



# *Dunsborough Primary School*

*Turner Street, Dunsborough WA 6281*

*Ph: (08) 97553128*

*Fax: (08) 97553658*

## **APPLYING FOR A PLACE IN OUR KINDERGARTEN PROGRAM 2010**

The process for applying for places in early childhood education programs has changed recently and it is important that you are aware of the procedures that are followed for the placement of children into kindergarten programs.

- Application for a kindergarten place should be made at the school or community kindergarten you wish your child to attend.
- Please apply to only one government school, private school or community kindergarten for a place for your child. Lodging more than one application does not increase the chances of your child being placed in any particular kindergarten program and can jeopardise the placement of other children. If more than one application is lodged you will be requested to withdraw second and subsequent applications.
- Children are most likely to be offered a place in the kindergarten program of choice if the preferred location is a local school or community kindergarten.

If you are applying to place your child into kindergarten program at a school or community kindergarten other than at the school or community kindergarten nearest to your home address you should be aware that;

- children are enrolled into kindergarten programs on the basis of proximity of the school or community kindergarten to the child's home address. An application for a kindergarten place in a school or community kindergarten other than at the location nearest to the home address is less likely to be successful.
- as children are enrolled into kindergarten programs on the basis of proximity of the school or community kindergarten to the child's home address and application for a place at an alternative school or community kindergarten may jeopardise the chance of a placement into the local school or community kindergarten.
- the offer of a place in a kindergarten program at any school does not guarantee placement in the pre-primary program at the same school for the following year.
- younger brothers and sisters may not necessarily be placed in the same school or community kindergarten in later years.
- formal enrolment into a kindergarten program at any government school or community kindergarten is conditional on a representative of the school or community kindergarten sighting the child's birth certificate or other proof of date of birth.

The Kindergarten Program at Dunsborough will consist of 2 full day sessions per week in 2010.

Applications for Kindergarten places close on 24<sup>th</sup> July, 2009. You will be advised, in writing, if your child has been offered a place in the kindergarten program at Dunsborough Primary School.

Garry Jones  
Principal

5 May 2009

# Dunsborough Kindergarten Child Profile

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Have you noticed any unusual speech patterns? (Articulation? Late talking?)

\_\_\_\_\_

How well did your child learn to talk about things, carry out instructions, learn new words and develop clear speech?

\_\_\_\_\_

Has your child had ear infections? (Particularly between 12 & 36 months? Glue ear? Grommets?)

\_\_\_\_\_

Did your child experience any delays in gaining development milestones?  
(eg Learning to crawl, walk)

\_\_\_\_\_

Has your child had any visual problems? (A lazy eye? Glasses? Squint?)

\_\_\_\_\_

Have you noticed unusual motor co-ordination patterns? (From crawling to colouring)

\_\_\_\_\_

Has your child had serious health problems?

\_\_\_\_\_

Did your child experience a difficult birth?

\_\_\_\_\_

Any notable family circumstances in the child's early years.

\_\_\_\_\_

What language is primarily spoken at home?

\_\_\_\_\_

Does your child speak any other languages?

\_\_\_\_\_

Is there a family history of speech & language difficulties or reading and writing difficulties?

\_\_\_\_\_

Other relevant information the school should know.

\_\_\_\_\_

\_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_



# DUNSBOROUGH PRIMARY SCHOOL

*\*\*Please read the attached general information sheet and submit to the school of your choice.*

### OFFICE USE ONLY

Date received: \_\_\_\_\_  
 Birth certificate sighted: YES  NO   
 Visa sighted YES  NO   
 Family Court Order sighted YES  NO   
**Application:** **accepted / not accepted**

## APPLICATION FOR ENROLMENT - KINDY 2010 (CONFIDENTIAL)

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

Child's surname	Given names	Date of birth	Sex (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
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"/>			
If applicable, year level child currently enrolled in (e.g. Year 7)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are you applying to enrol in a specialist program at this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Name of specialist program:			
Are there any siblings currently attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
** Is your child currently under suspension from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			
** Has your child ever been excluded from a school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, name of school:			

**2. PERMANENT RESIDENT OF AUSTRALIA?** Please indicate (√) YES  NO

If no, please indicate date entered Australia: \_\_\_\_\_ VISA SUB CLASS No: \_\_\_\_\_

**3. 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 (√)

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"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	---	---

Please outline nature of disability/medical condition: \_\_\_\_\_

**I declare that the information provided on this form is true. If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\* These questions are unlikely to apply to kindergarten and pre-primary children. Applying for Kindy 2010.doc