



ST THOMAS' PRIMARY SCHOOL

EDUCATING THE WHOLE CHILD

Excellence Inclusivity Truth Compassion Community

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 School Address: 8 Warden Street, Claremont, WA, 6010

INITIAL APPLICATION FOR ENROLMENT

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names	Date of birth	Sex (M /F)
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address			Postcode
Postal Address (if different from residential address)			Postcode
Telephone – Home		Mobile Phone No	
Work (if convenient)		Emails	
STARTING YEAR: PK K PP 1 2 3 4 5 6 (please circle)		REQUESTED START DATE: (if known)	

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?

YES NO

Religious Denomination: Catholic Other N/A

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

PERMANENT RESIDENT OF AUSTRALIA? YES NO

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

DISABILITY/MEDICAL CONDITION?

This information will assist the school in providing the best educational program for your child. Please indicate below ()

Physical YES NO Intellectual YES NO Other YES NO Medical Condition YES NO

Please outline nature of disability/medical condition:

I/we have completed this initial application form to the best of my/our knowledge. I/we are aware that other forms and supporting documents may be required at a later stage:

Signature of parent/responsible person _____ Date _____

Signature of parent/responsible person _____ Date _____