



Glencoe Parade
Halls Head WA 6210
T: 08 9586 6800

GLENCOE PRIMARY SCHOOL

An Independent Public School

KINDERGARTEN 2024

Dear Parents/Carers

Since the introduction of the School Education Act 1999, it has been a requirement for children entering Kindergarten to apply for a place in the Kindergarten Program.

An application for enrolment form is attached for your use. ***Please complete and return to the school office by Friday 22 September 2023.***

Children born between 1 July 2019 and 30 June 2020 are eligible to enrol in the Kindergarten program for 2024.

Parents need to provide a ***birth certificate/extract and immunisation record as well as details for proof of the usual place of residence eg: a lease agreement or most recent utilities account (electricity, water, gas or telephone).***

Please Note: The Principal of a school may cancel the enrolment of an enrollee at the school if the Principal is satisfied that –

- The enrolment was obtained by the giving of false or misleading information.

Glencoe Primary School is a local intake school, which means priority will be given to students who live in our intake area. Kindergarten enrolments for children who live in our local intake area will be accepted, where possible.

If the number of enrolment applications exceeds the number of available places, priority for enrolment is in the following order:

- ❖ First priority – A child residing in the local-intake area for the school, with a sibling enrolled at the same school for that year, and who lives the nearest to the school.
- ❖ Second priority – A child residing in the local-intake area for the school, who does not have a sibling enrolled at the same school for that year, and lives the nearest to the school.
- ❖ Third priority – A child residing outside the local-intake area for the school, has a sibling enrolled at the same school for that year, and who lives the nearest to the school.
- ❖ Fourth priority – A child residing outside the local-intake area for the school, does not have a sibling enrolled at the same school for that year, and who lives nearest to the school.

You will be notified by the school about the outcome of your application for enrolment at the earliest possible opportunity. Typically this will be no later than the end of third term.

If your application is accepted, you will be required to complete enrolment procedures at the school.

Thank you

Daniel Moore
Principal



KINDERGARTEN APPLICATION FOR ENROLMENT 2024

OFFICE USE ONLY

Date received: _____
Birth certificate sighted: YES ☐ NO ☐
Immunisation YES ☐ NO ☐
Proof of Residence YES ☐ NO ☐
Visa sighted YES ☐ NO ☐
Family Court Order sighted YES ☐ NO ☐

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's legal surname	Given names	Date of birth	Sex (M /F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
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"/>			
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? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Name of specialist program:			
Are there any siblings currently attending this school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
** Is your child currently under suspension from a school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
** Has your child ever been excluded from a school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____ _____			

3. 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 (✓)

Physical	Intellectual	Other	Medical Condition
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please outline nature of disability/medical condition:

I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

**** These questions are unlikely to apply to kindergarten and pre-primary children.**