

## KINDERGARTEN 2024 - OUT OF AREA

### How to Lodge Your Expression of Interest Out of Area.

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

- Completed Student Health Care Summary
- 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
- AIR Immunisation History Statement from Medicare
- Proof of Residence at Address – 3 Items required with a current date
- Immigration Department Visa (this is required if your child was born overseas, we will be required to sight and take a copy of student passport)
- Australian Citizenship/Permanent Residence documentation
- Family Court / Access Restrictions Documents (if applicable)
- Statutory Declaration stating reason for enrolment into Madeley Primary School
- Most recent student academic report

**Expressions of Interest for Kindergarten are required to be lodged prior to Friday, 21 July, 2023.**

Local Intake Area, the following defines the local-intake area of this school:

From the junction of Wanneroo Road and Ocean Reef Road, east along Ocean Reef Road to Hartman Drive, south along Hartman Drive to Gngangara Road, continuing south along the proposed alignment of Hartman Drive to Hepburn Avenue, west along Hepburn Avenue to Wanneroo Road and north along Wanneroo Road to Ocean Reef Road. The boundary parts of Hartman Drive, Hepburn Avenue and Wanneroo Road are included within the local-intake area of this primary school. The boundary parts of Ocean Reef Road (both sides) are excluded from the local-intake area of this primary school.

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. 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](mailto:madeley.ps@education.wa.edu.au)

# MADELEY PRIMARY SCHOOL



## OUT OF AREA EXPRESSION OF INTEREST

**You must complete a separate expression of interest for each student.**

**You need to complete an expression of interest 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 expression of interest does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your expression of interest.

If you are unable to complete this expression of interest form, please contact the school for help.

### PERSONAL DETAILS (Please complete all details below)

Child's surname	<input type="text"/>		
Legal surname (if different)	<input type="text"/>		
Given names	<input type="text"/>		
Date of birth (dd/mm/yy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Specified
Parent Surname	<input type="text"/>		
Parent First Name	<input type="text"/>	Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms Other <input type="text"/>
Residential Address (must be completed)	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Postal Address (if different from residential address)	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone (Home)	<input type="text"/>	Telephone (Work) (If convenient)	<input type="text"/>
Mobile Phone No.	<input type="text"/>	Email	<input type="text"/>

## PERSONAL DETAILS (Continued)

Year Level enrolling in

Start date: Beginning of school year \_\_\_\_ ☐ YES ☐ 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

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

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 permanent resident of Australia or Australian Citizen?

☐ YES ☐ NO

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

Relationship to child

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

Telephone (Home)

Telephone (Work)

Mobile Phone No.

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.

## PRIOR TO SCHOOL

Did the student attend a Child and Parent Centre, in the past year?

☐

YES, regularly (10 times or more)

☐

NO

Did the student attend KindiLink, in the past year?

☐

YES, regularly (10 times or more)

☐

NO

Note: **Child and Parent Centres** are located on or near to some public schools. They offer a range of early learning, child and maternal health, parenting support and health promotion programs and services.

The **KindiLink** program is a supported playgroup located on some public schools, predominantly for Aboriginal and Torres Strait Islander families.

## OFFICE USE ONLY

Documents provided:

1. Birth Certificate or extract or other identity documents

☐

YES

☐

NO

2. Immunisation (AIR)

☐

YES

☐

NO

3. Proof of address

☐

YES

☐

NO

4. Visa / Passport

☐

YES

☐

NO

5. Australian Citizenship

☐

YES

☐

NO

7. Family Court Order

☐

YES

☐

NO

8. Out of Area

☐

YES

☐

NO

Date application received

Year Level

Principal's approval

Application for Enrolment approved ☐ YES ☐ NO

Name

Signature of principal/delegate

Date

## STUDENT HEALTH CARE SUMMARY

### SECTION A

Year	<input type="text"/>	Form	<input type="text"/>	Teacher	<input type="text"/>							
Student's Name <input type="text"/>												
Date of birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other
Address <input type="text"/>												
<input type="text"/>										Postcode	<input type="text"/>	

### FAMILY CONTACT DETAILS

Name <input type="text"/>	
Relationship to student <input type="text"/>	
Address <input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>
Telephone (Home) <input type="text"/>	Telephone (Work) <input type="text"/>
Mobile Number <input type="text"/>	

### 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.

## MEDICAL DETAILS

Medical Practice

Doctor's Name

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)

## CONSENT

Permission to Call Doctor

☐ YES

☐ NO

Permission to Administer First Aid

☐ YES

☐ NO

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

- 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

☐

YES

- Complete the remainder of this form and return it 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?

- |  |  |
|--|--|
| <input type="radio"/> Severe Allergy/Anaphylaxis                       | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="radio"/> Minor and Moderate Allergies                     | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="radio"/> Diabetes   | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="radio"/> Seizures   | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="radio"/> Asthma   | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="radio"/> Activities of Daily Living                       | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="radio"/> Other conditions or Needs (Please specify below) | <input type="radio"/> YES <input type="radio"/> 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

**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

**Have relevant health care plans been issued to the parents?** ☐ YES ☐ NO

**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:*

/ /

# 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.

<b>Student Name:</b>		<b>Year level enrolling:</b>	
<b>Languages spoken at home:</b>			
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 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 <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> <i>If yes, please fill out further day care/pre kindy/ playgroup details below</i>	
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:



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](https://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.

## 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 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](http://www.healthywa.wa.gov.au/publichealthunits)

#### HealthDirect Australia

Phone: 1800 022 222

### More information

#### Department of Health

[www.healthywa.wa.gov.au/immunisation](http://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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# Western Australia

## ***Oaths, Affidavits and Statutory Declarations Act 2005***

### **Statutory Declaration**

I, \_\_\_\_\_ {name of person making declaration}  
of \_\_\_\_\_ {address of person making declaration}  
occupation \_\_\_\_\_ {occupation of person making declaration}

sincerely declare as follows:

{insert above the 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}

By \_\_\_\_\_ {Signature of person making the declaration}

In the presence of

\_\_\_\_\_ {Signature of authorised witness}

\_\_\_\_\_ {Name of authorised witness}

\_\_\_\_\_ {Qualification as such a witness}

**\*Important - This Declaration must be made before any of the following persons:**

Academic (post-secondary institution)	Local government councillor
Accountant	Loss adjuster
Architect	Marriage Celebrant
Australian Consular Officer	Member of Parliament
Australian Diplomatic Officer	Minister of religion
Bailiff	Nurse
Bank Manager	Optometrist
Chartered secretary	Patent Attorney
Chemist	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public Notary
Doctor	Public Servant (State or Commonwealth)
Electorate Officer (State – WA only)	Real Estate agent
Engineer	Settlement agent
Industrial organisation secretary	Sheriff or deputy Sheriff
Insurance broker	Surveyor
Justice of the Peace (any State)	Teacher
Lawyer	Tribunal officer
Local government CEO or deputy CEO	Veterinary surgeon

Full descriptions of these professions are available via the following website link  
[http://www.courts.justice.wa.gov.au/files/Professions\\_witness\\_statutory\\_declarations.pdf](http://www.courts.justice.wa.gov.au/files/Professions_witness_statutory_declarations.pdf)

**Or**

any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing - Schedule 2, item 231 of the *Statutory Declarations Regulations 1993 (Commonwealth)*.

**Further information on witnessing documents is available at**  
[www.courts.justice.wa.gov.au](http://www.courts.justice.wa.gov.au).

**Last updated on 31 October 2017**