

EXPRESSION OF INTEREST

Child's surname _____

Legal surname (if different) _____

Given name/s _____

Date of birth (dd/mm/yy) ____/____/____ **Gender** Male Female Not Specified

Parent Surname _____

Parent First Name _____ **Title** Mr Mrs Ms Other _____

Residential Address _____
(must be completed) _____ **Postcode** _____

Postal Address (if different from residential address) _____
from residential address) _____ **Postcode** _____

Mobile Phone No. _____ **Telephone (Work)** _____

Email _____

Year Level enrolling in _____ **Start date:** Beginning of following school year YES NO

If no, indicate start date _____ / _____ / _____

If applicable, name of school at which your child is currently or was last enrolled _____

Western Australia Student Number (WASN) if known _____

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

YES NO

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES NO

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

Will there be any brothers or sisters attending this school? YES NO

Name/s and year levels _____

Is your child currently under suspension from a school? YES NO

If yes, name of school _____

Is your child a temporary resident? YES NO

If yes, please indicate: Date entered Australia if born overseas ____ / ____ / ____

Visa Sub Class No. _____ Visa expiry date ____ / ____ / ____

Does your child have health or medical condition, disability or additional needs? YES NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to: _____

Name of person enrolling child _____

Title Mr Mrs Ms Miss Other _____

Relationship to child _____

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

Mobile Phone No. _____

Signature _____ **Date** ____ / ____ / ____

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.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist: Check the box to indicate documents you can provide to support this application.

- 1. Birth Certificate or extract or other identity documents
- 2. Copies of Family Court or any other court orders (if applicable)
- 3. Proof of address
- 4. Information relating to suspensions
- 5. Information relating to health or medical condition, disability or additional needs (if applicable)
- 6. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

Please provide any other relevant information.

OFFICE USE ONLY

Documents provided:

1. Birth Certificate or extract or other identity documents	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Copies of Family Court or any other court orders	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Proof of address	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Information relating to suspensions	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Information relating to health or medical condition, disability or additional needs	<input type="checkbox"/> YES <input type="checkbox"/> NO

Date application received ____ / ____ / ____ **Year Level** _____

Principal's approval _____ **Application for Enrolment approved** YES NO

Name _____

Signature of principal/delegate _____ **Date** ____ / ____ / ____