



FREMANTLE PRIMARY SCHOOL

APPLICATION FOR ENROLMENT FORM

Office Use Only
Date Received:

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____

Name of person enrolling child: _____

Relationship to child: _____

Signature: _____ Date: ____/____/____

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M / F):
Parent/Carer surname:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			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? (If yes, documentation must be provided)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the child subject to access restriction?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of school and year level at which the child is currently or was last enrolled:			<input type="checkbox"/> N/A
Are there any siblings currently attending this school?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name/s:			
Is your child a permanent resident of Australia?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, please indicate date entered Australia: _____		Visa Sub Class No.: _____	
Does your child have a disability/medical condition?			
<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s			
Please outline nature of disability/medical condition/s (or attach details).			