

# IN AREA EXPRESSION OF INTEREST CHECKLIST

Please forward completed expression of interest and documents by **Friday 12 May 2023** to:  
[oceanreef.shs.enquiries@education.wa.edu.au](mailto:oceanreef.shs.enquiries@education.wa.edu.au)



OCEAN REEF  
SENIOR HIGH SCHOOL

1. Year 7 2024 Expression of Interest
2. If born in **Australia** - Copy of Birth Certificate   
*Note: If the parent/responsible person's name, who is enrolling the child, is not stated on the birth certificate then a custody agreement indicating the relationship of the legal guardian to the enrolling student is also required.*
- If born **Overseas** – Copy of Birth Certificate **and** the following:
  - Photo and date of birth page of passport
  - Visa grant notification
  - OR
  - Australian Citizenship Certificate
3. A current copy of the student's Academic School Report
4. Record of Immunisation
5. Please supply **two** of the following that relates to residential address, one of which must be from Section A

- Section A**
- Signed **full** lease agreement on letterhead confirming residential address for the enrolling student with a minimum lease period of one school term  
**Informal housing arrangements such as staying with a friend or relation living in the area is not acceptable**
  - Signed letterhead from a Settlement Agent confirming purchase of a property, address and date of settlement (within 3 months)
  - Current letter or notice on letterhead from Centrelink of recorded residential address
  - Current (within 2 months) utility bill for the nominated residential address (gas/electric/water usage)
- Section B**
- Current (within 2 months) residential home telephone line / mobile phone account
  - Current (within 2 months) bank statement
  - Current (within 2 months) Medicare letter
  - Current drivers' license

In accordance with Department of Education Policy (15.3.13, Section 3) it is a requirement of the Principal to satisfy and obtain documentation to support assessment of an enrolment application. If the Principal finds that a person has used false or misleading information the enrolment may be cancelled.

**PHOTOCOPIES OF DOCUMENTATION MUST BE SUPPLIED**

# YEAR 7 2024 EXPRESSION OF INTEREST



**OCEAN REEF**  
SENIOR HIGH SCHOOL

<b>PERSONAL DETAILS</b> (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 2024:	
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:			
<b>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>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 (√)			
<b>Physical</b>	<b>Intellectual</b>	<b>Other</b>	<b>Medical Condition</b>
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>			
Signature of Parent/Carer person _____		Date _____	

**PLEASE RETURN THIS FORM WITH A PHOTOCOPY OF THE DOCUMENTS ON THE CHECKLIST by FRIDAY 12 MAY 2023 to:**

[oceanreef.shs.enquiries@education.wa.edu.au](mailto:oceanreef.shs.enquiries@education.wa.edu.au)

If you require any further information please do not hesitate to telephone 6206 2700 or alternatively you can view our website [www.oceanreef.wa.edu.au](http://www.oceanreef.wa.edu.au)