



# BEAUMARIS PRIMARY SCHOOL

Beaumaris Boulevard, Ocean Reef WA 6027  
 Telephone: 9300 6444

OFFICE USE ONLY

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

Principal Approval Given: \_\_\_\_\_

## APPLICATION FOR ENROLMENT – PRIMARY

<b>1. PERSONAL DETAILS</b> (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M /F)
Surname of parents/guardians	Given names of Mother and Father or Guardian	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work Numbers (if convenient) Mother: _____ Father: _____	Mobile Phone Numbers: Mother: _____ Father: _____	
Email Address:			
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 Australian school at which the child is currently or was last enrolled:			
Are there any siblings currently attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels: _____			
Is your child currently under suspension from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school: _____			
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: _____			
<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 (√)			
<b>Physical</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Intellectual</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Other</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Medical Condition</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please outline nature of disability/medical condition: _____			
<b>I declare that the information provided on this form is true.</b>			
Signature of parent/guardian _____ Date _____			
How did you hear about our school:– <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other _____			