



KIARA COLLEGE

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APPLICATION REQUEST FOR ENROLMENT INTERVIEW FOR ENROLMENT IN A WESTERN AUSTRALIAN PUBLIC SCHOOL

NOTE: This does not confirm your enrolment at this school.

DECLARATION

The information and statements provided in this application are true and accurate in relation to:

Name of child: _____

Name of person enrolling child: _____

Relationship to child: _____

Address: _____

Signature: _____

Date: ____/____/____

NOTE: In the event that statements made in this application form later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

Please place **X** in to indicate each document is attached to this application form.

1. Birth Certificate or extract or other identity documents if applicable
2. Immunisation Certificate
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address
5. Information relating to suspensions or exclusions
6. Information relating to disability

If your child was not born in Australia, you must provide evidence of:

1. Date of entry into Australia
2. Passport or travel documents
3. Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer provided by Education and Training International (ETI) study.eti@dtwd.wa.gov.au.

(if holding an International full fee student visa, sub class 571); or

4. Evidence of the visa for which the student has applied if the student holds a bridging visa.

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Last Name of Child	First name:	Date of birth:	Sex (M /F):
Last Name of parent/responsible person:	First name:	Mr/Mrs/Ms:	
Child is Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> NOT Aboriginal or Torres Strait islander <input type="checkbox"/> YES Aboriginal <input type="checkbox"/> YES, Torres Strait islander	
Residential Address (<i>must be completed</i>):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone – Home:	Mobile Phone No:		
Work (if convenient):	Email:		
Is this an International Student? If YES information is to be given to Manager Corporate Services. YES <input type="checkbox"/> NO <input type="checkbox"/>			
PERMANENT RESIDENT OF AUSTRALIA			
Is your child a permanent resident of Australia?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, please indicate date entered Australia: _____		Visa Sub Class No.: _____	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If applicable, year level child currently enrolled in (e.g. Year 7):			
If applicable, name of school at which the child is currently or was last enrolled:			
Are you applying to enrol in a specialist program at this school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of specialist program:			
Will there be any brothers or sisters attending this school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Names and year levels:			
Is your child currently under suspension from a school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, name of school:			
Has your child ever been excluded from a school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, name of school:			
DISABILITY/MEDICAL CONDITION			
Does your child have a disability/medical condition? 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 whether:			
Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____			
<input type="checkbox"/> Please outline nature of disability/medical condition (or attach details).			

To assist Kiara College in providing the best educational outcomes for your child, could you please complete the following information to the best of your knowledge.
 All information will be treated in strictest confidence.

Reason for this request for enrolment interview:

- Moved into the area
- Other, why do you wish your child to attend this school?

Has your child previously been enrolled at Kiara College?	YES	NO	
Does your previous school have a psychological file for your child?	YES	NO	
Has your child ever been in Education Support?	YES	NO	
Has your child ever qualified for in-school education assistant support time?	YES	NO	
How often was your child away from school last year?	OFTEN	OCCASIONALLY	NOT OFTEN
How often has your child been away from school this year	OFTEN	OCCASIONALLY	NOT OFTEN
Has your child ever participated in an alternative or extra curricular education program eg. sport, learning support, academic extension, specialist education or behaviour?	YES	NO	
If, Yes please explain.			

Has your child had any involvement with any of the following?		Name of Contact person
School Attendance Officer	YES NO	_____
Department of Child Protection	YES NO	_____
Juvenile Justice Officer	YES NO	_____
Youth Therapy Service/Youth Link	YES NO	_____
Child & Adolescent Mental Health Services	YES NO	_____
Does your child have any known medical diagnosis eg ADHD, Autism etc	YES NO	

Please explain _____

SCHOOL HISTORY - BEHAVIOURAL:

Has your child been involved in any of the following? Please explain

Threatening behaviour:	YES	NO	_____
Verbal abuse(teachers/students):	YES	NO	_____
Disruptive behaviours in class:	YES	NO	_____
Bullying/harassing students:	YES	NO	_____
Victim of bullying/harassment:	YES	NO	_____
Anger management problems:	YES	NO	_____
Anxiety attacks:	YES	NO	_____

HOW HAVE PREVIOUS SCHOOLS TRIED TO MANAGE THE ABOVE BEHAVIOURS AND WHICH DO YOU FEEL HAVE BEEN THE MOST EFFECTIVE AND LEAST EFFECTIVE INTERVENTIONS?

Relocation within the class. _____

Reward programs : _____

Punishments: _____

In-school suspension : _____

Suspension : _____

Parent contact/involvement : _____

Classroom management strategies (specify) : _____

Other : _____

FAMILY

Who lives at home : _____

Language at home : _____

Number/place in family (eg 3rd child, youngest etc): _____

Relationship with parents (eg good, tense) : _____

Other relevant information : _____

_____	Date : _____
Signature of Parent/Guardian	