

# VERMONT KINDERGARTEN APPLICATION FORM



**YEAR OF ENTRY:** Please indicate the Years and Groups you wish to apply for.

**3 Year Old Kindergarten 20\_\_\_\_\_**

**4 Year Old Kindergarten 20\_\_\_\_\_**

*Please be aware, a Kinder Placement does not guarantee enrolment into Vermont Primary School.*

<b>Surname:</b>			
<b>First Given Name:</b>		<b>Second Given Name:</b>	
<b>Preferred Name:</b> (if applicable)		❖ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birth Date:</b> /     / <small>Proof of birthdate must be provided</small>
<b>List family members enrolled at the Vermont Primary School or Kindergarten:</b>			

**ADULT A DETAILS (MOTHER):**

<b>Sex (tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Title:</b> (Ms, Mrs, Mr, Dr)	
<b>Surname:</b>			
<b>First Name:</b>			
<b>What is Adult A's occupation?</b>			
<b>Who is Adult A's employer?</b>			
<b>In which country was Adult A born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖ <b>Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			

**ADULT B DETAILS (FATHER):**

<b>Sex (tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Title:</b> (Ms, Mrs, Mr, Dr)	
<b>Surname:</b>			
<b>First Name:</b>			
<b>What is Adult B's occupation?</b>			
<b>Who is Adult B's employer?</b>			
<b>In which country was Adult B born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖ <b>Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			

**FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

<b>Home Telephone No:</b>	
<b>Mobile:</b>	
<b>Work:</b>	
<b>Email address:</b> <small>please write clearly</small>	

**FAMILY HOME ADDRESS:**

**ADULT B CONTACT DETAILS:**

<b>Home Telephone No:</b>	
<b>Mobile:</b>	
<b>Work:</b>	
<b>Email address:</b> <small>please write clearly</small>	

<b>No. &amp; Street: or PO Box details</b>			
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>	
<b>Telephone Number:</b>	<b>Silent Number: (tick)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mobile Number:</b>	<b>Fax Number:</b>		

**FAMILY HOME ADDRESS:**

**PRIMARY FAMILY MAILING ADDRESS:** WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS

<b>No. &amp; Street or PO Box</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	

**DEMOGRAPHIC DETAILS OF STUDENT**

Section A

<b>❖ In which country was the student born?</b>			
<input type="checkbox"/> Australia (skip to section B)	<input type="checkbox"/> Other (please specify):	_____	
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy)		____ / ____ / ____	
<b>What is the Residential Status of the student?</b> (tick)		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
<b>Basis of Australian Residency:</b>	<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Permanent Residency Visa	
<input type="checkbox"/> Holds Australian Passport			
<b>Visa Sub Class:</b>	<b>Visa Expiry Date:</b>	<b>Visa Statistical Code:</b> (Required for some sub-classes)	

Section B

<b>❖ Does the student speak a language other than English at home?</b> (tick)	
( If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
<b>Does the student speak English?</b> (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
<b>What is the student's living arrangements?</b> (tick one):	<input type="checkbox"/> At home with TWO Parents/ Guardians
	<input type="checkbox"/> At home with ONE Parent/ Guardian

**CONSENT**

**SIGNATORY**

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, however, the details are required to enable staff to properly enrol your child at our kindergarten.

I certify that the information contained within this form is correct. I understand that this is an application only and is **not a guarantee of placement. Applications close April 30 of year prior to attendance.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I have enclosed the following documents (if applicable)

- Proof of Birth Date (Birth Certificate, Passport)
- Immunisation Status Certificate
- Proof of Address
- Copy of students residency Visa (if applicable)
- \$10 Application Fee(Non-refundable)**

Cases21 Computer Generated Student ID: