

YEAR 7 2023

OUT OF AREA APPLICATION FOR ENROLMENT



| | | | |
|---|--|--|--|
| PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW) | | | |
| Students current school year: | Year Level and Calendar Year you wish your child to be enrolled in i.e. Yr 7 2023: | | |
| Childs surname | Childs first name | Date of birth | Sex: M/F/Other |
| Parent/Carer surname | Parent/Carer first name | Mr/Mrs/Ms/Other | |
| Residential Address (must be completed) | | Postcode | |
| Email | Mobile Phone No | Telephone – Home / Work (if convenient) | |
| Name of school at which the child is currently or was last enrolled: | | | |
| Reason/s for applying for enrolment to Ocean Reef Senior High School: | | | |
| Are you interested in applying to enrol in a specialist program (Yrs 7–10 only) at this school? Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Name of specialist program: | | | |
| Does the child have any brothers or sisters attending this school? | | Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Names and year levels: | | | |
| PERMANENT RESIDENT OF AUSTRALIA? | | Please indicate (✓) YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| If no, please indicate date entered Australia: _____ | | VISA SUB CLASS No: _____ | |
| 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 |
| 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: | | | |
| I declare that the information provided on this form is true. | | | |
| Signature of Parent/Carer person _____ | | Date _____ | |

PLEASE RETURN THIS FORM WITH A PHOTOCOPY OF THE LATEST SCHOOL REPORT BY FRIDAY 24 JUNE TO: oceanreef.shs.enquiries@education.wa.edu.au