



ENROLMENT FORM

OFFICE USE ONLY

Date received: _____

Year Level:

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

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: ____ 1st 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.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an ***X*** in the box to indicate each document attached (or sighted) to this application form.

**Note: If you are typing the information into this form, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. Australian Immunisation Register (AIR) Immunisation History Statement; or
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (see Requested documentation in the attached Parent information)
5. Information relating to suspensions or exclusions
6. Information relating to disability

If your child was not born in Australia, you must provide evidence of:

1. Date of entry into Australia
2. Passport or travel documents
3. Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:

Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA

or

Evidence of the visa for which the student has applied if the student holds a bridging visa

KINDERGARTEN PREFERENCE

Preference:

- Attend every Monday, Tuesday and 'odd' Wednesdays (Week 1, 3, 5, 7, 9) – **BANDILY** (Geckoes)
- Attend 'even' Wednesdays (Week 2, 4, 6, 8, 10) and every Thursday, Friday – **WALAG** (frogs)
- No preference

Year of enrolment: _____ Year level: _____ Form: _____
 Start Date: ___ / ___ / ___ House: _____
 Enrolment Interview: ___ / ___ / ___ with _____

When can my child start school?

Date of birth range		Kindy	PP	1	2	3	4	5	6
1/07/2011	30/06/2012	2016	2017	2018	2019	2020	2021	2022	2023
1/07/2012	30/06/2013	2017	2018	2019	2020	2021	2022	2023	2024
1/07/2013	30/06/2014	2018	2019	2020	2021	2022	2023	2024	2025
1/07/2014	30/06/2015	2019	2020	2021	2022	2023	2024	2025	2026
1/07/2015	30/06/2016	2020	2021	2022	2023	2024	2025	2026	2027
1/07/2016	30/06/2017	2021	2022	2023	2024	2025	2026	2027	2028
1/07/2017	30/06/2018	2022	2023	2024	2025	2026	2027	2028	2029
1/07/2018	30/06/2019	2023	2024	2025	2026	2027	2028	2029	2030
1/07/2019	30/06/2020	2024	2025	2026	2027	2028	2029	2030	2031
1/07/2020	30/06/2021	2025	2026	2027	2028	2029	2030	2031	2032

STUDENT DETAILS

Family Name: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____ Date of Birth: ___/___/___ Sex: Male Female

Residential Address: _____ Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

Name/s of brothers and sisters attending this school:

Expected time / length of stay in Broome: _____

Preferred start date: _____ (Subject to enrolment interview availability)

Student lives with:

Both Parents at same address Other

Parent/Guardian/Carer 1 **Name** **Relationship to student**

Parent/Guardian/Carer 2 _____

Independent minor
 (Reg3. School Education Regulations 2000)

STUDENT DETAILS – ADDITIONAL INFORMATION

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is Up to date Not up to date as at _____ (date of Statement)

Is the student's descent

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

Student's First Language: English Other: _____

Does the student speak a language other than Standard Australian English at home? YES NO Unsure
For example: Aboriginal English, Kriol, Yawuru. We may receive additional funding / support for your child if Standard Australian English is not the main language spoken at home.

Does the student mainly speak English at home? YES NO
(If more than one language, indicate the one that is spoken most often.) Other - please specify: _____

Country of Birth: _____ Australian Citizenship/Permanent Resident: YES NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Visa Sub-class No Expiry Date: _____

International Fee Paying (if known): YES NO

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

Movement reason (optional): _____

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?

YES NO

If YES, please specify and attach supporting documentation. _____

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

YES NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

STUDENT HEALTH CARE SUMMARY

Medicare No: _____ Valid to: ____ / ____

Health Care Card (if applicable): YES NO. If Yes, please provide no. _____ Expiry Date: _____

Do you have ambulance cover? YES Provider _____ NO
(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

Local Medical Practice:

- BRAMS 9192 1338 2 Dora Street
- Broome Doctor's Practice 9193 7933 3/7 Napier Terrace
- Broome Medical Clinic 9192 2022 26 Robinson Street
- Kimberley Medical Group 9157 9860 19 Hamersley Street
- Other: _____

Do you have a preferred doctor? _____

Does your child have one or more health condition(s) that will require support from school staff?

(Check the box that applies)

NO - Sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

YES - Complete the remainder of this form and return to the school office. You will be given additional forms to complete. List your child's health condition(s): _____

Does the student have a disability? NO YES If YES, please specify the disability/s: _____

Please indicate where you have documentation about your child's disability in any of the following areas.

Copies of this documentation will be required for school records

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need? NO YES

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder (eg epilepsy) |
| <input type="checkbox"/> Diagnosed migraine/headaches | <input type="checkbox"/> Other: _____ |

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.

INFORMED CONSENT

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).

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 a Medic Alert bracelet or pendant? YES NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

Parent/Carer Signature _____ Date ___ / ___ / _____

Parent/Carer Name: _____

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. YES

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.

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 parent? YES NO

Has the Principal been informed if specific training is required to support the student? YES NO

Is the student's health care information to be restricted? YES NO

Date Student Health Care Summary was completed and uploaded on SIS by: _____ Date: _____

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details – this will be the first person we contact in regards to this student

Title: _____ First Name: _____ Second Name: _____ Family Name: _____

Date of Birth: _____ Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address: PO Box _____

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often) _____

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

Parent/Guardian 2 Details - this will be the second person we contact in regards to this student

Title: _____ First Name: _____ Second Name: _____ Family Name: _____

Date of Birth: _____ Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Postal Address if different to PG1: _____

Telephone (Home): _____ Email Address if different to PG1: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often) _____

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

OTHER CONTACT(S) DETAILS

Title: ____ First Name: _____ Second Name: _____ Last Name: _____

Please indicate relationship to the student: _____

Residential Address (if different from student residential address):

Postal Address (if different from residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

OTHER CONTACT(S) DETAILS

Title: ____ First Name: _____ Second Name: _____ Last Name: _____

Please indicate relationship to the student: _____

Residential Address (if different from student residential address):

Postal Address (if different from residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

AUTHORISED TO COLLECT FROM SCHOOL:

Please let us know if you authorise another person to be able to collect your child from school, such as an after school care provider or another person. You can change the authorised people at any time by contacting the front office on 9195 3000.

Please advise the school if there are any other contacts you would like recorded.

SCHOOL BUS SERVICES:

Will your child be regularly catching the bus to / from school? YES NO

- Green (Town) Bus: 9193 6585 <https://bebus.com.au/broome-school-bus/>
- 12 Mile Bus: 9326 2479
<https://www.schoolbuses.wa.gov.au/TransportAssistance/OnlineServices/Howtoapply.aspx>

ATTACHMENT 1

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer.</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.



ATTACHMENT 2 Consent Form

At **Broome North Primary School**, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

- Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, in newsletters or on film or video. Their names may be included but contact details are never published.
- Children's images may also be seen on the Broome North Primary School website and Facebook page and pages/sites maintained by the Department or their schools. On these sites names of students are never published, unless you give us specific consent at the time the image is to be used.
- Images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- Yes, I give consent to my child to have his/her image and/or work published as described above, but their name is NOT to be included.
- No, I do not give consent for my child's image and/or work to be published.

In addition, see Appendix F of the Student's online policy.

INTERNET ACCESS – Please also complete the

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the Student's online policy.

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher, for example, to attend activities in local parks or nature reserves. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions as described above.
- No, I do not give consent.

The school also has the Newsletter accessible on the Website. Please subscribe to www.broomenorthps.wa.edu.au

Name of student: _____

Name of person signing the consent form: _____

Student Online Permission Policy Consent form

Parent Consent.

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Acceptable Use Agreement for school students.

I also understand that if my child breaks any of the rules in the agreement that the principal may take disciplinary action in accordance with the Department's Student Behaviour Policy and Procedures.

Please Note: While every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter internet content accessed by your child from home or from other locations away from the school. The Department recommends the use of appropriate internet filtering software at home.

- I give permission for my child to have a supervised online services account.
- I DO NOT give permission for my child to have an online services account.

School Photography: **Fotoworks** (school photos in Term 3) <https://www.fotoworks.com.au>

- Information provided: Student name, student email, address (optional), phone number (optional), school, class details, school year and profile or other photos (headshot).
 - How the information is used: To provide class/sibling photographs.
 - Where the information is stored: Within Australia
 - Terms of Use / Privacy Policy: <https://www.fotoworks.com.au/privacy>
- Fotoworks-Consent Fotoworks-Do not consent

Class communication / Teaching and Learning: **Seesaw** <https://web.seesaw.me>

- Information provided: Student name, student email, school, class details, school year, parent email, parent name, student work, profile or other photos and videos.
 - How the information is used: This service is a digital portfolio and communication platform.
 - Where the information is stored: Within Australia
 - Terms of Use / Privacy Policy: <https://web.seesaw.me/privacy-policy> <https://web.seesaw.me/terms-of-service>
- Seesaw-Consent Seesaw-Do not consent

Teaching and Learning: **Grok Learning** <https://groklearning.com/>

- Information provided: Staff/teacher: name, email and other data; Student: name, email, gender and other data
 - How the information is used: Online programming platform.
 - Where the information is stored: Within Australia
 - Terms of Use / Privacy Policy: <https://groklearning.com/policies/terms/> <https://groklearning.com/policies/privacy/> <https://groklearning.com/policies/security/>
- Grok Learning-Consent Grok Learning-Do not consent

Assessment and Testing: **PAT (ACER)** <https://www.acer.org/au/pat>

- Information provided: Staff/teacher: name, email; Student: name, date of birth, work/content, gender, grades or performance data, other data; Parent: name, contact information
 - How the information is used: Tests to provide objective, norm-referenced information about students' skills and understandings in a range of key areas.
 - Where the information is stored: Within Australia
 - Terms of Use / Privacy Policy: <https://www.acer.org/privacy> <https://www.acer.org/online-terms-of-use>
- PAT (ACER)-Consent PAT (ACER)-Do not consent

Teaching and Learning: **StudyLadder** <https://www.studyladder.com.au/>

- Information provided: Staff/teacher: name, email and other data; Student: name, gender and grades or performance data; Parent: name and contact information
 - How the information is used: Online educational activities
 - Where the information is stored: Outside Australia
 - Terms of Use / Privacy Policy: <https://www.studyladder.com.au/about/privacy>, <https://www.studyladder.com.au/about/terms>
- Studyladder-Consent Studyladder-Do not consent

Student Mobile Phones in Schools Policy

The Department of Education does not permit student use of mobile phones in public schools unless for medical or teacher directed educational purpose.

Subsequently, principals must:

- Implement a ban on the use of mobile phones for all students from the time they arrive to the conclusion of the school day;
- Require students to put their smart watches in 'aeroplane mode' so phone calls and messages cannot be sent or received during the school day;
- Manage breaches of this policy in accordance with the *Student Behaviour in Public Schools Policy and Procedures*.

Exemptions to this ban include where a student requires a mobile phone:

- to monitor a health condition as part of a school approved documented health care plan;
- under the direct instruction of a teacher for educational purposes;
- or with permission of a teacher for a specified purpose.

While at school, students are the responsibility of Broome North PS. All communication between parents and students, during school hours, should occur via the school office (9195 3000).



Please complete:

Student name

Parent/guardian name

Parent/guardian signature

What happens next?

Once we have received completed enrolment forms with your current proof of address within our local catchment area, your child's birth certificate and current immunisation statement, as well as any relevant medical plans and previous school reports, you will be contacted by a Deputy Principal to arrange an enrolment interview.

You will then receive a confirmation email with your child's class and house. Please do not purchase uniforms or booklist items until enrolment has been confirmed at your enrolment interview.

Book list and uniform details are available on our website.



PRIMARY SCHOOL LOCAL INTAKE AREAS - BROOME