

SPECIALIST BASKETBALL APPLICATION DOCUMENT CHECKLIST

Student Name

Current School

DOCUMENTS TO BE PROVIDED	Applicant Checklist	Office Checklist
1	Year 7 in 2026 Application for Enrolment Form (Page 2)	
2	Basketball Application Form (Page 3 & 4)	
3	Basketball Coach/Teacher Reference Form emailed to woodvale.sc.enrolments@education.wa.edu.au	NA
4	Identity Documents(original must be sighted and a photocopy provided)	
	Australian Birth Certificate OR	
	Place of Birth is Outside of Australia	
	Passport or travel documents with date of entry into Australia AND	
	Current visa and previous visa (if applicable) OR Australian Citizenship Certificate	
	Temporary Visa Holder (copies only)	
	<ul style="list-style-type: none"> Confirmation of permission to transfer provided by Education International (if holding an international full fee student visa, sub class 571); Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); Evidence of the visa for which the student has applied (if student holds a bridging visa) 	
5	Proof of Address: copies can be provided	
	Original and Photocopy of rates notice OR	
	Current lease agreement	
6	Copies of two utilities bills - water/gas/electricity	
7	Copy of an AIR Immunisation History Statement (no more than two months old)	
8	Latest two school reports (including information relating to suspensions or exclusions)	
9	Latest NAPLAN results	

The College is unable to make photocopies and accept any incomplete applications. Applications must be submitted in person.

Completed by Enrolments Officer

Date Application Received:		Staff Name:	
Reference Form - emailed:		SN:	
In Local Intake Area:		Out of Local Intake Area:	
Notes:			



YEAR 7 IN 2026 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.

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.

OFFICE USE ONLY				Year Level:	
Date Received:		Initials	Y		N
Student resides within local intake area			Y		N
Rental exp:		Owner:	Y		N
OOA Distance:		Sibling	Y		N
SIS Admin:		Database			
Medical:		Specialist			
Principal	Y		N		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:	
Relationship to student: <small>(Independent Minors and those aged 18 years or older may apply on their own behalf)</small>			Residential Address:		
Email: (PLEASE PRINT)			Postcode:		
Mobile			Work:		
Signature			Date:		

STUDENT PERSONAL DETAILS (PLEASE PRINT. ALL FIELDS MUST BE COMPLETED)

Legal Surname:		Given name/s:			
Previous Surname: (If applicable)		Date of birth:			
Gender:	Female:		Male		Indeterminate/ Intersex
Australian Citizen or Permanent resident?			Other-please specify		
Visa sub class number:			Date of entry to Australia:		
Family Court Orders: (please specify and provide supporting documents)			Yes	No	
Access Restriction Orders: (please specify and provide supporting documents)			Yes	No	
Year level enrolling:	Year 7 in 2026				
Name of school at which your child is currently or was last enrolled:					
Is your child currently enrolled in the School of Instrumental Music Program (IMSS):	Yes		No		
Instrument:					
Are there any siblings currently attending Woodvale Secondary College:	Yes		No		
Names and current year levels:					
Is your child currently under suspension from a school or has your child ever been excluded from a school?	Yes		No		
If YES, name of school:					
Office Notes:					

BASKETBALL APPLICATION FORM

To be completed by the parent/caregiver:

Student Name	<input type="text"/>		
Current School	<input type="text"/>		
Parent Name(s)	<input type="text"/>		
Mobile	<input type="text"/>	Home/Work	<input type="text"/>
Email	<input type="text"/>		

Are there any medical requirements we should be aware of (e.g. asthma, anaphylaxis)?

Please tick below if you are applying for another program.

<input type="checkbox"/> Athletics	<input type="checkbox"/> Music	<input type="checkbox"/> Creative Communication	<input type="checkbox"/> STEM
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If unsuccessful in gaining entry to Specialist Basketball Program I would like to

<input type="checkbox"/>	Move application to general enrolment (in area or out of area)
<input type="checkbox"/>	Remove application from system

Where and what have you heard about the program?

To be completed by the student:

Last Club and year played for:

Age Group:

Height:

Years playing competitive basketball:

What is your preferred position?

Refereeing experience (if any):

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Have you played for a WABL or State Basketball team? (When, who for?)

BASKETBALL APPLICATION FORM

Why do you want to join the Specialist Basketball Program at Woodvale Secondary College?

What are your basketball strengths?

Favourite basketball memory (playing or watching a game)

What other sports do you participate in?

Student Signature:

Parent/Caregiver Signature:

Date:

BASKETBALL COACH/TEACHER REFERENCE FORM

To be completed by student's current WABL/ State/Club Coach, Classroom Teacher or Physical Education Teacher.

***** This information is to be treated as confidential. Teachers/Coaches are to return this form to woodvale.sc.enrolments@education.wa.edu.au. NOT via the student/parent/caregiver.**

Student's Name:

Club team:

Your Name:

How do you know the student:

Teacher/Coach's Comments

Please rate the student's ability below:

	Excellent	Above Average	Average	Below Average
Individual offensive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual defensive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team skills/game play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to self-regulate emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher/Coach's Signature:

Date:

[Email to woodvale.sc.enrolments@education.wa.edu.au](mailto:woodvale.sc.enrolments@education.wa.edu.au)

