YEAR 7 2025 OUT OF AREA EXPRESSION OF INTEREST



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 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 □ NO□ Name of specialist program:				
Does the child have any brothers or sisters attending this school? Please indicate (√) YES NO □ Names and year levels:				
PERMANENT RESIDENT OF AUSTRALIA? Pleas			e indicate (√) YES □ NO □	
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 ($$)				
	ellectual □ NO □	Other YES NO		edical Condition YES NO D
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 3 MAY 2024 to:				

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 <u>www.oceanreef.wa.edu.au</u>

Ocean Reef Senior High School 21 Venturi Drive, Ocean Reef WA 6027 P 08 6206 2700

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