



# APPLICATION FOR ENROLMENT

WESTERN AUSTRALIAN INDEPENDENT PUBLIC SCHOOL

*Education through Community*

*Community through Education*

## DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to (please print):

|   |             |          |
|---|-------------|----------|
| Name of child:                          |             |          |
| Name of person applying to enrol child: |             |          |
| Mr / Mrs / Ms / Miss                    | Given name: | Surname: |
| Relationship to child:                  |             |          |
| Tel (H):                                | Tel (W):    | Mobile:  |

## DOCUMENTS TO BE PROVIDED

### Checklist:

Please place an "X" in the box ☐ to indicate the documents you are providing:

### ESSENTIAL:

- |   |                          |           |
|---|--------------------------|-----------|
| 1. Birth Certificate (original or certified copy)   | <input type="checkbox"/> | <b>OR</b> |
| Passport  | <input type="checkbox"/> | <b>OR</b> |
| Travel Documents  | <input type="checkbox"/> |           |
| 2. Australian Immunisation Register (AIR) History Statement; or AIR History form; or<br>Immunisation Certificate issued by the Chief Health Officer | <input type="checkbox"/> |           |
| 3. Proof of address, ie utilities bill  | <input type="checkbox"/> |           |

### If applicable:

- |   |                          |
|---|--------------------------|
| 4. Information relating to disability                     | <input type="checkbox"/> |
| 5. Family Court or any other court orders (if applicable) | <input type="checkbox"/> |
| 6. Information relating to suspensions or exclusions      | <input type="checkbox"/> |

If your child was not born in Australia, please provide evidence of:

- |   |                          |
|---|--------------------------|
| 1. Date of entry into Australia                                     | <input type="checkbox"/> |
| 2. Passport or travel documents                                     | <input type="checkbox"/> |
| 3. Current visa subclass and previous visa subclass (if applicable) | <input type="checkbox"/> |

## OFFICE USE ONLY:

### Date Received:

Year Level: K PP 1 2 3 4 5 6

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Original Birth Certificate / Passport / Travel Document sighted & copied | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| AIR history statement  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Family Court Orders  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Visa sighted & copied  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Distance from school   | _____                    |     |                          |    |

| PERSONAL DETAILS [please PRINT all details below]   |              |               |                     |
|---|--------------|---------------|---------------------|
| Child's surname:<br><br>Legal name (if different)   | Given names  | Date of Birth | Sex (M / F)         |
| Surname of parent / guardian:   | Given names: |               | Mr / Mrs / Ms/ Miss |
| Residential address:  |              |               | Postcode:           |
| Nearest intersecting street:  |              |               |                     |
| Postal address (if different from residential address)  |              |               | Postcode:           |
| Telephone: Home:  | Work:        | Mobile:       |                     |
| Email address:  |              |               |                     |
| Are there any Family Court Orders regarding day to day or long term care, welfare & development of your child?<br>Please indicate: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Is the child subject to access restriction? (If yes, please specify & attach supporting documentation.) <input type="checkbox"/> YES <input type="checkbox"/> NO                   |              |               |                     |
| Start date: Beginning of school year <b>20</b> ____ <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date _____  |              |               |                     |
| If applicable, year level child currently enrolled in, eg Year 2  |              |               |                     |
| If applicable, name of school currently or was last enrolled:   |              |               |                     |
| Immunisation: You are required to provide the school with this information when you apply to enrol your child.<br>Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, does the child have an Australian Immunisation (AIR) History Statement that is not more than 2 months old? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |               |                     |
| Names & Year Levels of any siblings also applying to attend SAS:  |              |               |                     |
| Is your child currently under suspension from a school? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, name of school:   |              |               |                     |
| Has your child ever been excluded from a school? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, name of school   |              |               |                     |
| Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If NO, please indicate date entered Australia: _____ Visa Sub Class No: _____  |              |               |                     |

## DOES YOUR CHILD HAVE A DISABILITY / HEALTH CONDITION?

This information will assist the principal with considering whether any specific or additional resources are required and available to assist us with providing the best educational program for your child. Please indicate (if applicable):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Physical  | <input type="checkbox"/> Social                   |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Other health condition/s |
| <input type="checkbox"/> Sensory   | <input type="checkbox"/> Diagnosis                |

Please outline the nature of the disability / health condition (or attach details):

☐ I have read the information on the Spearwood Alternative School website.

How did you find out about, and what do you know about, Spearwood Alternative School?

What makes you feel this is the school for you and your child/ren?

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_