



## APPLICATION FOR ENROLMENT FORM

### 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 **X** in  to indicate each document is attached to this application form.

- |    |  |                          |
|----|--|--------------------------|
| 1. | Birth Certificate or extract or other identity documents if applicable | <input type="checkbox"/> |
| 2. | 'Immunisation Certificate'   | <input type="checkbox"/> |
| 3. | Copies of Family Court or any other court orders (if applicable)       | <input type="checkbox"/> |
| 4. | Proof of address   | <input type="checkbox"/> |
| 5. | Information relating to suspensions or exclusions                      | <input type="checkbox"/> |
| 6. | Information relating to disability                                     | <input type="checkbox"/> |

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

- |    |  |                          |
|----|--|--------------------------|
| 1. | Date of entry into Australia                                     | <input type="checkbox"/> |
| 2. | Passport or travel documents                                     | <input type="checkbox"/> |
| 3. | Current visa subclass and previous visa subclass (if applicable) | <input type="checkbox"/> |

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

- Confirmation of enrolment or evidence of any permission to transfer provided by Education and Training International (ETI) at [study.eti@dtwd.wa.gov.au](mailto:study.eti@dtwd.wa.gov.au).  
*(if holding an International full fee student visa, sub class 571); or*
- Evidence of the visa for which the student has applied if the student holds a bridging visa.

<b>OFFICE USE ONLY</b>			
Date received: _____			
Birth certificate / other:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Visa sighted	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Family Court Order	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

**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):			Postcode:
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 specialist 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"/> _____ <input type="checkbox"/> Please outline nature of disability/medical condition (or attach details).			