



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 year.

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 (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address);			
Telephone – Home:		Mobile Phone No:	
Work (if convenient):		Email:	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? 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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Special Program:			
Will there be any brothers or sisters attending this school? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Names and year levels:			
Is your child currently under suspension from a school? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, name of school:			
Has your child ever been excluded from a school? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, name of school:			
Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If NO, please indicate date entered Australia: _____ Visa Sub Class No: _____			
Does your child have a 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 whether:			
Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____			
Please outline nature of disability/medical condition (or attach details).			

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 even 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.

OFFICE USE ONLY

Date received: _____

Birth certificate / other: YES NO
Visa sighted: YES NO
Family Court Order: YES NO