



APPLICATION FOR ENROLMENT – **KINDY PART A**

(For enrolment in a Western Australia Public School) **Expression of Interest**

SPRING HILL PRIMARY SCHOOL

PREFERRED DAYS

- Monday / Tuesday (Wednesday)
 Thursday / Friday (Wednesday)

Wednesdays / Alternating Weeks

ENROLMENT PRIORITY

- P1 P2 P3 P4

OFFICE USE ONLY

Date Received _____

Year Level _____

- ID: Birth Certificate/Passport/Travel Doc's YES NO
 Visa sighted YES NO
 AIR Immunisation History Statement YES NO
 Family Court Orders YES NO

IMPORTANT

- Please check that all requested documentation is included and returned to Spring Hill Primary School.
- This application will **NOT** be processed unless all supporting documentation is received.
- Immunisation:** You are required to provide the school with this information when you apply to enrol your child.
- You must supply an **AIR Immunisation History Statement, no more than two months old.**
- Children may be enrolled in Kindergarten in one school only, either public or private.
- Interpreters may be available during school interviews; would an Interpreter be required? Yes No

ENROLMENT YEAR 20		
This is a local in-take area application <input type="checkbox"/>		This is an out of area application <input type="checkbox"/>
Student Name	Year Level at Entry	Indicate a start date
STUDENT DETAILS		
Legal Surname	First Name	
Middle Name/s	Preferred First Name	
Date of Birth:	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student Aboriginal or Torres Strait Islander?		
<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
Residential Address	Suburb	Postcode
Mailing Address <i>(if different from above)</i>	Suburb	Postcode
Nearest Intersecting Street	Home Telephone	
LANGUAGE		
<i>Please write the actual language(s) used, for example: Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole</i>		
What is the student's first Language?	What is the language the student mostly speaks at home?	
If the language spoken at home is other than English , state how well English is spoken		
<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Not stated
Religion	Is the student to be withdrawn from religious instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FAMILY DETAILS		
PARENT / GUARDIAN / CARER 1		
Parent/Guardian/Carer 1 is the first point of contact for absences and emergencies		
Title	First Name	Surname
Residential Address	Suburb	Postcode
Nationality	Country of Birth	
Does Parent 1 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/> please specify	Mobile	
Parent 1 Email Address		



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Occupation	Employer		
Relationship to Student	Pension / Health Care Card <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Phone			
What is the highest year of primary or secondary school completed? <i>(For persons who never attended school, select 'Year 9 or equivalent or below')</i>			
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent, or below		
What is the level of the highest qualification completed?			
<input type="checkbox"/> Bachelor's degree or above	<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification		
<i>Please select the appropriate parental occupation group from the list on page 5. If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.</i>			
What is the parental occupation group?			
<input type="checkbox"/> Group 1	<input type="checkbox"/> Group 2	<input type="checkbox"/> Group 3	<input type="checkbox"/> Group 4
PARENT / GUARDIAN / CARER 2			
Parent/Guardian/Carer 2 is the second point of contact for absences and emergencies			
Title	First Name	Surname	
Residential Address		Suburb	Postcode
Nationality		Country of Birth	
Does Parent 1 speak a language other than English spoken at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/> please specify			
Mobile		Business Phone	
Occupation		Employer	
Relationship to Student	Pension / Health Care Card <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent 2 Email Address			
What is the highest year of primary or secondary school completed? <i>(For persons who never attended school, select 'Year 9 or equivalent or below')</i>			
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent, or below		
What is the level of the highest qualification completed?			
<input type="checkbox"/> Bachelor's degree or above	<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification		
<i>Please select the appropriate parental occupation group from the list on page 5. If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.</i>			
What is the parental occupation group?			
<input type="checkbox"/> Group 1	<input type="checkbox"/> Group 2	<input type="checkbox"/> Group 3	<input type="checkbox"/> Group 4
Parent responsible for payment of fees and charges? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 If neither, who is responsible:		Are you a Defence Force Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIBLINGS AT SPRING HILL			
Full Name	Year	Full Name	Year
Full Name	Year	Full Name	Year



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EMERGENCY CONTACT OTHER THAN PARENTS /CAREGIVERS			
Title	First Name	Surname	
Residential Address		Suburb	Postcode
Mobile No		Relationship to Student	
PLEASE ADVISE THE SCHOOL IF THERE ARE ANY OTHER CONTACTS YOU WOULD LIKE RECORDED			
Who does the student live with?			
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Guardian <input type="checkbox"/> Carer
In shared custody arrangements, show the percentage split as determined by Centrelink <i>(this information must be included)</i>			
Parent 1 ___ %		Parent 2 ___ %	Other ___ %
Are there any family court orders in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child subject to access restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please specify and attach supporting documentation			
OTHER PROVISIONS			
Is the student in the care of the Department for Child Protection and Family Support (CPFS)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name CPFS Case Manager		District	
CPFS Address		Phone No	
STUDENT RESIDENTIAL STATUS			
What is the student's country of Birth?		Is the student an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO , please answer the following If YES , leave this section blank	Is the student a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student a Temporary Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa Sub-Class Number		Visa Expiry Date	
Visa Grant Number		Date Entered Australia	
From which country has the student arrived?			
PREVIOUS SCHOOL INFORMATION			
Name of school at which the child is currently / or was last enrolled in.			
Is your child currently under suspension from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES , Name of School.	
Has your child ever been excluded from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES , Name of School.	
MEDICAL			
Please indicate if your child has a disability and or medical condition? <i>(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.)</i>			
Physical	Intellectual	Other/ Medical Conditions	
Please outline nature of disability/medical condition/s <i>(attach details)</i>			



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PART - A ENROLMENT DOCUMENTS CHECKLIST

Select the documents you have included in this application

The school requires **two items of Proof of address**. ONE of which must be:

- | | |
|---|---|
| <input type="checkbox"/> Your current water or council rates bill
<i>(if owner occupier)</i> OR | <input type="checkbox"/> Rental Agreement <i>(from Real Estate Agent)</i> , showing a minimum of 6 months tenancy <i>(into the following school year)</i> or Statutory Declaration must be provided |
|---|---|

Private Rental, Statutory Declaration must be provided

and the **SECOND** item, a utilities bill showing residential address

Electricity account
(most recent)

Gas account
(most recent)

ADDITIONAL DOCUMENTS

Copy of Full Birth Certificate
(required for all students)

Copy of Visa / Passport *(if born overseas)*

Copy of AIR Immunisation History Statement
(not more than two months old)

Copies of any Family Court Orders *(if applicable)*

DECLARATION

PLEASE READ CAREFULLY BEFORE SIGNING

- I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Spring Hill Primary School will be terminated
- My child is not currently under suspension at, nor excluded from, another school
(If YES, details have been provided in this application)
- I have read and understood the Enrolment Overview. Please note that this application will **NOT** be processed unless:
- All requested documentation is included
- The points above have been read and the application is signed below

NAME OF THE PERSON ENROLLING STUDENT

Title	First Name	Surname
Parent/Guardian/Carer _____		Date _____
<i>(Signature)</i>		

SUBMITTING ENROLMENT

After checking that **all** required documents are included, please ensure the application is signed and submit the enrolment application to the Spring Hill Administration office.

OFFICE USE ONLY

Application for Enrolment Approved _____	Date _____
<i>(Signature of Representative)</i>	



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OCCUPATION GROUPS

What is your Occupation Group?

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool. You will need to use this table to complete the 'Occupation Group' section.

The five groups listed here are used by the **Australian Bureau of Statistics** to classify occupations. Please choose the group (1, 2, 3, 4) that you think best describes your occupation. If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation.

GROUP 1

Senior management in large business organisation, government administration & defence, and qualified professionals

Senior executive/ manager/ department head in industry, commerce, media or another large organisation
 Public service manager (section head or above), regional director, health/ education/police/ fire services administrator
 Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
 Defence Forces Commissioned Officer
 Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others
 Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
 Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
 Air/sea transport [aircraft/ ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

GROUP 2

Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
 Specialist manager [finance/engineering/ production/personnel/ industrial relations/ sales/ marketing]
 Financial services manager [bank branch manager, finance/ investment/ insurance broker, credit/ loans officer]
 Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
 Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof-reader, sportsman/ woman, coach, trainer, sports official]
 Associate professionals generally have diploma/ technical qualifications and support managers and professionals Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
 Business/administration [recruitment/employment/ industrial relations/ training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
 Defence Forces senior Non- Commissioned Officer

GROUP 3

Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group
 Clerks [bookkeeper, bank/ PO clerk, statistical/actuarial clerk, accounting/ claims/ audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/ order clerk, freight/ transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
 Skilled Office, Sales and Service Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
 Sales [company sales representative, auctioneer, insurance agent/ assessor/ loss adjuster, market researcher]
 Service [aged/disabled/ refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

GROUP 4

Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.
 Hospitality staff [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, porter, housekeeper]
 Office assistants, sales assistants and other assistants
 Office [typist, word, processing/data entry/ business machine operator, receptionist, office assistant]
 Sales [sales assistant, motor vehicle/caravan/ parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
 Assistant/aide [trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
 Labourers and related workers
 Defence Forces ranks below senior NCO not included in other groups
 Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
 Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

These categories have been determined nationally and are designed as broad occupational groupings. Australian states and territories use the same categories.