

**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: YES  NO   
 Visa sighted YES  NO   
 Family Court Order sighted YES  NO   
 Application: accepted / not accepted

**Kindergarten 2021**  
**4 before**  
**1 July 2021**  
**(01/07/16 – 30/06/17)**

**APPLICATION FOR ENROLMENT****1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

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			
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:

Will there be any brothers or sisters attending this school? Please indicate (✓) YES  NO   
 Names and year levels:

\*\* Is your child currently under suspension from a school? Please indicate (✓) YES  NO  N/A   
 If yes, name of school:

\*\* Has your child ever been excluded from a school? Please indicate (✓) YES  NO  N/A   
 If yes, name of school:

**2. PERMANENT RESIDENT OF AUSTRALIA?** Please indicate (✓) YES  NO

If no, please indicate date entered Australia: \_\_\_\_\_ VISA SUB CLASS No: \_\_\_\_\_

**3. DISABILITY/MEDICAL CONDITION?**

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  NO  Intellectual YES  NO  Other YES  NO  Medical Condition YES  NO

Please outline nature of disability/medical condition:

**I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.**

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.