



LESMURDIE
SENIOR HIGH SCHOOL

Application for Enrolment Form 2020

Part One

IMPORTANT

Please check that all requested documentation is included and returned to Lesmurdie Senior High School. This application will **NOT** be processed until all supporting documentation is received.

Student Name: _____ **Year level at entry:** _____

This is an in area application

This is an out of area application

STUDENT DETAILS

Legal surname:			
First name:			
Middle name/s: (if applicable)			
Preferred name:			
Date of Birth:		Nationality:	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Indeterminate/Intersex
Residential address Number & Street:			
Suburb/Town and Postcode:			
Mailing Address: (if different to above)			
Student Mobile:		Home phone:	

LANGUAGE

What is the student's first language?			
What is the main language the student speaks at home?			
If the language spoken is other than English, how well is English spoken?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well <input type="checkbox"/> Not at all

FAMILY DETAILS

PARENT/GUARDIAN/CAREGIVER 1

Title/First Name/Surname:			
Address:		Postcode:	
Mobile:		Home/work phone:	
Nationality:		Country of Birth:	
First Language:		Main Language spoken at home:	
Occupation:		Employer:	
Relationship to student:			
Pension/Health Care/Veterans Affairs Card: (please circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	
Email address:			

PARENT/GUARDIAN/CAREGIVER 2			
Title/First Name/Surname:			
Address:		Postcode:	
Mobile:		Home/work phone:	
Nationality:		Country of Birth:	
First Language:		Main Language spoken at home:	
Occupation:		Employer:	
Relationship to student:			
Pension/Health Care/Veterans Affairs Card: (please circle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number: <input type="text"/>
Email address:			
Who does the student live with?	<input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Carer		
In shared custody arrangements, please show the percentage split as determined by Centrelink. (This information must be included).	Parent 1 _____% Parent 2 _____% Other _____%		
Are there Family Court orders in place? This information must be included.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent responsible for paying fees	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2		

SIBLINGS AT LESMURDIE SENIOR HIGH SCHOOL

Full Name Sibling 1:		Yr group:	
Full Name Sibling 2:		Yr group:	
Full Name Sibling 3:		Yr group:	

EMERGENCY CONTACT OTHER THAN PARENT/CAREGIVER

Title/First Name/Surname:			
Address:		Postcode:	
Mobile:		Home/work phone:	
Relationship to student:			
Title/First Name/Surname:			
Address:		Postcode:	
Mobile:		Home/work phone:	
Relationship to student:			

OTHER PROVISIONS

Is the student in the care of the Department of Children and Family Services? (DCFS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager:	<input type="text"/>
DCFS Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	District:	<input type="text"/>

STUDENT RESIDENTIAL STATUS

What is the student's country of birth?	<input type="text"/>		
Is the student an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, is the student a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Is the student a temporary resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Visa Sub Class Number:	Visa Grant number:
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Visa Expiry date:	Date entered Australia:	From which country:
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HEALTH CONDITIONS

Please indicate any health conditions your child experiences:

<input type="checkbox"/> Severe allergy/anaphylaxis	<input type="checkbox"/> Vision condition	<input type="checkbox"/> Seizures	<input type="checkbox"/> Minor/moderate allergies
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine/headaches	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing condition (diagnosed)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Other conditions/needs (please specify)		

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DIAGNOSED LEARNING DIFFICULTY/DISABILITY

Please indicate any diagnosed learning difficulty your child experiences

<input type="checkbox"/> Physical Disability	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Dysgraphia	<input type="checkbox"/> Joint Hypermobility
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Dyspraxia	<input type="checkbox"/> Deaf and Hard of Hearing	<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Central Auditory Processing Disorder (CAPD)	<input type="checkbox"/> Specific Speech Language Impairment	<input type="checkbox"/> Global Developmental Delay (prior to age 6)	<input type="checkbox"/> Other (please specify)

MENTAL HEALTH CONDITION

Please indicate any mental health conditions your child experiences

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Other (please specify)
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DOCUMENT CHECKLIST

The school requires the following evidence as proof of residence:

<input type="checkbox"/> A copy of your rental Agreement showing a minimum of 12 months	OR	<input type="checkbox"/> A copy of your current rates bill if owner occupied
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PLUS at least 2 of the following showing your residential address:

<input type="checkbox"/> Power Account	<input type="checkbox"/> Gas Account	<input type="checkbox"/> Telephone (not mobile) Acct	<input type="checkbox"/> Driver's Licence
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The school requires **ALL** of the following, please check that you have included these in this application.

<input type="checkbox"/> Copy of Full Birth Certificate	<input type="checkbox"/> Copy of Passport/Visa if born overseas	<input type="checkbox"/> Copy of latest school report	<input type="checkbox"/> Copy of Medicare Immunisation History
<input type="checkbox"/> Copy of latest NAPLAN Report	<input type="checkbox"/> Medical Documentation if applicable	<input type="checkbox"/> Copy of any Family Court orders if applicable	

DECLARATION - PLEASE READ CAREFULLY BEFORE SIGNING

- I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Lesmurdie Senior High School will be terminated.
 - My child is not currently under suspension at, nor excluded from, another school.
 - I have read and understood the Enrolment Overview.
- Please note that this application will NOT be processed unless:
- All requested documentation is included.
 - The points above have been read and the application is signed below.

Name of person enrolling student: Title/ firstname/ surname	
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Signature:	Date:
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After checking that all required documents are included, please submit this enrolment application by post or in person.