


**OFFICE USE ONLY**

Date received: \_\_\_\_\_

 Birth certificate sighted: YES ☐ NO ☐

 Visa sighted YES ☐ NO ☐

 Family Court Order sighted YES ☐ NO ☐
**KINGSTON PRIMARY SCHOOL - APPLICATION FOR ENROLMENT - KINDY**

<b>1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)</b>			
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"/>			
Does the student live with both parents?		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:			
If your application is successful, please advise your preferred days of attendance – (Please indicate with a tick (✓))			
Monday - Wednesday <input type="checkbox"/> Wednesday - Friday <input type="checkbox"/> No Preference <input type="checkbox"/>			
We can't guarantee you will get your request, but we will do our best to accommodate you.			
** Is your child currently under suspension/exclusion from a school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
If yes, name of school:			
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b>			
Please indicate (✓)		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, please indicate date entered Australia: _____		VISA SUB CLASS No: _____	
<b>3. DISABILITY/MEDICAL CONDITION?</b>			
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 also declare that this is the ONLY application I have made.			
Signature of parent/guardian _____		Date _____	
Signature of parent/guardian _____		Date _____	
** These questions are unlikely to apply to children in kindergarten.			