**APPLECROSS SENIOR HIGH SCHOOL**

**Year 11**

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**ENROLMENT REQUEST FORM**

1. Please circle the year you wish your child to start at Applecross SHS: 2016 2017 2018

2. **PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

<table>
<thead>
<tr>
<th>Child’s surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Sex</th>
<th>Surname of parent/guardian</th>
<th>Given names</th>
<th>Mr/Mrs/Ms</th>
<th>Residential Address (must be completed)</th>
<th>Postcode</th>
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</thead>
<tbody>
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</table>

Email Address:

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

If applicable, year level and school at which child is currently enrolled in (e.g. Year 5 Sunshine Primary)

Is your child currently under suspension from a school? Please indicate

Has your child ever been excluded from a school? Please indicate

If yes, name of school:

Names of any brothers and sisters currently attending Applecross Senior High School:

2. Are you intending to apply for one of the following **PROGRAMS** at this school? (Note: Please note separate applications are required) Please indicate

   - Special Art ☐ *Application through Department of Education required. www.det.wa.edu.au
   - Special Tennis ☐
   - Academic Extension ☐
   - Music ☐ Instrument played ………………… SIM teacher’s name ………………… Private paid lessons Yes/No

3. **PERMANENT RESIDENT OF AUSTRALIA?** Please indicate

   If no, please indicate date entered Australia: ___________________________ VISA SUB CLASS No.

4. **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 ☐
   - Intellectual ☐
   - Other ☐
   - Medical Condition ☐

   Please outline nature of disability/medical condition:

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I declare that the information provided on this form is true.

Signature of parent/guardian: Date