



KINDERGARTEN 2021

How to Lodge Your Expression of Interest for Kindergarten 2021

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 2021. Your child is eligible for Kindergarten 2021 if their date of birth is between 1 July 2016 and 30 June 2017 .

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 overseas, 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 **24 July 2020.**

The school will notify you of the results of your application in writing by Friday 14 August 2020. Please note that birth certificate or other proof of date of birth must be sighted by a representative of the school before formal enrolment can take place. The school will notify you of the results of your application in writing. 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. The Principal 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.

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.

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.

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/>

EXPRESSION OF INTEREST

KINDERGARTEN

Academic Year 2021

OFFICE USE ONLY Date received: _____
 Birth certificate sighted: YES ☐ NO ☐
 Proof of Address sighted: YES ☐ NO ☐
 Immunisation sighted: YES ☐ NO ☐
 Out of Area YES ☐ NO ☐
 Visa sighted #: _____ YES ☐ NO ☐
 Family Court Order sighted: YES ☐ NO ☐

1. PERSONAL DETAILS (PLEASE USE BLACK INK and 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 languages are 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> <p><i>Towards the end of the Academic Year 2021 you will be asked to confirm details and sign below to notify Madeley Primary School of your intention to re-enrol your child in Pre-Primary for the following year 2022.</i></p> <p>Signature of parent/guardian _____ Date _____</p>			

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

To provide an education that best meets your child's needs, we would like to learn more about your family and your child. Please complete this form and return with your enrolment form.

Student Name:		Year level enrolling:	
Languages spoken at home:			
Who lives at home			
Name	Relationship to child	Age of any children	Languages spoken
1.			
2.			
3.			
4.			
5.			
What expectations do you have for your child?			
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? <i>i.e. foods not allowed to eat, vegetarian/fasting.</i>			
What are your child's interests?			
Is there anything that you need to tell us that may have an effect on your child's learning or participation at school? <i>i.e. delayed development, sleeping/eating disorders, recent family events (new baby, death, separations, moving house etc)</i>			

Has your child attended or still attending playgroup/ day care/ pre-kindy <i>If yes, please fill out further day care/pre kindy/ playgroup details below</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Name:	Phone Number:	
Weekdays attending:	Date started:	

Madeley Primary School may contact day care centres for education purposes to provide information to enable us to best cater for your child. If you do not consent to this, please leave a comment in the "Further Details" box provided at the end.

Learning about your child

Please tick if your child has or is attending any of the services below and if a current report is available			
SERVICES	YES	NO	REPORT AVAILABLE
Speech Therapy			
Occupational Therapy			
Physiotherapy			
Behaviour Therapy			
Paediatrician			
Hearing <i>i.e. glue ear, grommets</i>			
Vision <i>i.e. glasses, lazy eye</i>			
If you have ticked yes to the above question, please provide further detail of services and reasons for attending.			
Academic Strengths / Concerns			
Social or Emotional Strengths/ Concerns			
Any further details you may wish to let us know.			

Parent Name:

Date:

Signature:

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)

.....
(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)



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 schools, diseases can spread fast.

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

Free vaccinations are available from your doctor, local immunisation clinic, Aboriginal community health services, and the Central Immunisation Clinic.

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

When your child starts school, you need to give the school your child's Australian Immunisation Register (AIR) Immunisation History Statement.

This is required so that WA Health can provide support to parents/guardians of under-immunised children, as well as to enable schools to help reduce the spread of vaccine preventable diseases.

healthywa.wa.gov.au/immunisation

What is an AIR Immunisation History Statement?

An AIR Immunisation History Statement is a record of your child's immunisation history.

How do I get a copy of my child's AIR Immunisation History Statement?

A copy of your child's Immunisation History Statement is posted to you when your child completes their childhood immunisation schedule.

You can also access a statement at any time by:

- logging into Medicare online via MyGov (<https://my.gov.au>)
- using the Medicare Express Plus app (www.humanservices.gov.au/customer/services/express-plus-mobile-apps)
- visiting a Medicare or Centrelink office, or
- calling the AIR General Enquiries Line on 1800 653 809.

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

Whenever your child enrolls, the law says that you must give the school your child's Immunisation History Statement. This includes enrolling your child into:

- a kindergarten program
- pre-primary
- secondary school
- a new school.

What if my child was vaccinated overseas?

Overseas immunisation records must be verified and recorded in the child's AIR profile by an Australian immunisation provider. This update in AIR may take up to a few weeks. Following the update to the child's AIR record, parents can then access an updated AIR Immunisation History Statement.

What if my child is fully vaccinated but their AIR Immunisation History Statement is missing vaccine records?

If you think a vaccine record is missing from your child's AIR Immunisation History Statement, please ask your vaccination provider to update the AIR.

Alternatively, please email a photo of your child's vaccination records to your local public health unit and the AIR records will be updated accordingly.

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

You are required to provide a copy of your child's Immunisation History Statement on application for enrolment into a kindergarten program or school, even if your child has not been immunised.

Contacts

Australian Immunisation Register (AIR)

Phone: 1800 653 809

Central Immunisation Clinic, West Perth

Phone: 9321 1312

8.30am – 4.30pm weekdays

Your local doctor

Your local 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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