



Application for Enrolment in a Western Australian Public School (Secondary)

You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Year 7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education [website](http://www.education.wa.edu.au/enrolling-in-school):
www.education.wa.edu.au/enrolling-in-school

OFFICE USE ONLY

Year Enrolling: _____ Year Level: _____ Start Date: / /

Interview Date: / / Interview Time: _____ Interviewing AP: _____

PERSONAL DETAILS (Please complete all details below)

Child's surname

Legal surname (if different)

Given names

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

Telephone (Home)

Telephone (Work)
(If convenient)

Mobile Phone No.

Email

USI (Year 9, 10, 11 & 12 Students)

DISABILITY

Does the student have a disability? YES NO

If Yes, please specify

Please tick if you can provide documentation about

(Supporting diagnostic/medical documentation must be provided along with this application)

Autism

Physical Disability

Deaf or Hard of Hearing

Severe Mental Disorder

Global Developmental Delay (prior to age 6)

Specific Speech and/or Language Impairment

Intellectual Disability

Vision Impairment

Other, please specify

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 Other

Relationship to child

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

Telephone (Home)

Telephone (Work)

Mobile Phone No.

Signature

Date / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct

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.

