



LESMURDIE
SENIOR HIGH SCHOOL

Application for Enrolment Form 2022

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. Applications close Friday 23 July 2021.

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

This is an in area application **This is an out of area application**

Current school: _____

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:	
Is the student of Aboriginal or Torres Strait Islander origin	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait islander

LANGUAGE

What is the student's first language?			
What is the main language the student speaks at home?		Language studied at Primary School	
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	
Occupation:		Employer:	
Relationship to student:			
Pension/Health Care/Veterans Affairs Card: (please circle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number: _____
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

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:			
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:			
Mobile:		Work phone:	
Relationship to student:			
Title/First Name/Surname:			
Mobile:		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:			
Phone Number:		District:	

STUDENT RESIDENTIAL STATUS

What is the student's country of birth?			
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	
Visa Sub Class Number:		Visa Grant number:	
Visa Expiry date:	Date entered Australia:	From which country:	

PARENT/GUARDIAN/CAREGIVER OCCUPATION GROUP

What is the highest year of primary or secondary school you have completed? If you did not attend school, mark "Year 9 or equivalent or below".

Year 12 or equivalent		Year 11 or equivalent		Year 10 or equivalent		Year 9 or equivalent or below	
<input type="checkbox"/> PG1	<input type="checkbox"/> PG2	<input type="checkbox"/> PG1	<input type="checkbox"/> PG2	<input type="checkbox"/> PG1	<input type="checkbox"/> PG2	<input type="checkbox"/> PG1	<input type="checkbox"/> PG2

What is the level of the highest qualification you have completed?

Bachelor Degree or above		Advanced Diploma/Diploma		Certificate I to IV		No non-school qualification	
<input type="checkbox"/> PG1	<input type="checkbox"/> PG2	<input type="checkbox"/> PG1	<input type="checkbox"/> PG2	<input type="checkbox"/> PG1	<input type="checkbox"/> PG2	<input type="checkbox"/> PG1	<input type="checkbox"/> PG2

What is your occupation group? Please select the appropriate parental occupation group from the list provided below. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8'.

PG1 Group No _____

PG2 Group No _____

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration & defence, and qualified professionals.</p> <p>Senior executive/manager/department head in industry, commerce, media or other large organisation</p> <p>Public service manager [section head or above], regional director, health/education/police/fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Other business managers, arts/media/sportspersons and associate professionals.</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/ technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff.</p> <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>Skilled Office, Sales and Service Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers.</p> <p>Drivers, mobile plant, production/processing machinery and other machinery operators. Hospitality staff [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word, processing/data entry/business machine operator, receptionist, office assistant]</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</p> <p>Assistant/aide [trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

These categories have been determined nationally and are designed as broad occupational groupings. Australian states and territories use the same categories.

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?

Yes

No

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:

A copy of your rental Agreement showing a minimum of 12 months **OR** A copy of your current rates bill if owner occupied

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

1. 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.

2. My child is not currently under suspension at, nor excluded from, another school.

3. 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

Signature:

Date:

After checking that all required documents are included, please submit this enrolment application by post or in person.



THRIVING IN A NURTURING ENVIRONMENT

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