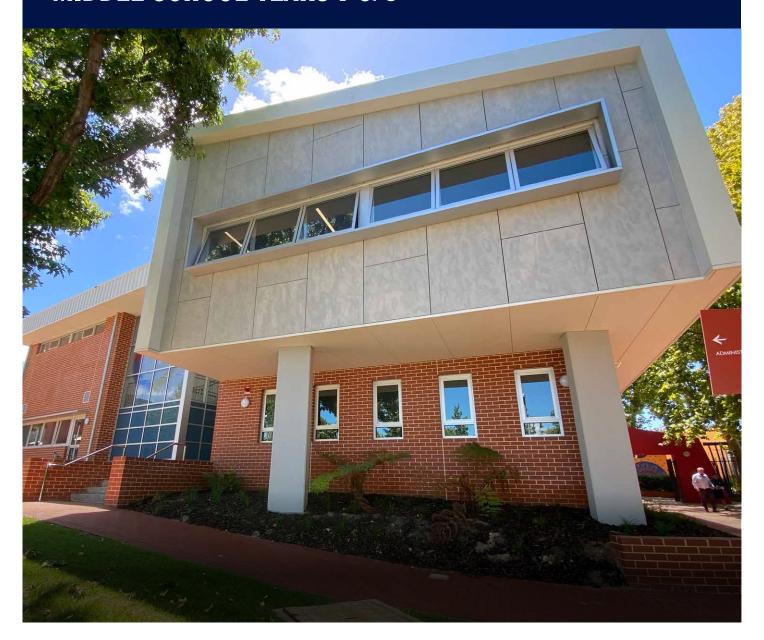




APPLICATION FOR ENROLMENT MIDDLE SCHOOL YEARS 7 & 8



| STUDENT NAME YEA | In . |
|------------------|------|
|------------------|------|

| | OFFICE USE ONLY Date received: | | | | |
|---|--|--|--|--|--|
| PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW) | IN AREA SIBLING: DISTANCE | | | | |
| | PENDING X/B: DISTANCE | | | | |
| Child's Legal Surname | | | | | |
| Given Names | | | | | |
| Date of birth / / / / / / / / / / / / / / / / / / / | Gender Male Female Not Specifie | | | | |
| Surname of parent/guardian | Given Names Title: | | | | |
| Residential Address (must be complete) | | | | | |
| | Postcode | | | | |
| Postal Address (if different from residential address) | | | | | |
| | Postcode | | | | |
| Telephone (Home): | Work (if convenient): | | | | |
| Mobile: | Email: | | | | |
| Are there any Family Court Orders regarding the day to day or | | | | | |
| Is the child subject to access restriction? | YES NO | | | | |
| If yes, please specify and attach supporting documentation. | O YES O NO | | | | |
| Year Level Applying for: | Year level child currently enrolled in (e.g.Year 6) | | | | |
| Name of school at which the child is currently or was last enro | olled: | | | | |
| Have you applied to enrol in a specialist program at this school | O YES O NO | | | | |
| Name of specialist program: GAT Languages | SVAPA Jazz Music | | | | |
| Are there any brothers or sisters currently attending this school? YES NO | | | | | |
| Please supply Names, Year levels and House: (Faction): | | | | | |
| | | | | | |
| | | | | | |
| Has your child been suspended from a school this year? | O YES ○ NO | | | | |
| If yes, name of school: | | | | | |
| Has your child ever been excluded from a school? | O YES O NO | | | | |
| If yes, name of school: | | | | | |
| PERMANENT RESIDENT OF AUSTRALIA? | O YES ○ NO | | | | |
| If not born in Australia indicate date entered: | Visa Sub-class No: | | | | |
| DISABILITY/MEDICAL CONDITION This information will assist the school Principal when considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. | | | | | |
| Physical YES NO Intellectual YES NO | Other OYES ONO Medical Condition OYES ONO | | | | |
| Please outline nature of disability/medical condition: | | | | | |
| Does your child currently have an Education Assistant allocati | ion? O YES O NO | | | | |
| Is your child an EAL/D student? | ○ YES ○ NO | | | | |
| If yes, what level: | | | | | |

SUBJECT SELECTION

LANGUAGES

All students at Mount Lawley Senior High School study a language for four years from Year 7-10, and unless there are exceptional circumstances, the language they study will be the one selected at the beginning of Year 7. Students may choose a new language in Year 7 or continue with their primary school language if it's offered. Students who are native speakers should not choose that language to study as the lessons are structured at beginner level.

Please note: There are now requirements from the School Curriculum and Standards Authority that students with previous knowledge of a language must take the more demanding "Background" program in year 11 and 12, rather than the Second Language Course. For further information, go to wace1516.scsa.wa.edu.au (then scroll down to languages). Mount Lawley Senior High School may not offer a background course at the time of selection. **Please consider this information when selecting a language.**

| Please number the following languages from 1 to 5 to indicate your order of preference (with number 1 being your most preferred language). | | | | | | |
|---|---------------------------|--------------------|-----------------|--|--|--|
| Chinese Mandarin French | Japanese | Italian | Korean | | | |
| Language currently studying at Primary Scho | pol | | | | | |
| Please note: It is important to take time over your decision regarding the language you wish to study. It is extremely difficult to change the language you are studying once the timetable process is complete. | | | | | | |
| MUSIC | | | | | | |
| SUBJECT TO AVAILABILITY | | | | | | |
| Do you wish to apply for our music program? O YES O NO If Yes please complete the following: | | | | | | |
| My child is a current School of Instrume | ental Music (SIM) studen | t. | | | | |
| Instrument currently being studied: | | | | | | |
| SIM Music Teacher's name: | | | | | | |
| My child currently takes Private Lessons | | | | | | |
| Instrument currently being studied | | | | | | |
| My child has no previous tuition; however | r, he/she is interested i | n learning a music | cal instrument. | | | |

Please note:

The school cannot guarantee music students their choice of instrument as each instrument has limited places.

SIM and PRIVATE music students are required to bring reporting evidence to their audition demonstrating commitment and

All students in Year 7 have 3 periods per week on their timetable for Arts. Most students study Art, Media and Drama over the year during those three periods per week. Music students study music for two of the three periods allocated to the Arts; the third period is called Multi-Arts and provides a "taster" program in Art, Media and Drama.

Music students participate in instrumental lessons on a rotating timetable during school time as well as ensemble rehearsals and performances outside of school time. Please ensure your child is prepared to fulfil that commitment before applying for the program.

The Music program is a three year course; (Years 7-9) students must understand that timetable changes are not made following acceptance into and commitment to the program.

consistent effort in their instrumental studies.

ELIGIBILITY FOR ENROLMENT

Students must meet the **residential requirements of our local intake area** or have been **accepted into one of our Specialist** Programs.

| DECLARATION | | | | | | | |
|---|---|---------------|--|------------------|--------------------------|--------------------------|------------------------------|
| The i | nformati | ion and stat | tements provided in this app | lication for en | rolment are true and | accurate in relati | on to: |
| Name | of chil | d | | | | | |
| Name | of pers | son enrollin | ng child | | | | |
| Title: | | 1st Name: | | 2nd Name: | | Surname: | |
| Relat | ionshin | to child: | | L | | | |
| Noidi | юпэтр | | | | | | |
| Resid | lential <i>l</i> | Address | | | | | |
| | | | | | | Post | code |
| Telep | hone (H | lome): | | | Telephone (Work): | | |
| Mobi | lo. | | | | | | |
| IVIODI | le: | | | | | | |
| Signa | iture: | | | | | Date: | |
| NOTE | : In the | event that | statements made in this app | olication later | prove to be false or r | ∟∟ misleading, a deci | sion on this application may |
| be re | versed. | Informatio | on supplied may need to be c | hecked by the | e school. | | |
| THE | OLLOW | ING DOCU | MENTS MUST BE PROVIDED ed have been sighted a | NOTE: Ap | plications cannot | t be accepted | until originals of all |
| uoci | ment | s request | eu nave been signteu a | iliu you ilav | re provided prioto | copies for us | го кеср. |
| | | | The school requires a copy of showing a minimum 12 mon | | | • | copy of your |
| | Statutor | y Declaration | ons WILL NOT be accepted. | e.g. In the cas | se of living with a rela | ative or friend | |
| | | | documents showing residenti rinted email statements acc | | ower, Gas, Telephone | accounts, Centre | elink Card, Home Internet, |
| | Full Birt | h Certificat | e (Department of Education | Requirement) | | | |
| = | • | • | ourt or any other court orders | s (if applicable | e) | | |
| = | | | g to disability | | | | |
| = | | | ecent NAPLAN report | | | | |
| Copy of the most recent NAPLAN report ACIR Immunisation statement from Medicare – See link below | | | | | | | |
| | | | /wa.wa.gov.au/Articles/S_T/ | | _ | sation-records | |
| | | | rn in Australia, you must pro | vide evidence | of: | | |
| = | | entry into A | | | | | |
| = | Passport or travel documents Current visa subclass and previous visa subclass (if applicable) | | | | | | |
| | | | ary visa holder, you must als | | | | |
| \Box | Confirmation of enrolment or evidence of any permission to transfer provided by TAFE International Western Australia (TIWA) email: admissions.tiwa@dtwd.wa.gov.au (if holding an International full fee student visa, sub class 571); | | | | | | |
| OR | Evidenc | e of the visa | a for which the student has a | applied if the | student holds a bridg | ing visa | |