

## 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) \_\_\_\_\_  
\_\_\_\_\_ 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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

