



APPLICATION FOR ENROLMENT FORM YEAR \_\_\_\_\_

Please include the following documents with 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 - ie bank correspondence, utility accounts (eg, gas, electricity etc)
- Copy of most recent School Report

Kelmscott

Senior High School

1. PERSONAL DETAILS (please print all details below)			
Child's Surname:	Given Names:	Date of Birth	Sex (M/F)
Surname of Parent / Legal Guardian:	Given Names:	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest Intersecting Street:			
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 is currently enrolled in (eg Year 7):			
Name of school at which the child is currently or was last enrolled:			
Are you applying for a Specialist Program at Kelmscott SHS: (please ensure you attached the relevant Specialist Program application and documentation available from the school website at <a href="http://www.kshs.wa.edu.au">www.kshs.wa.edu.au</a> )		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> Program: _____	
Are there any brothers or sisters currently attending Kelmscott 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 <input type="checkbox"/> NO <input type="checkbox"/> If not, please indicate date entered Australia: / /      Expiry Date / /      Visa Sub Class: _____ (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 <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability / medical condition:			
I declare that the information provided on this form is true.			
Signature of Parent / Legal Guardian : _____		Date : _____	
OFFICE USE ONLY:			
Date Received: _____	Birth Certificate Provided YES / NO Visa – copy provided YES / NO	Proof of Resident Provided YES / NO	Family Court Order copy provided YES / NO
APPLICATION : ACCEPTED / NOT ACCEPTED			