



# Walliston Primary School

Dianella Road, Walliston , WESTERN AUSTRALIA 6076

## APPLICATION FORM

<b>1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)</b>			
Child's surname	Given names	Date of birth	Sex (M /F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Email address:			
Telephone – Home	Work (if convenient)	Mobile Phone No	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are there any siblings currently attending this school? Names and year levels: Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b> Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
<b>3. DISABILITY/MEDICAL CONDITION?</b> 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. Please indicate (√)			
Physical YES <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability/medical condition:			
<b>I declare that the information provided on this form is true.</b> <i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made. An enrolment at Walliston PS does not guarantee your child a place at any particular high school.</i>			
Signature of parent/guardian _____		Date _____	
Signature of parent/guardian _____		Date _____	