

APPLICATION FOR ENROLMENT FORM YEAR 7 - 2019

Please include the following documents with application:

- Copy of Birth Certificate (call 1300 305 021 if you don't have one);
- Copy of Immunisation History Statement (accessed from Medicare - 1800 653 809);
- Proof of Residence: Rates Notice or Tenancy Agreement **AND** Two recent documents indicating current address – bank correspondence, Driver's Licence, utility accounts (eg: gas, electricity etc);
- A copy of your child's most recent report **AND** NAPLAN results;
- Copy of Visa Grant Notice (where applicable).

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			Postcode
Postal Address (if different from residential address):			Postcode
Home Phone No:	Mobile Phone No:		
Work Phone No: (if convenient):	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):			
Name of school at which the child is currently or was last enrolled:			
Have you been accepted into the Science Maths Specialist Program at Lesmurdie SHS:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any brothers or sisters currently attending Lesmurdie SHS? Names and year levels:		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 not, please indicate date entered Australia: _____ Visa Sub Class No: _____ (must be completed)

3. 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 (✓)

Physical YES NO Intellectual YES NO Other YES NO Medical Condition YES NO

Please outline nature of disability/medical condition:

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

Signature of Parent/Responsible Person: _____ Date: _____