

Application for Kindy 2024

For children born 01/07/2019 - 30/06/2020



Please ensure that you include the following with the application

- Birth Certificate
- Immunisation that has been printed from MyGov within the past two months
- Proof of address. Baynton West Primary requests two forms to prove that you are within our local intake area.
 One being a Rental Agreement, Proof of Purchase, Letter from Employer only if they provide the housing Second one Drivers License, Contents Insurance, Utility Bill

For a school with a local intake area, the principal will give enrolment priority in the following order:

- First priority A child residing in the local intake area who will have a sibling enrolled at the school for that year, and who lives nearest to the school.
- Second priority A child residing in the local intake area who will not have a sibling enrolled at the school for that year, and who lives nearest to the school.
- Third Priority A child residing outside the local intake area who will have a sibling enrolled at the school for that year, and who lives nearest to the school.
- Fourth priority A child residing outside the local who will not have a sibling enrolled at the school for that year, and who lives nearest to the school.

SCHOOL NAME			
School name	Baynton West Primary School		
PERSONAL DETAILS (Please complete all details	s below)		
Child's surname			
Legal surname (if different)			
Given names			
Date of birth (dd/mm/yy) / /	Gender Male Female Not Specified		
Parent Surname			
Parent First Name	Title Mr Mrs Ms Other		
Residential Address (must be completed)			
	Postcode		
Postal Address (if different from residential address)			
	Postcode		
Telephone (Home)	Telephone (Work) (If convenient)		
Mobile Phone No.	Email		

Baynton West

PRIMARY SCHOOL

PERSONAL DETAILS (Continued)

Kindy 2024 Year Level enrolling in

Children accepted into a Kindy program in 2024 will:

- . Recieve a letter of acceptance will be sent out at the beginning of Term 4
- Parents/Caregiver and Children will be invited to an orientation during Term 4

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES NO

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES

Immunisation information for parents enrolling a child

Western Australia now has immunisation laws that will help to better protect our children and the wider community from vaccinepreventable diseases

Your child must be up-to-date

When you enrol your child in long day care, family day care, pre-kindergarten or kindergarten, you will need to provide your child's current Australian Immunisation Register (AIR) immunisation history statement, which shows your child is up-to-date with all the scheduled immunisations (according to the National Immunisation Program) for their age. This statement must be no more than two months old.

How do I get a copy of my child's AIR immunisation history statement?

A copy of your child's AIR immunisation history statement is posted to you when your child completes the childhood immunisation schedule. You can also get a copy of the statement at any time by:

- logging into Medicare online via MyGov (my.gov.au)

Does your child have a health or medical condition, disability or additional needs? This information will assist the school principal in planning to provide the best education.	-		yes provide more details your child. Please provide details
What was the first language spoken at home? Does the student mainly speak English at home? YES	YES	NO NO	* You must tick one, and i
(If more than one language, including an Aboriginal language, indicate the one that is sp	oken most	often)	
Does the student speak a language other than English at home? No, English only Yes, Aboriginal English Yes, other language - please s	pecify		
Visa Sub Class No.	Visa expi	ry date	/ /
Date entered Australia if born overseas. / /			
Is your child a temporary resident?	YES	NO	
Do you have a Corporation? If yes, please provide the name of the Corporation.			
Is the student of Aboriginal of Torres Straight Islander origin?		NO	
Name/s and year levels			
Will there be any brothers or sisters attending this school?	YES	NO	
 visiting a Medicare or Centrelink office calling the AIR General Enquiries Line on 1800 653 809 to request a copy to be posted to you. 			

The information and statements provided in this application for enrolment are true and accurate in relation to: Name of person enrolling child Title Mr Mrs Ms Other Relationship to child (Independent minors and those aged 18 years or older may apply on their own behalf) Telephone (Home) Telephone (Work) Mobile Phone No.

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.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist: Check the box \boxtimes to indicate documents you can provide to support this application.

- 1. Birth Certificate or extract or other identity documents
- 2. Copies of Family Court or any other court orders (if applicable)
- 3. Proof of address We require two documents
- 4. Australian Immunisation Register (AIR) Immunisation History Statement printed off within the past two months
- 5. Information relating to health or medical condition, disability or additional needs (if applicable)
- **6.** If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

Please provide any other relevant information.

OFFICE USE ONLY				
Documents provided:				
Birth Certificate or extract or other identity documents		NO		
2. Copies of Family Court or any other court orders		NO		
3. Proof of address		NO		
4. Information relating to health or medical condition, disability or additional needs		NO		
		N		
Date application received / / Year Level				
Principal's approval Application for Enrolment approved YES	NO			
Name				
Signature of principal/delegate		Date	/	/