



# GINGIN DISTRICT HIGH SCHOOL

Principal Mr K Brady  
Daw Street, Gingin, 6503

Telephone: 08 9575 5300 Facsimile: 08 9575 2403

Internet: www.gingin.wa.edu.au



## APPLICATION FOR ENROLMENT (CONFIDENTIAL)

<b>1. PERSONAL DETAILS</b> (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
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"/>			
If applicable, year level child currently enrolled in (e.g. Year 7)			
If applicable, name of school at which the child is currently or was last enrolled:			
Is your child currently under suspension from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Has your child ever been excluded from a school? If yes, name of school:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any siblings currently attending this school? Names and year levels:		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b>		Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, please indicate date entered Australia: _____ VISA SUB CLASS No _____			
<b>3. DISABILITY/MEDICAL CONDITION?</b>			
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	Intellectual	Other	Medical Condition
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability/medical condition:			
<b>I declare that the information provided on this form is true.</b> <i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</i>			
Signature of parent/guardian			Date

**DECLARATION**

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: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.*

*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.*

**DOCUMENTS TO BE PROVIDED**

**Checklist:**

Please place an 'X' in the box  to indicate each document attached (or sighted) to this application form.

- 1. Birth Certificate (original or certified copy) or extract or other identity documents (if applicable) .....   
*(Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).*
- 2. 'Immunisation Certificate' .....
- 3. Copies of Family Court or any other court orders (if applicable) .....
- 4. Information relating to suspensions or exclusions .....
- 5. Information relating to disability .....

*If your child was not born in Australia, you must provide evidence of:*

- 1. Date of entry into Australia .....
- 2. Passport or travel documents .....
- 3. Current visa subclass and previous visa subclass (if applicable) .....

*If your child is a temporary visa holder, you must also provide:*

Confirmation of enrolment or evidence of any permission to transfer .....   
provided by Education and Training International (ETI) email: [study.eti@dtwd.wa.gov.au](mailto:study.eti@dtwd.wa.gov.au)  
*(if holding an International full fee student visa, sub class 571);*

**or**

Evidence of the visa for which the student has applied if the student holds .....   
a bridging visa

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Birth certificate sighted: YES  NO

Immunization provided: YES  NO

Visa sighted: YES  NO

Family Court Order sighted: YES  NO

Application: accepted YES  NO

Interviewed: YES  NO

Entered on Admissions:  Current Roll  To be Reinstated

Form/Room allocated \_\_\_\_\_ Faction allocated \_\_\_\_\_