



*To inspire and prepare students
for the opportunities and
challenges of the future.*

Glencoe Primary School
Glencoe Parade, Halls Head WA 6210
t: 08 9586 6800
e: glencoe.ps.enquiries@education.wa.edu.au

KINDERGARTEN 2026

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.***

Children born between 1 July 2021 and 30 June 2022 are eligible to enrol in the Kindergarten program for 2026.

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 enrolee 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,

Kylie Loney
Principal



KINDERGARTEN APPLICATION FOR ENROLMENT

PERSONAL DETAILS

Child's legal surname:	Given names:	Date of birth:	Sex: (M/F)				
Surname of parent/guardian:	Given names:	Mr/Mrs/Ms/Other:					
Residential Address: (must be completed)			Postcode:				
Postal Address: (if different from residential address)			Postcode:				
Mobile Phone No.	Work Phone: (if convenient)	Home Phone: (if applicable)					
Email:							
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"/>					
2. PERMANENT RESIDENT OF AUSTRALIA? If no, please indicate date entered Australia: _____		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> VISA SUB CLASS No: _____					
3. IMMUNISATION STATEMENT? Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> <u>Please Note:</u> If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.							
4. 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 (✓) <table><tr><td>Physical YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>Other YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/></td></tr></table> Please outline nature of disability/medical condition: _____				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"/>
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"/>				

DECLARATION

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: _____

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

OFFICE USE ONLY

Date received: _____	Birth certificate sighted: YES <input type="checkbox"/> NO <input type="checkbox"/>
	Immunisation YES <input type="checkbox"/> NO <input type="checkbox"/>
	Proof of Residence YES <input type="checkbox"/> NO <input type="checkbox"/>
	Visa sighted YES <input type="checkbox"/> NO <input type="checkbox"/>
	Family Court Order sighted YES <input type="checkbox"/> NO <input type="checkbox"/>
	Application accepted / not accepted