

REQUIRED DOCUMENT CHECKLIST

Thank you for applying to enrol at Lynwood Senior High School. For us to consider your application request we require the following documents from you:

- A copy of your child's last school report
- Your child's immunisation details. If you do not have these, you can visit <u>www.humanservices.gov.au/onlineservices</u> or email: <u>acir@humanservices.gov.au</u> (you will need your Medicare number to access these records)
- Your child's proof of age and name either a **Birth Certificate/Passport** or **Australian Citizen Certificate**
- If here on a **Visa**, we require a photo and entry date stamp + visa documents + Visa Grant Notice (if applicable)
- Any Court Order papers if relevant
- 3 x Proof of Address

Examples of Primary Proof of Address

Either Council Rates or Water Rates if you are a homeowner **or** rental agreement with at least 3 months lease (if you are renting).

PLUS two (2) further pieces of evidences such as:

- Power connection or account
- Gas connection or account
- Telephone account
- Removalist documents
- Content insurance
- Drivers Licence

Please note that a bank statement is not a valid proof of address

THIS IS AN APPLICATION TO ENROL ONLY

Once all the above paperwork is provided and approved, you may then be issued with a Lynwood Senior High School Enrolment Form.





OFFICE USE ONLY						
Date received: Passport □ Student resides within local intake Visa sighted: Family Court Order/s: Applying for:						
Accept	ted: 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 p	orint all details below)					
The information and statements pr	ovided in this application for enrolm	nent are true and accurate in relation to:				
Child's Surname:	Child's Surname: Child's Given Name/s:					
Person Enrolling Title:	Given Name:	Surname:				
Relationship to child:						
	(Independent Minors and those age	ed 18 years or older may apply on their own behalf)				
Mobile:	Tel (H):	Tel (W):				
Residential Address (must be co	mpleted):	Postcode:				
Postal Address (if different from	above):	Postcode:				
Signature of parent/guardian:		Date:				
NOTE: 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 appro	oved:	Date:				
	(Signature	e of Deputy Principal)				
DOCUMENTS TO BE PROVID	ED					
Checklist:						
Please place an *'X' in the box 🔀	to indicate that each document is a	attached (or sighted) to this application form.				
*Note: If you are typing the information i	into this form, 'doubleclick' the check box and	select the radio button under the heading Default value 'Checked' and click OK.				
 (Principals will refer to guidance 3.5. 2. Most current School Report 3. 'Immunisation Certificate' 4. Copies of Family Court and/ 5. Proof of address (see Reque 6. Information relating to susp 	1 of the Enrolment Procedures where evidences /or any other court orders (if applical application applications and applications application	dentity documents (if applicable)				
 Date of entry into Australia. Passport and/or travel docu 	ments					
If you or your child is a temporary Confirmation of School Place International Student or evi	visa holder, you must also provide cement letter for dependent child o	e: of visa holder or Confirmation of Enrolment letter for or				

PERSONAL DETAILS (please clearly print all details below)								
Child's Surname:	Legal Surname:((if different)	DOB:(dd/mm/yyy)						
1 st Given Name:	CI - H 9	Sex: M F						
Surname of parent/responsible person	:	Mr Mrs Ms Other						
Given names:								
Mobile:	_ Tel (H):	Tel (W):						
Email:								
FURTHER INFORMATION (please cle	arly print all details below)							
Any Family Court Orders regarding the da	ay to day or long-term care, welfare and	development of the child? YES NO						
Is the child subject to access restriction?	If yes, please specify and attach supporti	ing documentation YES NO						
Year Level:								
Start date: beginning of school year 20	YES NO	If NO , indicate start date:						
Year level child currently enrolled in: Yr	6 Nr7 Yr8 Yr9	9 Yr10 Yr11 Yr12 Yr12						
If applicable, name of school at which the child is currently or was last enrolled:								
Are you applying to enrol in a specialist p		ment and Life Sciences (EaLS)						
Are there any brothers or sisters attending	g this school?	☐ YES ☐ NO						
Name/s and year levels: Name:		Year:						
Name:		Year:						
Is your child currently under suspension f If YES , name of school:	rom a school?	☐ YES ☐ NO						
Has your child ever been excluded from a lf YES , name of school:	school?	☐ YES ☐ NO						
Is your child a permanent resident of Aus	tralia?							
If NO , please indicate date entered Au	stralia: Visa Sub Class	ss No.: YES NO						
DISABILITY and/or MEDICAL CONE	ITION (please clearly print all details be	elow)						
Does your child have a disability/medical condition? This information will assist the School Principal in 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 whether your child has a disability in the following areas:								
Physical In	tellectual Medic	cal condition Other						
Please outline nature of disability/medical condition/s (please attach any official documentation that clearly substantiates the diagnosis i.e. psychologist report, dyslexic report from SPELD etc).								