

# Application for Enrolment in a Western Australian Public School (Secondary)

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education [website](#).

## SCHOOL NAME

School name

## PERSONAL DETAILS (Please complete all details below)

Child's surname

Legal surname (if different)

Given names

Date of birth (dd/mm/yy)

/ /

Gender

Male

Female

Not Specified

Parent Surname

Title

Mr

Mrs

Ms

Other

Parent First Name

Residential Address

(must be completed)

Postcode

Postal Address (if different  
from residential address)

Postcode

Telephone (Home)

Telephone (Work)

(If convenient)

Mobile Phone No.

Email

## PERSONAL DETAILS (Continued)

**Year Level enrolling in (ie. Year 7)** **Start date: Beginning of school year** **2024** **2025** **2026**

Preferred start date / /

**If applicable, year level your child is currently enrolled in (e.g. Year 6)**

**If applicable, name of school at which your child is currently or was last enrolled**

**Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?**

YES NO

**Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?**

YES NO

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than **two months old**.

**Are you applying to enrol your child in a specialist program at this school?** YES NO

Name of specialist program  
(PEX, Music)

**Will there be any brothers or sisters attending this school?** YES NO

Name/s and year levels

**Is your child currently under suspension from a school?** YES NO

If yes, please provide details

**Is your child a temporary resident?** YES NO If yes, please indicate:

Date entered Australia if born overseas. / /

Visa Sub Class No. Visa expiry date / /

**Does your child have health or medical condition, disability or additional needs?** YES NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

