

OFFICE USE ONLY

Year of Enrolment	Year	Room	Faction	

Name of Student _____

APPLICATION FOR ENROLMENT



An Independent Public School

IMPORTANT

Please check that all requested documentation is included and returned to the Rosalie Primary School Office as soon as possible. This application will not be processed unless all documentation is received. (See checklist on back page).

101 Onslow Road, Shenton Park WA 6008
Email: rosalie.ps@education.wa.edu.au

Tel: (08) 9366 9700
Website: www.rosalie.wa.edu.au

For office use only:

Date of Receipt _____

PLEASE READ BEFORE COMPLETING APPLICATION

General Information

A parent or legal guardian applying to enrol a child in a government school should complete an *Application for Enrolment form*. Family details should include details of parents, guardians or carers residing at the same address as the student being enrolled. Only permanent residents of Australia and those children holding an approved visa sub-class number are eligible to be enrolled in a government school. Only students under the age of eighteen years of age can be enrolled and must be accompanied by a parent(s) or legal guardian. Out of area enrolments may be accepted when places are available.

The Principal of the school may cancel the enrolment of an enrolled student if the Principal is satisfied that:

- a) The enrolment was obtained by the giving of false or misleading information; or
- b) The Principal has received notification of changes to the following:
 - Usual place of residence
 - Court orders pertaining to the child
 - Details of any conditions of the child that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school
 - Legal guardian of the child

Resident in Local Intake Area

Pre Primary to Year 6 Rosalie Primary School is a local intake school. The school can only guarantee places for a student whose family is currently residing within the boundaries of the Rosalie Primary School local intake area (subject to provision of required documentation). The catchment area has been determined by the Department of Education of Western Australia. A map of this area is available from the school or may be viewed on the school website www.rosalie.wa.edu.au.

An older sibling who is currently enrolled in the school, and now resides outside of our local intake area, does not guarantee a place at Rosalie PS for a younger sibling.

Enrolment in Kindergarten does not guarantee enrolment at Rosalie Primary School for the following compulsory year (Pre Primary) unless the child lives in the school's intake area. Students will be required to re-enrol into Pre Primary.

Application for Enrolment - Kindergarten

Schools may not enrol children who are applying to enrol at another school or are already enrolled at another Kindergarten, public or private (unless transferring).

Students in the pre-compulsory year of schooling (Kindergarten) are guaranteed a place in a public school. Where possible this will be their local school.

The following selection criteria are applied in considering applications for enrolment:

First Priority	Second Priority	Third Priority	Fourth Priority
Child residing in the local-intake area who has a sibling also enrolled at the school in the current year, and who lives nearest the school.	Child in the local-intake area who does not have a sibling enrolled at the school in the current year, and who lives nearest the school.	Child not residing in the local-intake area who has a sibling also enrolled at the school in the current year, and who lives nearest the school.	Child not residing in the local-intake area who does not have a sibling enrolled at the school in the current year, and who lives nearest the school.

Disclosure of Information

For parents of students with disability

In order to provide an appropriate education program, the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

Suspensions and exclusions

It is a requirement of the Department of Education that any information on suspensions and exclusions must be provided to the school at the time of applying to enrol a child. This information will help the school to provide your child with the appropriate support, if required.

Security and Confidentiality

The information provided on this form will be stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

The Department of Education's *Information Privacy and Security policy* preclude this information from being used for any purpose other than to:

- determine whether your application for enrolment can be accepted
- assist the school with addressing any needs for your child if enrolment is accepted
- comply with legal requirements or ministerial directions

Disputes

Should you disagree with a school's advice regarding your application for enrolment please contact the principal in the first instance. The Coordinator Regional Operations at your Education Regional Office can provide advice if a concern has not been resolved. Information about formal disputes can be obtained from the school, the Education Regional Office or the Department's *Enrolment Policy* which can be found at <http://www.det.wa.edu.au/policies>.

STUDENT DETAILS

Legal Surname _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Surname _____	Date of Birth _____
First Name _____	Place of Birth _____
Second Name _____	Country of Birth _____
Preferred First Name _____	If not Born in Australia, please provide date entered Australia Date entered Australia ___/___/___
Address _____	Nationality _____
Suburb _____ Postcode _____	RESIDENTIAL STATUS
Home Contact Number _____ Student Mobile Number _____	Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO answer the following: Are you a Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a Temporary Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the student Aboriginal or Torres Strait Islander? Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Residence for last 5 years _____ Visa Sub-Class Number _____ Visa Grant Number _____ Visa Expiry Date ___/___/___
Religion (Optional) _____	Date entered Australia ___/___/___ What country have you arrived from? _____

LANGUAGE

What is the main language the student speaks at home? _____

If the main language spoken at home is **NOT ENGLISH**, then state how well English is spoken.

Very well Well Not well Not at all Not stated

SIBLING(S)

Are there any siblings currently attending Rosalie Primary School? Yes No

Name: _____

Current Academic Year: _____

Name: _____

Current Academic Year: _____

Name: _____

Current Academic Year: _____

PREVIOUS SCHOOL INFORMATION

If applicable, name of school at which student is currently or last enrolled:

_____ State / Country _____

Current Academic Year: _____

Start Date, beginning of school year: 20____ Yes No
If No, indicate start date: ____/____/____

Reason for change of school _____

Has your child ever been suspended / excluded from a school? Yes No

OTHER PROVISIONS

Is the student in the care of the Department for Child Protection and Family Support (DCP)? Yes No

Name of DCP Case Manager: _____

District: _____

Phone: _____

Address: _____

Is the student subject to any Court Orders (e.g. Access Restrictions) in respect of their care, welfare and development? Yes No

If **YES**, please specify the nature of the Order and attach a photocopy of the most recent order.

STUDENT HEALTH CARE SUMMARY

MEDICAL DETAILS

Doctor / Practice Name _____ Phone Number _____

Doctor / Practice Address _____

Dentist / Practice Name _____ Phone Number _____

Permission to call Doctor Yes No

Permission to administer First Aid Yes No

Do you have ambulance insurance? Yes No Insurance Provider: _____

If no, and there is a medical emergency, parents/guardians are expected to meet the cost of ambulance.

Health Care Card Yes No Card Number _____
Expiry Date _____

Medicare Card Number _____
Expiry Date _____

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.

Short term medication – When/if required, please contact the school office to request an *Administration of Medication Form*.

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

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

No If your child's requirements change, please notify the school.

Yes Please complete the Health Conditions Section of this form.

IMMUNISATION STATUS

Please state your child's immunisation status:

Immunisation Up to Date Yes No

Not Immunised Yes No

Additional Information: _____

HEALTH CONDITION(S)

	<u>Tick Health Condition</u>	<u>Will school staff require specific training to support your child?</u>
Severe Allergy/Anaphylaxis <i>Detail (ie nuts) _____</i>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Minor and Moderate Allergies <i>Detail (ie Penicillin) _____</i>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seizures	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vision condition	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing condition (e.g. otitis media)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosed Migraine/Headaches	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other conditions or needs (please specify) _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? Yes No
If yes, please advise the school.

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

Additional Health Form If a health condition has been indicated above, you will be required to complete additional paperwork and provide the school with further details and/or an action plan.

DIAGNOSED LEARNING DIFFICULTY / DISABILITY

Does the student have a **diagnosed learning difficulty**? Yes No

If you have ticked any of the disabilities below, you **MUST provide supporting documents** (at time of enrolment).

- | | |
|---|--|
| <input type="checkbox"/> Physical Disability
<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> ADD/AD
<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Dyspraxia
<input type="checkbox"/> Dysgraphia
<input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Deaf and Hard of Hearing (e.g. otitis media)
<input type="checkbox"/> Specific Speech Language Impairment
<input type="checkbox"/> Global Developmental Delay (prior to age 6)
<input type="checkbox"/> Severe Mental Disorder
<input type="checkbox"/> Central Auditory Processing Disorder (CAPD)
<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Other _____
_____ |
|---|--|

MEDICAL ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No

If yes, please provide details:

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 provide a photo.

PARENT/GUARDIAN INFORMATION

<p>What is the highest year of primary or secondary school you have completed?</p> <table style="width: 100%; margin-left: 40px;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">Parent/Guardian</th> </tr> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> </tr> </thead> <tbody> <tr> <td>Year 12 or equivalent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Year 11 or equivalent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Year 10 or equivalent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Year 9 or equivalent or below (If you did not attend school, mark 'Year 9 or equivalent or below')</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Parent/Guardian			1	2	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Year 9 or equivalent or below (If you did not attend school, mark 'Year 9 or equivalent or below')	<input type="checkbox"/>	<input type="checkbox"/>	<p>What is the level of the highest qualification you have completed?</p> <table style="width: 100%; margin-left: 40px;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">Parent/Guardian</th> </tr> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> </tr> </thead> <tbody> <tr> <td>Bachelor degree or above</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Advanced diploma/Diploma</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Certificate I to IV (including trade certificate)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No non-school qualification</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Parent/Guardian			1	2	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
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<p>What is your occupation group? (Write 1, 2, 3, 4 or 8) Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/></p>																																					

Please select the appropriate parental occupation group from the list provided below. 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 months, enter '8' above.

Parent/Guardian Occupation Groups

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation Public service manager (section head or above), regional director, health/education/police/ fire services administrator Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director] Defence Forces Commissioned Officer 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 Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] Air/sea transport [aircraft/ship's 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. Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing] Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer] Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official] Associate professionals generally have diploma/technical qualifications and support managers and professionals Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] 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. 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] Skilled Office, Sales and Service Office [secretary, personal assistant, desktop publishing operator, switchboard operator] Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher] Service [aged/disabled/refugee/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. Hospitality staff [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, porter, housekeeper] Office assistants, sales assistants and other assistants Office [typist, word, processing/data entry/business machine operator, receptionist, office assistant] 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] Assistant/aide [trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant] Labourers and related workers Defence Forces ranks below senior NCO not included in other groups 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] 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. Australian states and territories use the same categories

CONSENT FORM

At **Rosalie Primary School** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
 No, I do not give consent.

In addition, see the School's policy on the school website www.rosalie.wa.edu.au

INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy.

Student access is contingent on abiding by the users' *Code of Conduct*.

- Yes, my child has permission to access the internet in accordance with school policy.
 No, I do not give consent.

In addition, see the School's policy on the school website www.rosalie.wa.edu.au

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission. Viewing is assessed and reported upon in line with the National Curriculum.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
 No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
 No, I do not give consent.

ROSALIE PARK

Children may use Rosalie Park and surrounding grounds for some recess/lunch breaks and class/sports activities such as training for Cross Country events, training for athletics and the Athletics Carnival or daily fitness activities under the supervision of staff.

- Yes, I consent to my child accessing Rosalie Park and surrounding grounds.
 No, I do not give consent.

These consents and policies will be in effect for the duration of your child's attendance at Rosalie Primary School, unless advised otherwise in writing.

DECLARATION

Please read carefully before signing

1. I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Rosalie Primary School will be terminated.
2. I have informed the school of any disabilities, medical conditions or special educational needs of my child.
3. I will support the school's Behaviour Management, Dress Code and ICT Policies. For more information, view the school's policies on the school website www.rosalie.wa.edu.au.
4. If my child brings his or her mobile phone or any electrical device to school, he or she will use it strictly in accordance with the school's mobile phone policy. I understand that the school is not liable if the phone or device is lost or stolen. For more information, view the school's policy on the school website www.rosalie.wa.edu.au.
5. My child is not currently under suspension at, nor excluded from, another school.
6. I understand that in the event of an emergency, or a practice evacuation, it may be necessary to move students outside the perimeter of the school, under the direct supervision of staff members.
7. I agree to provide a reason when my child is absent from school.

I have read and noted the above

Name of person enrolling student _____

Signature _____

Relationship to student _____

Date ____/____/____

FINAL CHECK LIST – Documents to be provided

1. Proof of Usual Place of Residence i. If owner occupied, provide a copy of your current Rates Notice <u>OR</u> If renting, provide a copy of your Lease Agreement , minimum of 12 months tenancy from a registered Real Estate Agent PLUS ii. Must provide TWO of the following: <ul style="list-style-type: none"> • Latest Gas account <u>OR</u> • Latest Electricity account <u>OR</u> • Latest Water account <u>OR</u> • Latest Telephone/Internet account (not mobile accounts) 	Parent Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Office Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If any Statutory Declarations are included, an interview must be arranged with the Associate Principal or Principal.		
2. Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Immunisation Statement from AIR (Australian Immunisation Register – my.gov.au) • For information on how to download your copy, visit https://healthywa.wa.gov.au/immunisation	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of Driver’s Licence	<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of Australian Citizenship <u>OR</u> Proof of Residency Status (if born overseas) <ul style="list-style-type: none"> • Passport copy – biographic page • Visa Grant Notice (issued by the Australian Department of Immigration and Border Protection) <ul style="list-style-type: none"> i. Primary visa holder ii. Dependent’s visa (student enrolled) 	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent School Report (if applicable)	N/A <input type="checkbox"/>	<input type="checkbox"/>
Supporting documents for physical/learning disabilities (If you have selected a physical or intellectual condition on previous page.)	N/A <input type="checkbox"/>	<input type="checkbox"/>
Court Orders (if applicable)	N/A <input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY		
	Signed	Date
Entered by		
Transfer sent		
Student Number Requested		
Health / Emergency Action Plans		
Enrolment Approved (Principal/Associate)		

Only to be completed when student moves from Rosalie Kindergarten to Pre-Primary.

PRE PRIMARY ENROLMENT only

I have checked and updated my child’s details for enrolment into Pre Primary.

Signed: _____ Date: _____