

ENROLMENT REQUEST FORM



APPLECROSS
SENIOR HIGH SCHOOL

***Seeking Entry Into:** Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

1. Please circle the year you wish your child to start at Applecross SHS: 2016 2017 2018

2. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex M / F
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Email Address:			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No.	
Are there any Family Court orders regarding the day to day or long term care, welfare and development of the child? Please indicate <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If applicable, year level and school at which child is currently enrolled in (e.g. Year 5 Sunshine Primary)			
Is your child currently under suspension from a school? Please indicate <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? Please indicate <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of school:			
Names of any brothers and sisters currently attending Applecross Senior High School:			
2. Are you intending to apply for one of the following PROGRAMS at this school? (Note: Please note separate applications are required) Please indicate <input checked="" type="checkbox"/>			
Special Art <input type="checkbox"/> *Application through Department of Education required. www.det.wa.edu.au			
Special Tennis <input type="checkbox"/>			
Music <input type="checkbox"/> Instrument played SIM teacher's name..... Private paid lessons Yes/No			
3. PERMANENT RESIDENT OF AUSTRALIA? Please indicate <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, please indicate date entered Australia: _____ VISA SUB CLASS No. _____			
4. DISABILITY/MEDICAL CONDITION? This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate <input checked="" type="checkbox"/>			
Physical YES <input type="checkbox"/> NO <input type="checkbox"/> Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/> Other YES <input type="checkbox"/> NO <input type="checkbox"/> Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please outline nature of disability/medical condition:			
I declare that the information provided on this form is true. Signature of parent/guardian:			Date