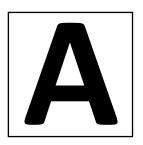
APPLICATION FOR ENROLMENT AT BALDIVIS SECONDARY COLLEGE IN 2014



CLOSING DATE: Friday, 26 July 2013

DECLARATION

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

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:
Relationship to child:
Signature:
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 college.

DOCUMENTS TO BE PROVIDED

Please place X in the box to indicate each document is attached to this application form.

- 1. Birth Certificate or extract or other identity documents (Required)
- 2. 'Immunisation Certificate'
- 3. Copies of Family Court or any other court orders (if applicable)
- 4. Proof of address (Required)
- 5. Information relating to suspensions or exclusions
- 6. 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) at 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		Visa sighted		NO □
Date received:		Family Court Order	YES 🗆	NO 🗆
Birth certificate / other:	YES □ NO □	Application Accepted	YES 🗆	NO 🗆

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:		Given names:		Date of birth:		Gend	er (M /F):				
Surname of parent/ Guardian:	Given	Given names:				Mr/Mrs/Ms:					
Residential Address (must be completed): Posto							ostcode:				
Nearest intersecting street:											
Postal Address (if different	from resid	lential address):			Postcode:						
Telephone – Home: Mobile Phone No:											
Work (if convenient): Email:											
Are there any Family Court	Orders re	garding the day to day	or long term ca	ire, welfare and	developme	ent of th YES	ne child? NO				
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:											
Are there currently any bro Names and year levels:	others or s	sisters attending this sc	hool?			YES	NO				
Is your child currently unde If YES, name of school:	er suspens	ion from a school?				YES	NO				
Has your child ever been ex If YES, name of school:	xcluded fro	om a school?				YES	NO				
Is your child a permanent r	esident of	Australia?				YES	NO				
If NO, please indicate date	entered A	ustralia:	Vi	isa Sub Class No).:						
Does your child have a disa	bility/med	dical condition?				YES	NO				
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 whether:											
Physical Intellectus	al	Other medical condition	on								
Please outline nature of disability/medical condition (or attach details).											