MUNDARING PRIMARY SCHOOL

855 Stevens Street Mundaring WA 6073 PO Box 347 Mundaring WA 6073 Phone: 9295 9500 Email: Mundaring.PS@education.wa.edu.au Website: www.mundaringps.wa.edu.au



OFFICE USE ONLY Date received:

Birth certificate sighted:YESVisa sightedYESFamily Court Order sightedYESApplication:accepted/ not accepted

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Pre-Primary 2024 5 before 1 July 2024 (01/07/18 – 30/06/19)

APPLICATION FOR ENROLMENT

Child's surname Given names Date of birth Sex (M /F) Surname of parent/responsible person Given names Mr/Mrs/Ms Residential Address (must be completed) Postcode Nearest intersecting street Postcode Postal Address (if different from residential address) Postcode Telephone – Home Mobile Phone No Work (if convenient) Email Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (✓) YES NO 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 NO Name of specialist program: Ni a specialist program: Will there be any brothers or sisters attending this school? Please indicate (✓) YES NO Name of school: N/A ** Is your child currently under suspension from a school? Please indicate (✓) YES NO ** Has your child ever been excluded from a school? Please indicate (✓) YES NO ** Has your child ever been excluded from a school? Please indicate (✓) YES NO ** Is pour child ever been excluded from	1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)								
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Signature of parent/responsible person Date									
	Signature of parent/responsible person		Date						
Signature of parent/responsible person Date	Signature of parent/responsible person		Date						
Signature of parent/responsible person Date									
	** These questions are unlikely to apply to kindergarten and pre-primary children.								