

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

Year _____

Room _____

Faction _____

Start Date _____

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	
Postal Address (if different from residential address)			
Email Address			
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"/>			
If yes, name of school:			
Has your child ever been excluded from a school? Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, name of school:			
PERMANENT RESIDENT OF AUSTRALIA? Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
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			
Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>			
Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other <input type="checkbox"/> _____			
Please outline nature of disability/medical condition:			

**APPLICATION FOR ENROLMENT FORM FOR ENROLMENT IN A
WESTERN AUSTRALIAN PUBLIC SCHOOL**

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.

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: _____

Relationship to child: _____

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

Signature: _____

Date: ____/____/____

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

Please place a X in the to indicate each document is attached to this application form.

1. Birth Certificate or any other identity documents if applicable
2. Immunisation Statement
3. Proof of address
4. Copies of Family Court or any other court orders if applicable
5. Information relating to suspensions or exclusions if applicable
6. Information relating to disability if applicable

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 subclass

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

- Confirmation of enrolment or evidence of any permission to transfer provided by TAFE International WA at www.tafeinternational.wa.edu.au or
- Evidence of the visa for which the student has applied if the student holds a bridging visa

OFFICE USE ONLY

Date received: _____

Application accepted / not accepted