



**ROSEWORTH**  
PRIMARY SCHOOL

## APPLICATION FOR 2026 SCHOOL ENROLMENT

### OFFICE USE ONLY

Date received: \_\_\_\_\_  
Year Level: \_\_\_\_\_ Class: \_\_\_\_\_  
ACCEPTED  YES  NO  
Birth certificate/Passport/Travel document sighted (Circle).  
AIR immunisation history statement  YES  NO  
Student resides within local intake area  YES  NO  
Visa sighted:  YES  NO  
Family Court Order/s:  YES  NO

*Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.*

Year Level:

Start date:

If applicable, year level child currently enrolled in (e.g. Year 4):

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

Is the student's descent:

Aboriginal  YES  NO Torres Strait Islander (TSI)  YES  NO Both Aboriginal/TSI  YES  NO

### PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M / F):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What was your child's first language spoken at home?

What language do you mainly speak to your child at home?

Is there any other language that you speak at home?

Surname of parent/guardian/carer:	Given names:	Mr / Mrs / Ms / Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (must be completed):	Postcode:	
<input type="text"/>	<input type="text"/>	
Mobile Number:	Email:	
<input type="text"/>	<input type="text"/>	
Work (if convenient):	Email:	
<input type="text"/>	<input type="text"/>	
Are there any Family Court Orders regarding the day to day/long term care/welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the child subject to access restriction? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and attach supporting documentation.		
Immunisation: you are required to provide the school with this information when you apply to enrol your child Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will there be any brothers or sisters attending this school?		
Name/s and year levels:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your child currently under suspension from a school?		
If YES, name of school:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your child ever been excluded from a school?		
If YES, name of school:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PROGRAMS**

Have you, or your child, participated in a program, service or workshop delivered at or by the Child and Parent Centre in the past year? YES  NO

Have you, or your child participated in a program, service or workshop delivered at or by Kindilink in the past year? YES  NO

Does your child attend Daycare? YES  NO

If yes, which Daycare?  Daycare phone number:

Do you consent to Roseworth Primary School contacting the Daycare? YES  NO

**SUPPORT**

Do you have any concerns about your child's development? Please tick any that apply.

Speech/Communication	
Hearing	
Vision	
Behaviour	
Social Skills	
Anxiety	
Toileting/Self-Care	
Attention/Distractibility/Impulse Control	
Gross Motor – running, balance, jumping, clumsiness, coordination, movement	
Fine Motor – cutting, drawing, manipulating objects	

Please provide details about your concerns ticked: \_\_\_\_\_  
 \_\_\_\_\_

Has your child been referred to and/or being treated by any of the following support agencies?

NO	YES	Type of Service	Location	Completed	Current	Waitlist
		Speech Therapy				
		Occupational Therapy				
		Physiotherapy				
		Psychologist				
		Paediatrician				
		Child & Youth Mental Health				
		Hospital/Medical Specialist				
		Other -				

Do you consent to Roseworth Primary School contacting the services? YES  NO

If yes, please provide contact information for the services: \_\_\_\_\_

Does your child have a disability/medical condition? *This 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 whether:

- Physical                                       Intellectual                                       Other medical condition/s

Please outline nature of disability/medical condition/s (or attach details). \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

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

Name of child:

Name of person enrolling child:

Title:  1<sup>st</sup> Name:  Surname:

Relationship to child:

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

Tel (H):  Tel (W):  Mobile:

Signature:  Date:

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.*

*NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.*