

Form A: Expression of Interest for Enrolment

FOR ENTRY INTO

Year 7

Year 8

Year 9

Year 10

Year 11

Year 12

Completed applications can be hand delivered to the College Administration, emailed to baldivis.sc.admissions@education.wa.edu.au or posted to:

Enrolment Officer
Baldivis Secondary College
Stillwater Drive
BALDIVIS WA 6171

SECTION 1: STUDENT PERSONAL DETAILS

Legal Family Name (as per Birth Certificate)			
Legal Given Names (as per Birth Certificate)			
Preferred Family Name		Preferred Given Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	
Copy of Birth Certificate Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Enrolment may not be approved without enrolling staff sighting the child's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate. For international students approved for enrolment by ETI, a passport or visa will be acceptable.			
Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide a copy of any relevant current court order	
Is the student in the care of the Department of Child Protection and Family Services (DCPFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide name and contact details of DCPFS Case Worker. 	

SECTION 2.1: APPLICATION DETAILS

Has the student ever been EXCLUDED from a school	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please contact Principal for an appointment						
What school is the student currently attending?	Please provide NAME of CURRENT or MOST RECENT school attended.							
Origin	<input type="checkbox"/> WA <input type="checkbox"/> QLD <input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> TAS <input type="checkbox"/> SA <input type="checkbox"/> NT	<input type="checkbox"/> Overseas (Please specify COUNTRY)						
Origin Type	<input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Other (Please specify)							
Does the student have a sibling attending Baldivis Secondary College?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling 1 Name						
	If YES, please provide name/s and year level/s of sibling/s	Sibling 1 Year Group	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
		Sibling 2 Name						
	If there are more than three siblings, please advise the Enrolments Officer.	Sibling 2 Year Group	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
		Sibling 3 Name						
		Sibling 3 Year Group	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

SECTION 2.2: SPECIAL ENTRY PROGRAMS APPLICATION DETAILS

1. Does the student want to be considered for admission into either the <u>Film Academy</u> or <u>Rugby League Academy</u> * or <u>Instrumental Music Program</u> ?	<input type="checkbox"/> Film Academy <input type="checkbox"/> Instrumental Music Program	<input type="checkbox"/> Rugby Academy
2. Is the student <u>currently</u> learning a musical instrument through the School of Instrumental Music and <u>wishes to continue</u> in the program?	<input type="checkbox"/> Yes	<i>If YES, provide the name of the instrument being learnt</i>
3. Is the student keen to learn a musical instrument through School of Instrumental Music if the opportunity arises? NOTE: Placement not guaranteed.	<input type="checkbox"/> Yes	<i>If YES, provide name of preferred instrument to learn</i>
4. BSC Autism Specialised Learning Program (ASLP) Note: Specific eligibility criteria exists	<input type="checkbox"/> ASLP	<i>If ticked, an Expression of Interest Package will be provided</i>

* Rugby League Academy - 2 Periods/Week in Year 7; 4 Periods/Week in Years 8-10

SECTION 3: STUDENT ADDRESS DETAILS

Main place of residence					
Address Line 1					
Address Line 2					
Suburb/town		State		Postcode	

Mailing Address (If the mailing address is the same as the main place of residence please write 'AS ABOVE')					
Address Line 1					
Address Line 2					
Suburb/town		State		Postcode	

SECTION 4: COUNTRY OF BIRTH

In which country was the student born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Overseas (please specify country below)
	Date of arrival in Australia	
Is the student an Australian citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(If No, evidence of student's immigration status to be completed in Section 5)</i>

SECTION 5: EVIDENCE OF STUDENT'S IMMIGRATION STATUS (To be completed only if student is NOT an Australian Citizen)

<input type="checkbox"/> Permanent Resident	Complete Passport and Visa details below		
<input type="checkbox"/> Temporary Visa Holder	Temporary visa holders must obtain an 'Approval to enrol in a state school' from ETI. Complete passport and visa details section below		
<input type="checkbox"/> Other (please specify)			
NOTE: Passport and visa details (to be completed for a student who is NOT an Australian citizen).			
Passport number		Passport expiry date	
Visa number		Visa sub class	
Visa expiry date			

SECTION 6: DECLARATIONS

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.

Please tick ALL boxes that apply;

- I hereby express an interest in enrolling my child at Baldvis Secondary College.
- I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment.
- I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.
- I will immediately inform the college of any changes in living arrangements and residential location.
- I have attached the following documentation to support this Expression of Interest;
 - Student born in Australia
 - A copy of the student's Birth Certificate if born in Australia; or
 - Student born Overseas
 - Passports of the parents and the student if born overseas;
 - Current visa subclass and previous visa subclass (if applicable);
 - If holding an International full fee student visa, sub class 571 - 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 the child is a temporary visa holder or if the student holds a bridging visa - evidence of the visa for which the student has applied

Note: Parents are required to notify the school of any changes to a student's Citizenship, i.e. current Visa sub Class when changing from Temporary Resident to Permanent Resident or where a student becomes an Australian Citizen. A copy of this documentation is required for our records.

- Proof of Residence:**
 - Proof of ownership of the property by the parent/s where the student will reside. This may be a current rates notice from the local council; or a copy of the rental agreement (minimum 12 months) where the family is in a rental property;

Plus at least three of the following:

- Power – connection or account
 - Gas – connection or account
 - Telephone accounts
 - Contents Insurance
 - Any other official documents that may support the application as proof of residence
- Other**
 - Copies of Family Court or any other court orders (if applicable)

Name of person enrolling child	
Relationship to Student	
Signature	
Date/...../.....
Contact Telephone:	Home: _____ Mobile: _____
Contact Email:	