

# 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 <a href="mailto:woodvale.sc.enrolments@education.wa.edu.au">woodvale.sc.enrolments@education.wa.edu.au</a>	NA	
4	<b>Identity Documents(original must be sighted and a photocopy provided)</b>		
	Australian Birth Certificate <b>OR</b>		
	<b>Place of Birth is Outside of Australia</b>		
	Passport or travel documents with date of entry into Australia <b>AND</b>		
	Current visa and previous visa (if applicable) <b>OR</b> Australian Citizenship Certificate		
	<b>Temporary Visa Holder (copies only)</b>		
	<ul style="list-style-type: none"> <li>Confirmation of permission to transfer provided by Education International (if holding an international full fee student visa, sub class 571);</li> <li>Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above);</li> <li>Evidence of the visa for which the student has applied (if student holds a bridging visa)</li> </ul>		
	<b>Proof of Address: copies can be provided</b>		
5	Rates notice <b>OR</b>		
	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: <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 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	<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"/>	Creative Communication	<input type="checkbox"/>	Music	<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 you 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](mailto: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)

