

SPECIALIST BASKETBALL APPLICATION DOCUMENT CHECKLIST

Student Name

Current School

DOCUMENTS TO BE PROVIDED		Applicant Checklist	Office Checklist
1	Year 7 in 2027 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) 		
	Proof of Address: copies can be provided		
5	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 2027

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		
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: (Independent Minors and those aged 18 years or older may apply on their own behalf)				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 2027							
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

Current School

Parent Name(s)

Mobile

Home/Work

Email

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

Please tick below if you are applying for another program.

Creative Communication

Music

STEM

If unsuccessful in gaining entry to Specialist Basketball Program I would like to

Move application to general enrolment (in area or out of area)

Remove application from system

Where and what have you heard about the program?

To be completed by the student:

Last club you played for:

Age group:

Height:

Years playing competitive basketball:

What is your preferred position?

Refereeing experience (if any):

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:

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