

Please include the following documents with your application:

- Copy of Birth Certificate (call 1300 305 021 if you don't have one);
- Copy of Immunisation Records (call 1800 653 809 if you need details);
- Proof of Residence: Rates Notice or Tenancy Agreement **AND** two recent documents indicating current address – bank correspondence, utility accounts (eg: gas, electricity etc);

## 1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's Surname:	Given Names:	Date of Birth	Sex (M / F)
Surname of Parent/Responsible Person:	Given Names:	Mr/Mrs/Ms	
Residential Address ( <b>must be completed</b> ):			Postcode
Nearest Intersecting Street:			
Postal Address ( <b>if different from residential address</b> ):			Postcode
Home Phone No:	Mobile Phone No:		
Work Phone No:	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Year level child currently enrolled in (e.g. Year 6):	Year:	School:	
Are there any brothers or sisters currently attending Lesmurdie SHS? Names and year levels:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been accepted into the Science Maths Specialist Program (LEAP) at Lesmurdie SHS?		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is your child currently under suspension from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	

## 2. PERMANENT RESIDENT OF AUSTRALIA

Please indicate (✓) YES  NO

**If you tick NO, please complete both Date of Arrival and Visa Sub Class information.**

Date of Arrival: \_\_\_\_\_ Visa Sub Class No: \_\_\_\_\_

## 3. DISABILITY/MEDICAL CONDITION

This information will assist the school with decisions concerning any resources required to provide the best educational program for your child. Please indicate (✓)

Physical YES <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>
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Please outline nature of disability/medical condition:

**I declare that the information provided on this form is true.**

Signature of Parent/Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Date received: \_\_\_\_\_

APPLICATION: IN AREA/ OUT OF AREA

APPLICATION: ACCEPTED / NOT ACCEPTED

AUTHORISED BY \_\_\_\_\_ DATE / /