



KINDERGARTEN 2020

Dear Parents/Carers,

How to Lodge Your Expression of Interest for Kindergarten 2020

In Western Australia, children can start their education in Kindergarten, parents/carers/guardians are required to complete an Expression of Interest to enrol their children in Kindergarten 2020. Your child date of birth is 1 July 2015 to 30 June 2016.

Please return your completed Expression of Interest Form along with the following items:

- Completed Student Health Care Summary (Form 1)
- Completed Student Information Sheet

As part of the Department of Education policy, we are required to sight and take copies of the following documents as part of your Expression of Interest:

- Birth Certificate
- If born oversea, Immigration Department Visa for child and parent. Child Passport or a copy of Australian Citizenship documentation
- AIR Immunisation History Statement
- Proof of Residence at Address – 3 Items required with a current date
- Family Court / Access Restrictions Documents (if applicable)
- Statutory Declaration (for out of area)

Expressions of Interest for Kindergarten are required to be lodged prior to **26th July 2019.**

The school will notify you of the results of your application in writing by Friday 16th August 2019. The information you have provided will be used by the school once eligibility is confirmed. Documentary evidence, including court orders relating to your child, may be required to support information supplied. Principals may consult with the Education Regional Office where sufficient evidence has not been supplied. All official records must be in the child's legal name. The use of a preferred name may be possible for informal communications.

If you have any queries regarding enrolments, please do not hesitate to contact the school by telephone or email at madeley.ps@education.wa.edu.au

Madeley Primary School
Martindale Ave, Madeley WA 6065
<http://www.madeleyprimary.wa.edu.au/>



Starting Schools – Australian Immunisation Records (AIR)

When your child starts school

You need to give the school their Australian immunisation register (AIR) history statement.

Your child's school needs this, so if any children are not fully immunised they can protect them by telling them to stay away from school if there is an outbreak of some diseases.

What if my child was not born in Australia?

If your child was born overseas and is not registered on the AIR you should give your child's immunisation record to an immunisation provider (GP or child health clinic) and ask them to forward your child's overseas records to AIR to ensure you get an AIR statement for future use.

What if I have not immunised my child for medical or other reasons?

If you have not immunised your child for any reason, you still need to give the school an AIR certificate which says your child has not had any immunisations. Call AIR on 1800 653 809 for more information.

When do I need to give the school my child's immunisation history?

Whenever your child starts at a new school, the law says that you must give the school your child's immunisation records. This includes:

- enrolling your child at kindy or pre-primary
- enrolling your child at secondary school
- every time your child changes school

What is an AIR history statement?

An AIR history statement is a record of your child's immunisation history. A copy of your statement is posted to you when your child:

- completes their early childhood immunisation schedule.

Contacts

Australian Immunisation Register (AIR)

Phone: 1800 653 809

Central Immunisation Clinic

Phone: 9321 1312

8.30am – 4.30pm weekdays

Your local doctor or Your local community health centre, hospital or public health unit

www.healthywa.wa.gov.au/publichealthunits

HealthDirect Australia

Phone: 1800 022 222





EXPRESSION OF INTEREST

KINDERGARTEN

Academic Year 2020

OFFICE USE ONLY Date received: _____

Out of Area	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Birth certificate sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of Address sighted:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Immunisation sighted:	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"/>

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname		Given names	
Surname of parent/guardian		Given names	
Residential Address (must be completed)		Postcode	
Nearest intersecting street			
Postal Address (if different from residential address)		Postcode	
Telephone – Home		Mobile Phone No	
Work (if convenient)		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"/>			
What language is spoken at home?			
Will there be any brothers or sisters attending Madeley Primary School? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
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: _____			
The following 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 (✓)			
3. DISABILITY		4. 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"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of Disability/Medical Condition:			
<p>I declare that the information provided on this form is true. <i>When applying for this Kindergarten Program, I also declare that this is the ONLY application I have made.</i></p> <p>Signature of parent/guardian _____ Date _____</p> <p>School Education Act 1999 – Enrolment Conditions – Section 16 Information to be provided 16(2) The Principal may require documentary evidence to be provided in support of any information supplied by the applicant.</p> <p>20. Cancellation of Enrolment The Principal of a school may cancel the enrolment of a student at the school if the Principal is satisfied that the enrolment was obtained by the giving of false or misleading information. Please note that a birth certificate or other proof of date of birth must be sighted by a representative of the school before formal enrolment can take place.</p>			
Towards the <u>end of the Academic Year 2020</u> you will be asked to confirm details and sign below to notify Madeley Primary School of your intention to re-enrol your child in <u>Pre-Primary for the following year 2021</u> .			
Signature of parent/guardian		Date	

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School: **MADELEY PRIMARY SCHOOL**

Year

Student's Name:

Date of Birth:

Gender: Male / Female

Address:

Suburb:

FAMILY CONTACT DETAIL

MEDICAL DETAILS

Emergency Contact Name 1:

Relationship to student:

Medical Practice:

Doctor's Name

Telephone:

Mobile:

Home:

Work:

I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes ☐ No ☐

Address: (If different to student)

Do you have ambulance cover?

Yes ☐ No ☐

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

Emergency Contact Name 2:

Relationship to student:

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

Mobile:

Home:

Work:

Address: (If different to student)

Health care card: Yes ☐ No ☐

Medicare No: _____

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 – available at the School Office.

Short term medication - Request an *Administration of Medication* form to complete and return from the School Office.

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?

No ☐ Please sign the parent consent section at the end of this form.

If your child's requirements change, please notify 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	Tick health condition	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Minor & Moderate Allergies	<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"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other Conditions or Needs (Please specify)		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 <input type="checkbox"/>	NO <input type="checkbox"/>
		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: _____

PARENT CONSENT

Parent/Carer Signature: _____ Date: _____

Parent/Carer Name: _____

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:

a) specific training is required to support the student? YES ☐ NO ☐

b) the student’s health care information is to be restricted? YES ☐ NO ☐

Date Student Health Care Summary was completed and uploaded on SIS: / /

STUDENT INFORMATION SHEET

Name:

Year:

To enable us to provide an education that best fits your child we would like to learn more about your family and your child. Please complete this form and return with your enrolment form.

Who lives at home?

Relationship to child e.g. mum/dad, sister/brother, grandmother/grandfather	Name the child calls this person	Name and age of other children	Other Language Spoken	Contact Telephone Number if applicable

What language is primarily spoken by your child in the home? _____

What expectations do you have for your child in **Kindergarten/Pre-Primary/Yr1/Yr2?**

What occupation, special skills or interests do family members have that could be shared with the class?

Please let us know if there are any customs/celebrations/foods in your culture that you can share with our class?

Is your child allergic to any foods, or are there are any customs or practices in your beliefs that we need to consider when planning our teaching program e.g. foods not allowed to eat, vegetarian/fasting.

Has your child attended or still attending a playgroup, day care, pre-kindy or before and after school care facility?

(Please specify)

Learning about your child

Has your child attended/or is still attending Speech Therapy, Occupational Therapy, Physio, Behaviour Therapy, Paediatrician, Hearing (glue ear?, grommets?), Vision (lazy eye, glasses)?

If yes, please write details of which service and reason for attending.

(Please provide a copy of any recent reports from the therapists as this will help us to help your child in class).

Is there anything that you need to tell us that may have an effect on your child's learning or participation at school? (eg delayed development, sleeping/eating disorders, recent family events (new baby, death, separations, moving house etc)

Academic Strengths/Concerns:

Social Strengths/Concerns:

Other Strengths/Concerns:

What are your child's interests?

Thank you for your time.
Madeley Primary School

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I,

.....
{name, address and occupation of person making declaration}

sincerely declare as follows:-

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

{insert content of the statutory declaration; use numbered paragraphs if content is long}

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at.....

{place}

on.....

{date}

in the presence of -

.....

{Signature of authorised witness}

.....

.....
{Name of authorised witness and qualification as such a witness}

by.....

{Signature of person making the declaration}



PLAYGROUP WA
INVITES YOU TO ATTEND

Madeley Primary School Playgroup



DAY:	Friday <i>(term time)</i>
TIME:	9:00am - 10:30am
WHERE:	Madeley Primary School, Early Years
BRING:	A drink, hat and a piece of fruit to share
FOR:	Newborns to Pre-Kindy aged children
COST:	\$2 voluntary contribution per session

At playgroup you can have fun playing with your child, meet other parents and familiarise your child with the school environment ready for future school years.

To register your interest in attending, please contact Madeley Primary School
(08) 9306 6900 or at Madeley.ps@education.wa.edu.au



Department of
Health



Starting or moving schools – immunisation records

Why is immunisation important?

Some diseases, like measles and mumps, can be very serious for children, and other people in the community.

In places where people are in close contact, like school, diseases can spread fast.

Help protect your child by making sure they have had all their immunisations.

What do I have to do when my child starts school?

When your child starts school, you need to give the school their Australian immunisation register (AIR) history statement.

Your child's school needs this, so if any children are not fully immunised they can protect them by telling them to stay away from school if there is an outbreak of some diseases.

healthywa.wa.gov.au/immunisation

What is an AIR history statement?

An AIR history statement is a record of your child's immunisation history.

A copy of your statement is posted to you when your child:

- completes their early childhood immunisation schedule.

How do I get a copy of my child's AIR history statement?

You can ask for a statement at any time by:

- phoning the AIR on 1800 653 809
- visiting your local Medicare centre (Department of Human Services Centre)
- using your Medicare online account through myGov (<https://my.gov.au>) using the Express Plus Medicare mobile app (<https://www.humanservices.gov.au/customer/services/express-plus-mobile-apps>).

What if my child was not born in Australia?

If your child was born overseas and is not registered on the AIR you should give your child's immunisation record to an immunisation provider (GP or child health clinic) and ask them to forward your child's overseas records to AIR to ensure you get an AIR statement for future use.

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- enrolling your child at kindy or pre-primary

- enrolling your child at secondary school
- every time your child changes school.

What if I change address?

If you change address, please inform your doctor, the school or community nurse and Medicare. This will help ensure that you can be contacted with immunisation updates if required.

Contacts

Australian Immunisation Register (AIR)

Phone: 1800 653 809

Central Immunisation Clinic

Phone: 9321 1312

8.30am – 4.30pm weekdays

Your local doctor

Your local community health centre, hospital or public health unit

www.healthywa.wa.gov.au/publichealthunits

HealthDirect Australia

Phone: 1800 022 222

More information

Department of Health

www.healthywa.wa.gov.au/immunisation



This document can be made available in alternative formats on request for a person with disability.

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