MUNDARING PRIMARY SCHOOL
855 Stevens Street 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

PRE-PRIMARY 2027

5 before
1 July 2027
(01/07/21 - 30/06/22)

APPLICATION FOR ENROLMENT

1. PERSONAL DETAILS

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 6)

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 _____

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct**. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.