

Opportunity Challenge Growth

EXPRESSION OF INTEREST FOR ENROLMENT

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)				
Students current school year:	Year Level and Calender Year you wish your child to be enrolled in i.e. Yr 8 2014:			
Childs surname	Childs first name		Date of birth	Sex M/F
Parent/Carer surname	Parent/Carer first name		Mr/Mrs/Ms	
Residential Address (must be completed		Postcode		
Telephone – Home		Mobile Phone No		
Work (if convenient)		Email		
Name of school at which the child is currently or was last enrolled:				
Are you 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 \square NO \square Names and year levels:				
PERMANENT RESIDENT OF AUSTRALIA? Please indicate			e(√) YES □	NO 🗆
If no, please indicate date entered Austra	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 III YES NO NO YES	Other YES NO	Medical Condition YES □ NO □		
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 to Diana Martin via email enquiries.oceanreef.shs@education.wa.edu.au or by post to Ocean Reef Senior High School, 21 Venturi Drive, Ocean Reef WA 6027.

If you require any further information please do not hesitate to telephone Diana on 9307 0222 or alternatively you can view our website www.oceanreef.wa.edu.au