checkbox"/> Reprint class list for relief file <input type="checkbox"/> Move digital file (864) to Former Students
<input type="checkbox"/> Info pack, booklist & Compass link provided <input type="checkbox"/> Entered in Integris <input type="checkbox"/> Assign Class & Faction <input type="checkbox"/> Email teaching, admin, specialist teachers & DTC <input type="checkbox"/> Transfer Note sent <input type="checkbox"/> Add Custom Flags in Compass <input type="checkbox"/> RM Billing – set billing category/add billing items <input type="checkbox"/> Reprint class list for relief file <input type="checkbox"/> Create new student file (physical & digital 864) <input type="checkbox"/> Update map display & spreadsheet (859) <input type="checkbox"/> Request Student Number (if applicable)	<input type="checkbox"/> Update map display & spreadsheet (859) <input type="checkbox"/> Archive Enrolment Form

Enrolment Approval

Approved Yes No

Principal's Signature: _____

Date: _____