



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

You must complete a separate enrolment application for each student.

Please ensure that you include the following with the application

- Immunisation that has been printed from MyGov within the past two months.
- · 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 below)							
Child's surname							
Legal surname (if different)							
Given names							
Date of birth (dd/mm	n/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 di from residential addre							
			Postcode				
Telephone (Home) Telephone (Work) (If convenient)							
Mobile Phone No.		Email					

Enrolment into Pre Primary for 2025 at Baynton West Primary School

Are there any Family Court Orders regarding the day to day or long term care, welfared NO	are and de	velopm	ent of your child?				
Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?							
YES NO							
*Please attach an updated copy of your child's immunisation records.							
Will there be any brothers or sisters attending this school?	YES	NO					
Name/s and year levels							
Is your child a temporary resident?	YES	NO	If yes, please indicate:				
Date entered Australia if born overseas. / /							
Visa Sub Class No.	Visa expir	y date	1 1				
*Please attach relevant VISA information							
Is the student of Aboriginal of Torres Straight Islander origin?	NO						
Do you have a Corporation? If yes, please provide the name of the Corporation.							
Does your child have health or medical condition, disability or additional needs?	YES	NO					
This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:							

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.

Date

DOCUMENTS TO BE PROVIDED

Signature

The school will advise you of any additional documentation required.

Checklist: Check the box 🔀 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
- 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	YES	NO					
2. Copies of Family Court or any other court orders	YES	NO					
3. Proof of address	YES	NO					
4. Information relating to suspensions	YES	NO					
5. Information relating to health or medical condition, disability or additional needs	YES	NO					
Date application received / / Year Level							
Principal's approval Application for Enrolment approved YES	NO						
Name							
Signature of principal/delegate		Date	/	/			