

KINDERGARTEN 2023 APPLICATION CAMBOON PRIMARY SCHOOL DATE OF BIRTH BETWEEN 01/07/18 - 30/06/19

PLEASE NOMINATE PREFERRED GROUP GROUP A = MONDAY / THURSDAY / ALT WEDNESDAY GROUP B = TUESDAY / FRIDAY / ALT WEDNESDAY

Application for Enrolment in a Western Australian Public School (Primary)

You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Kindergarten for the following year.
- · You are enrolling a child in Pre-primary for the following year.
- You are enrolling a child in Year 7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education website.

SCHOOL NAME		
School name		
PERSONAL DETAILS (Please	complete all details l	below)
Child's surname		
Legal surname (if different)		
Given names		
Date of birth (dd/mm/yy)	1 1	Gender Male Female Not Specified
Parent Surname		
Parent First Name		Title Mr Mrs Ms Other
Residential Address (must be completed)		
		Postcode
Postal Address (if different from residential address)		
		Postcode
Telephone (Home)		Telephone (Work) (If convenient)
Mobile Phone No.		Email

PERSONAL DETAILS (Continu	ied)		
Year Level enrolling in	Start date: Beginning of	school year 2022 YES	NO
If no, indicate start date	, ,		
If applicable, year level your chil	id is currently enrolled in (e.g. Year 6)		
If applicable, name of school at	which your child is currently or was la	st enrolled	
Are there any Family Court Order	re regarding the day to day or long ter	m care, welfare and developmen	nt of your child?
YES NO			
Does your child have an Australia	n immunisation Register (AIR) immuni	sation History Statement?	
YES NO			
If your application is accepted, you want more than two months old.	will be asked to provide an Australian Immo	unisation Register (AIR) Immunisatio	n History Statement that is
Will there be any brothers or sis	ters attending this echool?	○YES ○NO	
Name/s and year levels			
is your child currently under sus	pension from a school?	OYES ONO	
If yes, name of school			
is your child a temporary resider	nt?	○YES ○NO H	yes, please indicate:
Date entered Australia if born overs	seas. / /		
VIsa Sub Class No.		Visa expiry date	1 1
Does your child have health or n	nedical condition, disability or addition	nai needs? OYES ONO	
This information will assist the scho	pol principal in planning to provide the bea	st educational program for your chil	d. Please provide details:

DECLARATION	
The information and statements provided in this application for enrolment a	are true and accurate in relation to:
Name of person enrolling child	
Title	
Relationship to child	
(Independent minors and those aged 18 years or older may apply on their own be	half)
Telephone (Home)	ne (Work)
Mobile Phone No.	
Signature	Date / /
If you are completing this form online and are unable to sign this form information is true and correct	please check this box to confirm the above
Note: In the event that statements made in this application later prove to be false or mislead may need to be checked by the school.	ting this application may be declined. Information supplied
SACRAGO HARMAN MAR CONTROLLO M	
DOCUMENTS TO BE PROVIDED	
The school will advise you of any additional documentation required. Checklist: Check the box \boxtimes to indicate documents you can provide to supp	port this application.
1. Birth Certificate or extract or other identity documents	
2. Copies of Family Court or any other court orders (if applicable)	
3. Proof of address	
4. Information relating to suspensions	
5. Information relating to health or medical condition, disability or additional	
6. If your child is not a permanent resident of Australia, you must provide evisubclass (if applicable, such as if current visa is a bridging visa)	dence of current visa subclass and previous visa
Please provide any other relevant information.	
OFFICE USE ONLY	
Documents provided:	
Birth Certificate or extract or other identity documents	YES ONO
Copies of Family Court or any other court orders Proof of address	○YES ○NO ○YES ○NO
4. Information relating to suspensions	○YES ○NO ○YES ○NO
5. Information relating to health or medical condition, disability or additional needs	× ×
Date application received / / Year Level	
Principal's approval Application for Enrolment approved YES	○NO
Name	
Signature of principal/delegate	Date / /



ADDITIONAL INFORMATION FOR STUDENTS ENROLLING IN KINDERGARTEN

The information below should be completed and submitted to the school with the Student Enrolment Form.

STUDENT DETAILS	ild be completed and submitted to the school with the Student Enrolment Form.
Student surname	
Student first name	
Date of birth (dd/mm/yy)	
PRIOR TO SCHOOL	
Did the student attend a Child	and Parent Centre, in the past year?
YES, regularly (10 times or m	ore)
O NO	
Did the student attend KindiLir	ık, in the past year?
YES, regularly (10 times or m	ore)
O NO	
	ntres are located on or near to some public schools. They offer a range of early learning, child ting support and health promotion programs and services.
The KindiLink program is a Strait islander families.	supported playgroup located on some public schools, predominantly for Aboriginal and Torres



CAMBOON PRIMARY SCHOOL

Forder Road, Noranda WA 6062 P: (08) 9218 1400

E: Camboon.PS@education.wa.edu.au W: camboonprimaryschool.wa.edu.au

AN INDEPENDENT PUBLIC SCHOOL ABN 59 545 903 629

Kindergarten Enrolment 2023 Questionnaire

1. Please enter your child's name and the name of the person completing this q			
	My child's name:		
	My name:		
2.	Please outline your child' interaction with other children (choose all that apply). My child has attended daycare. My child has attended playgroup. My child has regular interaction with other children through family/friends. My child has little interaction with other children.		
3.	 How does your child play when he/she plays with other children? (When answering consider what they mostly do, and choose just one option.) ☐ Mostly plays alongside others - doesn't engage in conversation or make-believe play, may copy what the other child is doing. ☐ Mostly engages in make-believe play, talking to the other child whilst playing. ☐ Mostly prefers to play by themselves, or only with adults. 		
4.	What age did your child start walking and talking? Walking (months) Talking (months)		
5.	Has your child had regular child health nurse or doctor check-ups? ☐ Yes ☐ No		
6.	Do you have any concerns about your child's development? (Consider speech, physical skills like running/jumping, holding and using cutlery, toileting independently.) ☐ Yes ☐ No List concerns:		
7.	Has your child received any specialist therapies or appointments? □ Speech therapy □ Physiotherapy. □ Occupational therapy. □ Paediatrician. □ Other, please specify		

Please turn over



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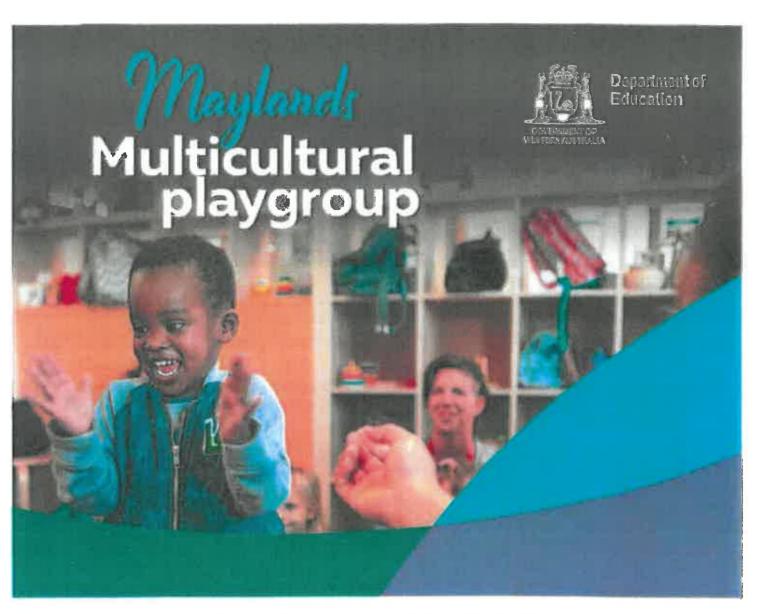
E: Camboon.PS@education.wa.edu.au W: camboonprimaryschool.wa.edu.au

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COURAGE | PERSEVERANCE | RESPECT

8.	Does your child have siblings? (Please list ages of other children).	
9.	Does your child speak English at home as their regular language? ☐ Yes ☐ No	
	Please list languages your child speaks	
10	Does your child have any special interests?	

Thank you for completing this survey.



We are looking for multicultural families with children who are not old enough to start school for FREE play and learn sessions.

		4	
ı	Do you mainly speak English at home?		
ı	Does your child attend playgroup or childcare?		
ı	Do you see a Child Health Nurse in your area?		
ı	Do you have any children that currently attend a school?		

If you answered 'No' to at least three of these questions, then the Maylands Multicultural Playgroup may be something for you and your child.

When: Monday and Tuesday each week

from 9.00am-12.00pm.

Where: At the Maylands Multicultural Playgroup Centre

located at Maylands Peninsula Primary School.

Please complete the Expression of Interest form on the back of this fiver and return it to the person who gave it to you.

Maylands Peninsula

VES NO





Maylands Penincula Primary School

60 Kelvin Street, Haylanda WA 6061 Telephone: 9462 6700 maylandspeninsula.pe@educetion.wa.edu.au



Maylands Multicultural Playgroup Expression of Interest

The Maylands Multicultural Playgroup will support multicultural families with children who are not old enough to attend echool to participate together in PREE play and learn sessions. Our playgroup educators are committed to working alongside families to support them as their child's first and ongoing educator; valuing the learning that families and communities provide. Our priority is building solid language foundations to provide children with the tools and stills for Kindergarten.

We strongly encourage families to speak in their home language to their children at the playgroup. Our teachers will provide the resources and the English language skills to encourage a language rich experience.

Please complete the Expression of interest form and we will be in contact with you to discuss if this playeroup may be suitable for your family.

Children's Details		
1. Child's name (first and isst name)	Age	Gender Male Pamale Other
2. Child's name (first and last name)	Age	Gender Male Pennile Other
Family details		
Parent / Caregiver Name/s		
Best Phone number		
Home Address		
What languages or dislects are spoken at home other than Standard Australian English?		

Please take this form back to the person who gave it to you. Someone from Maylands Peninsula Primary School will contact you within 2-3 weeks. Thank you.

Office Use Only: Please cell Maylands Peninsula Primary School on 9462 6700 or small Maylands Peninsula PS. Playerous desducation. ws. edu. eu to confirm collection arrangements.