



PARKLANDS SCHOOL

APPLICATION FOR ENROLMENT

www.parklands.wa.edu.au

Please return this Application for Enrolment to:

Parklands School
32-36 Drummond Street
ALBANY WA 6330
08 9841 8179
officemanager@parklands.wa.edu.au
www.parklands.waw.edu.au

At Parklands School we believe that each child is unique and should have the opportunity to develop to his or her full potential.

We aim to provide a positive introduction to school life creating a strong foundation to a lifelong enjoyment of learning.

To achieve this it is essential that the school and family are compatible. Accordingly, Parklands School has developed the following admission criteria for families.

1. The entry point for enrolment for Pre-Kindergarten is as close as possible, but after, a child's third birthday and after the child's fourth birthday in special circumstances.
2. The readiness of the child.
3. The compatibility of the child and family with Parklands School.
4. Families who have siblings currently enrolled at Parklands School.
5. Date of receipt of the Application for Enrolment.

The information supplied on this form is required by Parklands School for its own purposes and to answer questions from various Education and Government bodies. Privacy Policy Data Collection Notice Enclosed.

This form is to be accompanied by copies of

- Birth certificate
- Most recent school report
- Immunisation Certificate
- Enrolment Fee of \$100 (non-refundable)
- If born outside of Australia, proof of residence status (proof of citizenship, Australian citizenship certificate, citizenship certificate of one or both parents, copy of current visa)

STUDENT DETAILS	Sibling <input style="float: right; margin-left: 10px;" type="checkbox"/>
LEGAL GIVEN NAMES _____	LEGAL SURNAME _____
PREFERRED NAME _____	_____
USUAL ADDRESS _____	Male Female
Date of Birth ____ / ____ / ____ WAS YOUR CHILD BORN IN AUSTRALIA? Y N	
IF NOT BORN IN AUSTRALIA, PLEASE PROVIDE A COPY OF PROOF OF CITIZENSHIP (Australian passport, Australian citizenship certificate, citizenship by descent, copy of visa)	
<u>DETAILS OF MOTHER (or Guardian 1)</u>	<u>DETAILS OF FATHER (or Guardian 2)</u>
First Name _____	First Name _____
Surname _____	Surname _____
Address _____	Address _____
Suburb _____	Suburb _____
State _____ Postcode _____	State _____ Postcode _____
Ph: Home _____ Work _____	Ph: Home _____ Work _____
Mobile _____	Mobile _____
Email _____	Email _____
Occupation _____	Occupation _____
Are there any Family Court Orders or other legal provisions for care of the child in place? Y N	
If yes, please attach the most recent copies	
Who does the child reside with usually?	
Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <input type="checkbox"/> Guardian	
Is your child <input type="checkbox"/> fully immunised	
Please attach "Up to Date" Australian Immunisation Register Statement	

PROPOSED COMMENCEMENT DATE ____ / ____ / ____ OR TERM 1 2 3 4 YEAR 20 ____	
PROPOSED COMMENCEMENT YEAR GROUP (PLEASE CIRCLE)	PK K PP 1 2 3 4 5 6
Names of Siblings	
	DATE OF BIRTH ____ / ____ / ____ Attend Parklands Y N
	DATE OF BIRTH ____ / ____ / ____ Attend Parklands Y N

	DATE OF BIRTH __ / __ / __ Attend Parklands Y N
	DATE OF BIRTH __ / __ / __ Attend Parklands Y N
<p>Is the child or sibling/s enrolled at another school? Y N Please specify which school and year group.</p>	
<p>Is the child or sibling/s attending another school / child care? Y N Please specify.</p> <p>Contact details for Parklands School to obtain school reports/child care observations and discuss information regarding your child's enrolment at this school/child care.</p> <p>Name _____</p> <p>Organisation _____</p> <p>Phone _____</p>	
CULTURAL & LINGUISTIC DETAILS	
Language/s spoken at home?	
Is the student of Aboriginal and/or Torres Strait Islander descent Y N	
HEALTH & DISABILITY DETAILS	
Name of child's Doctor _____ Phone _____	
Does your child suffer from any illness or medical conditions? Please provide details. Attach a separate sheet if necessary.	
<p>Is your child on any regular prescribed medication? Yes No If yes, please specify.</p>	
<p>Does your child have any allergies? Yes No If yes, please specify.</p>	

<p>Can your child manage personal needs independently (toilet, dressing, eating)? Yes No If no, please specify.</p>
<p>Do you have any concerns regarding your child’s developmental progress? Yes No If yes, please specify.</p>
<p>Do you have any concerns regarding your child’s learning, behavioral or social development? Yes No If yes, please specify.</p>
<p>Has your child ever received allied health support? (psychologist, physiotherapist, occupational therapist, speech pathologist etc) Yes No If yes, please specify. Please provide all reports and testing results from any health professionals.</p>
<p>Does your child have any communication impairment? (use signing, hearing aids etc) Yes No If yes, please specify.</p>

The School Education Act 1999 requires the provision of “details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school” (16G).

To assist Parklands School to respond to individual requirements which may affect his or her learning, participation or welfare during school hours, **please list any specific learning difficulties or any information which may assist us in caring for your child** (Medical, Health Care, Physiological, Cognitive, Sensory (e.g. Vision/Hearing), Behavioural/Safety, Communication, Social/Emotional, Autism Spectrum Disorder, Speech and Language Impairment).

Failure to disclose such information may result in a child’s enrolment at the School being refused, delayed or cancelled.

This information will be treated confidentially. Please provide a copy of all diagnostic reports to the school.

ENROLMENT DETAILS

Parklands School is a unique independent school within the Albany community. Would you be willing to share with us what has brought you to seek enrolment for your child at Parklands?

Parklands School welcomes parent involvement – would you be willing to let us know what interests and skills you may be willing to share in our school?

EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP TO CHILD

PHONE NUMBERS

DISCLAIMER

Application Fee \$100.00 (non refundable)

Please circle Cheque Electronic Funds Transfer
 Parklands School
 BSB 306-001 Acct No. 0362274

Your application will be acknowledged and a receipt issued.

I/We hereby make an application for my child to be enrolled at Parklands School.

I/We understand that the completion of the application does not guarantee a position within Parklands School.

I/We have completed this application form fully and to the best of my/our knowledge.

I/We acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application process, then enrolment may be refused on these grounds.

I/We acknowledge payment of the non-refundable fee of \$100.00

Signed 1. _____ Date _____

Signed 2. _____ Date _____

ADMINISTRATION

Application for Enrolment	Received	Application Fee	Receipt no.	
Interview date				
Enrolment Agreement	Date sent	Reply by Date	Reply received date	Waiting list letter
Documentation	Birth Certificate	Medical Information	School reporting	Australian Immunisation Register Statement
	Proof of citizenship	Family Court Orders		
Cancellation details	Date received		Reply Date	