

OFFICE USE ONLY				
Date received:	_ Year Level:			
	ort			
Applying for:	☐ EaLS ☐ Soccer ☐ YES ☐ NO			

## Lynwood Senior High School APPLICATION FOR ENROLMENT FORM

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year

DECLARATION (please clearly print all details below)						
The information and statements provided in this application for enrolment are true and accurate in relation to:						
Name of child:						
Name of person enrolling child:						
Title: 1 <sup>st</sup> Name: 2 <sup>nd</sup> Name:	Surname:					
Relationship to child:						
(Independent Minors and those aged 18 years or older may apply on their own						
Tel (H): Tel (W):	Mobile:					
Residential Address (must be completed):	Postcode					
Nearest intersecting street:						
Postal Address (if different from above):	Postcode					
Signature of parent/guardian:	Date:					
<b>NOTE:</b> In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed.  Information supplied may need to be checked by the school						
Application for Enrolment approved:	Date:					
	of Deputy Principal)					
DOCUMENTS TO BE PROVIDED						
Checklist:						
Please place an *'X' in the box $\boxtimes$ to indicate that each document is attached (or sighted) to this application form.						
	and select the radio button under the heading Default value 'Checked' and click OK.					
1. Birth Certificate (original or certified copy) or extract or other identity documents (if applicable)						
2. Most current School Report						
'Immunisation Certificate'						
5. Proof of address (see Requested Documentation in the attached Parent Information letter)						
- · · · · · · · · · · · · · · · · · · ·						
If your child <i>was not</i> born in Australia, you <b>must</b> provide evidence of						
1. Date of entry into Australia						
	e)					
	е/					
If your child is a temporary visa holder, you <b>must also</b> provide:  Confirmation of enrolment or evidence of any permission to	o transfer					
provided by Education and Training International (ETI) email	l: <u>study.eti@dtwd.wa.gov.au</u>					
(if holding an International full fee student visa, sub class 57 or	1);					
	e student holds a bridging visa					

PERSONAL DETAILS (please clearly print	all details below)					
Child's Surname:	1 <sup>st</sup> Given name:	2	e <sup>nd</sup> Given name:			
Legal Surname:	Date of Birth:	(dd / mm / yayay)	Sex:	M 🗌 F 🗌		
Surname of parent/responsible person:			1rs	Other		
				Other		
	N):					
				_ 		
Email:						
FURTUED INFORMATION //						
FURTHER INFORMATION (please clear Are there any Family Court Orders regarding	the day to day or long-te	erm care. welfare and	development of t	ne child?		
	,,	,		YES NO		
Is the child subject to access restriction? If yes, please specify and attach supporting documentation						
Year Level:						
Start date: beginning of school year $20\_$	: YES NO	If <b>NO</b> , ind	icate start date:			
If applicable, year level child currently enrolle	ed in: Yr6  Yr7	Yr8 Yr9	9	r11 📗 Yr12 🔲		
If applicable, name of school at which the chi	ld is currently or was last	enrolled:				
Are you applying to enrol in a specialist progr	ram at this school?	Soccer YES	Earth ar	d Life YES		
	,	Academy NO	Sciences Pro			
Will there be any brothers or sisters attendin	g this school?			YES NO		
Name/s and year levels: Name:			Year:	<u> </u>		
Name:			Year:			
Name:			Year:	<u></u>		
Is your child currently under suspension from				YES NO		
If <b>YES</b> , name of school:						
Has your child ever been excluded from a sch	nool?			YES NO		
If YES, name of school:						
Is your child a permanent resident of Australi	a?			YES NO		
If <b>NO</b> , please indicate date entered Austra	lia:	Visa Sub Class No.: _				
DISABILITY and/or MEDICAL CONDITION	ON (please clearly print	all details below)				
Does your child have a disability/medical co specific or additional resources are required child.						
Please indicate whether your child has a dis	ability in the following ar	eas:				
Physical Intelle	ectual	☐ Medical conditi	ion	Other		
Please outline nature of disability/medical of diagnosis i.e. psychologist report, dyslexic re		any official docume	ntation that clearly	substantiates the		