



- Is your child's date of birth between 1st July 2013 and 30th June 2014?
- Does your child live within our school's local intake area? *Please see website for more information.*
- Will your child be attending Gosnells Primary School Kindy in 2018?

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M / F):
Parent/carer's 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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, please specify and attach supporting documentation.</i>			
Are there any brothers or sisters attending this school?			
Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does your child speak English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO, please indicate date entered Australia: _____		Does your child speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Visa Sub Class No.: _____		If YES, which language/s: _____	
Does your child have a disability/medical condition (including allergies)?		Which day would you prefer for you and your child to attend 'Little Learners'?	
Please indicate whether:		<input type="checkbox"/> Tuesday 12:30 – 2:30	
<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):			
Parent/Guardian Signature: _____ Date: _____			
Application for Enrolment approved: <input type="checkbox"/> YES Group: _____ <input type="checkbox"/> NO <input type="checkbox"/> WAITLIST			
Approved by _____ Date: _____			





Gosnells
PRIMARY SCHOOL

Our Journey, Our Future

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