



APPLICATION FOR ENROLMENT

Thank you for your interest in enrolling your child at Esperance Primary School.

Esperance Primary School is a local intake school (please refer to attached School Zone Map for school boundaries). Students who reside outside of the local intake area may apply for enrolment but must provide a letter addressed to the Principal supporting their application.

An enrolment application **does not guarantee** your child a place at Esperance Primary School. All applications are considered and selections are made in line with the Department of Education's selection criteria. Applications are ranked according to these selection criteria in the following order:

1. Children whose usual place of residence is in the intake area for the school, who will have a sibling enrolled at the school for that year and lives nearest the school.
2. Children whose usual place of residence is in the intake area for the school, who does not have a sibling enrolled at the school for that year and lives nearest the school.
3. Children whose usual place of residence is NOT in the intake area for the school, who has a sibling enrolled at the school for that year and lives nearest the school.
4. Children whose usual place of residence is NOT in the intake area of the school, who does not have a sibling enrolled at the school for that year and lives nearest the school.

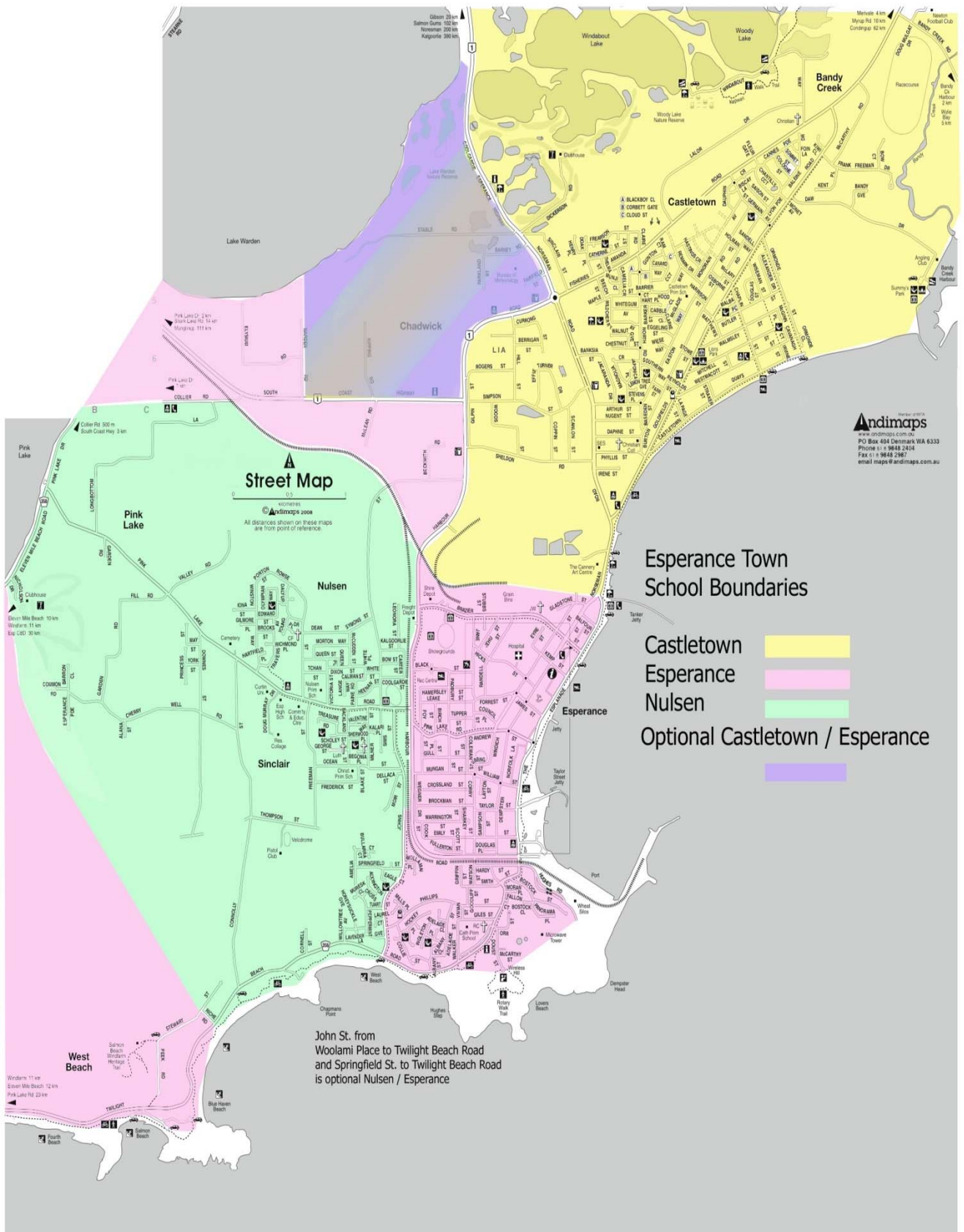
Please complete the attached **Application for Enrolment(Green)**, **Enrolment Form(buff)** and **Form 1 Student Health Care Summary(pink)** and return complete with the following supporting documents to the School Office (via post P O Box 150, Esperance 6450 or email Esperance.PS@education.wa.edu.au):

- your child's Birth Certificate
- your child's Australian Childhood Immunisation Record (ACIR) History Statement (copies can be requested by telephoning ACIR on 1800 653 809 or emailing acir@humanservices.gov.au)
- proof of your current address (eg, lease agreement of at least three months, proof of ownership of property ie. rates notice, utilities bill – power/water)
- copies of Family Court orders for confirmation of proof of name or custody arrangements
- Visa details if applicable

Applications will not be processed until all supporting information is received. Photocopying of supporting documents can be provided at time of lodgement.

In accordance with the Education Act (1999), Division 2.20, the Principal reserves the right to review enrolment if it is found that false or misleading information has been provided. This applies in instances both prior to, and after the student has commenced at the school.

Yours sincerely
Gareth Palmer
PRINCIPAL



Please note - Original Map is on Esperance Primary School Webpage for your convenience



Department of
Education



OFFICE USE ONLY

Date received: _____ Year Level:

Birth certificate/Passport/Travel document sighted

(Circle) KindiLink ☐ YES ☐ NO CaPC ☐ YES ☐ NO

Resides within local intake area ☐ YES ☐ NO

Proof of Address ☐ YES ☐ NO

Immunisation History Statement ☐ YES ☐ NO

Family Court Orders ☐ YES ☐ NO

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 below)

Child's surname

Legal surname (if different)

Given names

Date of birth (dd/mm/yy) / / 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 (Continued)

Year Level enrolling in

Start date: Beginning of school year 2026

YES

NO

If no, indicate start date / /

If applicable, year level your child is currently enrolled in (e.g. Year 6)

If applicable, name of school at which your child is currently or was last enrolled

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES

NO

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES

NO

Please provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

Will there be any brothers or sisters attending this school?

YES

NO

Name/s and year levels

Is your child currently under suspension from a school?

YES

NO

If yes, name of school

Is your child a temporary resident?

YES

NO

If yes, please indicate:

Date entered Australia if born overseas. / /

Visa Sub Class No.

Visa expiry date / /

Does your child have health or medical condition, disability or additional needs?

YES

NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

DECLARATION

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

Name of person enrolling child

Title	Mr	Mrs	Ms	Other
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Relationship to child

(Independent minors and those aged 18 years or older may apply on their own behalf)

Telephone (Home) _____ **Telephone (Work)** _____

Telephone (Work)

Mobile Phone No.

Signature _____ **Date** / /

Date / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct

Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist: Check the box ☐ to indicate documents you can provide to support 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 (eg. recent utilities account, lease agreement of at least three months, proof of ownership of property ie. rates notice)
4. Immunisation History Statement
5. Information relating to health or medical condition, disability or additional needs (if applicable)
6. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

Please provide any other relevant information.

OFFICE USE ONLY

Date application received / / **Year Level**

Year Level

Principal's approval	Application for Enrolment approved	YES	NO
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[illegible]

Signature of principal/delegate	Date	/	/
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Department of
Education



STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary.

SCHOOL NAME

School name Year Level entering

STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname
(if applicable)

1st Name

2nd Name

3rd Name

Preferred Name

Date of birth (dd/mm/yy) / / Gender Male Female Other

Residential Address

Postcode

Telephone (Home)

Full Name/s of siblings
attending this school

Student lives with:

☐ Both parents ☐ Parent/Carer 1 ☐ Parent/Carer 2

☐ Other, please specify name and relationship

Emergency Contacts in order of preference (must reside in Esperance)

Name Mobile No. Relationship to Student

PARENT / CARER 1 DETAILS

Title First Name Surname

Relationship to the student

Postal Address

*(if different from student
residential address)*

Postcode

Mobile Number

Workplace & Number

Email Address

(for newsletters and student reports)

Please indicate whether you have the Day to day care of the student OR Long term care of the student

Contribution and Charges to be issued to Parent/Carer 1 unless otherwise advised

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 mainly speak English at home? YES NO

Does Parent/Carer 1 speak a language other than English at home?

NO, English only YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 1 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 1 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

*(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.
If you have not been in paid work in the last 12 month, enter '8'.)*

PARENT / CARER 2 DETAILS

Title First Name Surname

Relationship to the student

Postal Address

*(if different from student
residential address)*

Postcode

Mobile Number

Workplace & Number

Email Address

(for newsletters and student reports)

Please indicate whether you have the Day to day care of the student OR Long term care of the student

Contribution and Charges to be issued to Parent/Carer 1 unless otherwise advised

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 mainly speak English at home? YES NO

Does Parent/Carer 2 speak a language other than English at home?

NO, English only YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 2 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

*(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.
If you have not been in paid work in the last 12 month, enter '8'.)*

STUDENT DETAILS (Continued)

Religion

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander (TSI)

Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

No, English only

Yes, Aboriginal English

Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home?

Does the student mainly speak English at home?

YES

NO

RESIDENCY STATUS

Nationality (optional)

Country of Birth

Is the student an Australian citizen?

YES

NO

If No, Is the student a permanent resident of Australia?

NO

YES - *If Yes*, Visa Sub Class Number

Is the student a temporary resident of Australia?

YES

NO

If Yes, Date of Arrival in Australia

/

/

Visa Sub Class Number

Visa Expiry Date

(if applicable)

/

/

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES

NO

If YES, please specify and attach supporting documentation.

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

NO

YES - *If YES*, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name

Contact Number

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

DISABILITY

Does the student have a disability?

YES NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Global Developmental Delay (prior to age 6) | <input type="checkbox"/> Specific Speech and/or Language Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Other, please specify | |

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date Not Up to date The student has an Immunisation Certificate issued by the Chief Health Officer

Does the family or student have a Health Care Card?

YES NO

If Yes, please provide card number

Expiry Date / /

APPENDIX F - Permission to publish students images and work for school purposes

Your permission is sought for the school to publish video or photographic images of your child and/or samples of your child's school work to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of your child or child's work; however there will be occasions when your child's name, class and school may be published along with images.

If you agree to this use of your child's image and school work please complete the consent below and return this whole permission form to the school with the enrolment form. Once signed, the consent will remain effective until such time as you advise the school otherwise.

GARETH PALMER
PRINCIPAL

PERMISSION (do not detach)

I agree to the videoing or photographing of my child and my child's school work during school activities for use by the school and the Department of Education in the ways stated above.

IMPORTANT: I understand that while the school and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.). I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department in writing; however this will not affect materials that have already been published and disseminated.

Name of student:

Signature of Parent/Carer

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

- ☐ that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- ☐ that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

- ☐ This is the only enrolment I have made for the student.
- ☐ I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- ☐ I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- ☐ I have provided all documentation available to me.

Name of person enrolling student

Title

First Name

Surname

Relationship to the student

Signature

Date / /

(Independent minors and those aged 18 years or older may sign on their own behalf)

- ☐ If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

APPROVAL OF PRINCIPAL OR DELEGATE

Principal's approval

Enrolment approved

YES

NO

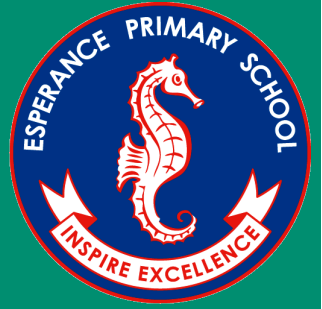
Signature

Date / /

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/ manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/ education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. or media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/ filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refuge/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/ data entry/business machine operator, receptionist, office assistant].</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.



FORM 1

STUDENT HEALTH CARE SUMMARY

SECTION A

Year	Form	Teacher
Student's name		
Date of birth (dd/mm/yy)	/ /	Gender Male Female Not Specified
Address		Postcode

FAMILY CONTACT DETAILS

Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	
Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - If yes, specify insurance provider:

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Medicare Card number

Medicare Card Individual
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication – Request an *Administration of Medication* form to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

NO - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature

Date / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

YES - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

SECTION B

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and Moderate Allergies	YES	NO
Diabetes	YES	NO
Seizures	YES	NO
Asthma	YES	NO
Activities of Daily Living	YES	NO
Other Conditions or Needs (Please specify below)	YES	NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES NO - If yes, advise the Principal:

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff. YES NO

If yes, please attach photo to the relevant health care plan(s).

SECTION D - MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? YES NO - If yes, provide details below:

Parent/Carer Signature **Date** / /

Parent/Carer Name

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.

Note: Where appropriate students should be encouraged to participate in their health care planning.

OFFICE USE ONLY

Does the child have an allergy that needs to be flagged on SIS?	YES	NO	Date	/	/
Have relevant health care plans been issued to the parent?	YES	NO	Date	/	/
Has the Principal been informed if:					
specific training is required to support the student?	YES	NO			
the student's health care information is to be restricted?	YES	NO			
Date Student Health Care Summary was completed and uploaded on SIS:			Date	/	/