

## YEAR 7 in 2024 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.

Submitting an expression of interest 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 and if accepted you will need to fill in a full enrolment form.

OFFICE USE ONLY		Year level:	7				
Date received:			Initials:				
Student resides with	nin local	intake a	rea	Υ		Z	
Rental exp:			Owner:	Υ		Ν	
OOA distance			Sibling - WSC	Υ		z	
SIS Admin:			Database:				
Medical:			Specialist:				
Principal	YES NO		Date:				
Notes:							

DECLARATION	The information and statement provided in this expression of interest for enrolment are true and accurate in relation to:						
Full name of child:						Gender:	
Name of person							
enrolling student	Title:		First Name:			Surname:	
Parent 1:							
Relationship to		•		•			
student:					Residential		
(Independent Minors and those					Address:		
aged 18 years or older may					Address.		
apply on their own behalf)							
Email:					Postcode:		
(PLEASE PRINT)					rosicode.		
Mobile:					Work:		
Signature:					Date:		

<u>NOTE:</u> 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.

		Applications must be submitted in	noreon				
DC	OCUMENTS TO BE PROVIDED	The College is unable to make photocopies or accept emailed applications.					
	IDENTITY DOCUMENTS: Original and Photocopies mus		Applicant Checklist	Office Checklist			
	Birth Certificate (required for every applicant)						
	PLACE OF BIRTH IS OUTSIDE OF AUSTRALIA						
	Passport or travel documents with date of entry in	nto Australia; <b>AND</b>					
1	<ul><li>Current visa and previous visa (if applicable) OR</li><li>Citizenship Certificate</li></ul>						
	TEMPORARY VISA HOLDER (Only photocopies needed	1)					
	<ul> <li>Confirmation of permission to transfer provided b (if holding an international full fee student visa, so</li> <li>Evidence of the visitor and temporary resident vis</li> <li>Evidence of the visa for which the student has ap</li> </ul>	ub class 571); sa (other than sub class 571 referred to above);					
	Proof of address: copies can be provided						
Current rates notice OR							
Lease agreement (Greater than 6 months.)  Rental agreements (within the local intake area) will need to include the student commencement date or the first day of school.							
AD	DITIONAL DOCUMENTS						
3	Copies of two utility bills (water, gas and/or electricity)						
4	Immunisation Records – must be an AIR immunisation hister (not more than two months old) you can get a						
5	5 Latest two school reports (including information relating to suspensions or exclusions)						
6	Copies of Family Court or any other court orders (if applical	ble)					
7	Documents with information relating to any diagnose	d disability (if applicable)					

STUDENT	PERSO	NAL DETAILS (I	PLEASE PRINT,	ALL FIELDS	MUST BE C	OMPLETED)		
Legal surnan	ne:			Given name/s:				
Previous Sur (If applicable				Date of birth:				
Gender		Male:		Female:		Indeterminate/ Intersex:		
Australian Ci or Permanen resident?				Other -please specify				
Visa sub clas	ss			Date of entry to Australia				
ls the studen	t of Abou	iginal or Torres Stra	ait Islander	No		Yes, Aboriginal		
origin?	t oi Aboi	igiliar or Torres out		Yes, Torres Strait Islander		Yes, Aboriginal and Torres Strait Islander		
Parent 2 Title:		Surname of parent/caregiver:			Given name:			
Residential A					Postcode:			
Mobile:				Email: (PLEASE PRINT)				
Family Court (if yes, please		nd attach supporting d	ocuments)	Yes		No		
Access Restriction Orders (if yes, please specify and attach supporting documents)		Yes		No				
Year level enrolling in:		If applicable, year level child is currently enrolled in:						
Name of scho which your c currently or v enrolled:	hild is			Have they stud Japanese:	-			
		y enrolled in the School of rogram (IMSS)		Yes		No		
Instrument:				Other Specialist Program currently enrolled				
Are there any siblings currently attending Woodvale Secondary College:		Yes		No				
Names and current year levels:								
~	-	under suspension from a school or een excluded from a school?		Yes		No		
If YES, name school:	of							

assist the school with providing the be	with considering whether any specific or add	itional resources are required and available to
Autism Spectrum Disorder	ADHD	Deaf or Hard of hearing
Global Development Delay (p to age 6)	rior Intellectual Disability	Mental Health condition (anxiety/depression)
Severe Mental Disorder	Specific Learning Difficulty (Dyslexia, Dyspraxia, Dyscald Dysgraphia)	Specific Speech Language Impairment
Vision Impairement		
Does your child have a medical con	dition?	
Medical Condition	Details	Do they need medication or epipen at school?
Asthma		
Minor and Moderate Allergies		
Severe Allergy/Anaphylaxis		
Seizures		
Diabetes		
Physical/ Other Disability	•	•
Is your child currently being assessed for a disability/medical condition?		
Please specify with details.		