

# Application for Enrolment

**YEAR: 2023**

*This form does not guarantee placement of student in Eton Farm Education*

Please complete the Student Application for Enrolment Form and return it with the \$50 non-refundable application fee for processing.

- in person to the school or emailing [admin@etonfarmeducation.wa.edu.au](mailto:admin@etonfarmeducation.wa.edu.au) - direct debit payment to: Eton Farm Education BSB: 036 092 A/C# 230683

Please complete the form and place X where relevant

Please attach a copy of the following

- Birth Certificate
- Immunisation History Statement (from Medicare)

*If applicable...*

- Court Orders
- VISA documents
- Passport

PLEASE INDICATE WHAT GRADE YOU WOULD LIKE YOUR CHILD TO BE ENROLLED IN.

- Term1 - Pre Kindy (Student has turned 3 prior to 14<sup>th</sup> February, in the year you're applying for)
- Term 2 – PreKindy (Student has turned 3 between 15<sup>th</sup> February and 9<sup>th</sup> May, in the year you're applying for)
- Term 3 - Pre Kindy (Student has turned 3 between 10<sup>th</sup> May and 30<sup>th</sup> June, in the year you're applying for)

Please note the following year groups, student must turn the age listed between 1<sup>st</sup> July, in the previous year you're applying for and 30<sup>th</sup> June, in the year you're applying for.

- Kindy (4)
- Pre-Primary (5)
- Year 1 (6)
- Year 2 (7)
- Year 3 (8)
- Year 4 (9)
- Year 5 (10)

**STUDENT INFORMATION:**

Legal First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Residential Address: \_\_\_\_\_ WA Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ WA Postcode: \_\_\_\_\_

Aboriginal  No  Yes  
Torres Strait Islander  No  Yes

Country of Birth \_\_\_\_\_

VISA No. \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ PASSPORT No. \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

School Previously Enrolled at: \_\_\_\_\_

Email address for School Contact: \_\_\_\_\_

Names of brothers and sisters attending this school: \_\_\_\_\_

Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer?

 No  Yes

DCD Case Manager Name \_\_\_\_\_ DCD District \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Is this student subject to any court orders in respect of their care, welfare and development?

 No  Yes please specify and attach supporting documentation  
\_\_\_\_\_

Medicare Number: \_\_\_\_\_ ref: \_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Private Health: Fund Name: \_\_\_\_\_ Member No.: \_\_\_\_\_ ref. \_\_\_\_

Ambulance Cover  No  Yes

Does the Student have a Disability?     No     Yes    *Please describe...*

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Please indicate where you have documentation about your child’s disability in any of the following areas.  
Copies of this documentation will be required for school records

- Autism Spectrum Disorder \_\_\_\_\_
- Deaf or Hard of Hearing \_\_\_\_\_
- Specific Speech Language Impairment \_\_\_\_\_
- Intellectual Disability \_\_\_\_\_
- Severe Mental Disorder \_\_\_\_\_
- Global Developmental Delay (prior to age 6) \_\_\_\_\_
- Vision Impairment \_\_\_\_\_
- Physical Disability \_\_\_\_\_

Does the Student have a Medical Condition?     No     Yes

- Allergy – Anaphylaxis \_\_\_\_\_
- Allergy – Other \_\_\_\_\_
- Mental health (eg: depression, anxiety) \_\_\_\_\_
- Asthma \_\_\_\_\_
- Behavioural (eg: ADD/ADHD) \_\_\_\_\_
- Hearing condition (eg: otitis media) \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Intensive Health Care Need (eg tube feeding) \_\_\_\_\_
- Seizure Disorder (eg: Epilepsy) \_\_\_\_\_
- Diagnosed migraine/headaches \_\_\_\_\_
- Other \_\_\_\_\_

**Parent/Guardian 1 – Details (this should be the most available to contact)**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**Parent/Guardian 2 – Details**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signature**

Name of person responsible for Bill Payment &amp; Student Enrolment: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_