



AVELEY
SECONDARY COLLEGE

EXPRESSION OF INTEREST

(For enrolment in a Western Australian Public School)

Thank you for your interest in applying to enrol your child in a Western Australian public school. Enrolment in a public school is a two-step process.

If your child is eligible for enrolment, you will be provided with an Enrolment Pack containing the Enrolment Form and relevant policies. The associated forms need to be completed and returned to the College to complete your child's enrolment.

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____

Name of person enrolling child: _____

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____

Tel (H): _____ Tel (W): _____ Mobile: _____

Signature: _____ Date: ____/____/____

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.

DOCUMENTS TO BE PROVIDED

Please place an 'X' in the box to indicate each document attached (originals must be sighted and copies provided to the school) to this application form.

- 1. Birth Certificate or extract or other identity documents.....
(Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
- 2. 'Immunisation Certificate'
- 3. Copies of Family Court or any other court orders (if applicable)
- 4. Proof of address x3 (must include Rates or Tenancy agreement, and Utility bills)
- 5. One recent School Report
- 6. Recent NAPLAN results.....
- 7. Information relating to disability

If your child was not born in Australia, you must provide evidence of:

- 1. Date of entry into Australia.....
- 2. Passport or travel documents
- 3. Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer
provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);

or

Evidence of the visa for which the student has applied if the student holds a bridging visa.....

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/guardian:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you MUST provide the College with a copy of the Order.			
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Current Year Level :	Start date:		
Name of school at which the child is currently or was last enrolled:			
Are there any brothers or sisters currently attending this school? Name/s and current year levels:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child currently under suspension from a school? If YES, name of school:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your child ever been excluded from a school? If YES, name of school:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child a permanent resident of Australia? If NO, please indicate date entered Australia: Visa expiry Date:			<input type="checkbox"/> YES <input type="checkbox"/> NO Visa Sub Class No.:
Does your child have a diagnosed disability/medical condition? <i>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.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s Please outline nature of disability/medical condition/s (or attach details). _____ _____ _____			
Are you seeking enrolment into the Education Support Hub? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide details of your child's diagnosed disability: _____ _____ _____			
Application for Enrolment approved <input type="checkbox"/>			