IN AREA EXPRESSION OF INTEREST CHECKLIST

Please forward completed expression of interest and documents by Friday 14 June 2024 to:



oceanreef.shs.enquiries@education.wa.edu.au

1.	Year 7 2025 Expression of Interest			
2.	born in Australia - Copy of Birth Certificate ote: If the parent/responsible person's name, who is enrolling the child, is not stated on the birth ertificate then a custody agreement indicating the relationship of the legal guardian to the enrolling udent 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 <u>full</u> lease agreement on letterhead confirming residential address enrolling student with a minimum lease period of one school term <u>Informal housing arrangements such as staying with a friend living in the area is not acceptable</u>			
	 Signed letterhead from a Settlement Agent confirming purchase address and date of settlement (within 3 months) Current letter or notice on letterhead from Centrelink of recorded Current (within 2 months) utility bill for the nominated residential (gas/electric/water usage) 	residential address		
	 Current (within 2 months) residential home telephone line / mobile phone accordance Current (within 2 months) bank statement Current (within 2 months) Medicare letter Current drivers' license accordance with Department of Education Policy (15.3.13, Section 3) it is a requirement of 			
	Principal to satisfy and obtain documentation to support assessment of an enrolment application. If the			

PHOTOCOPIES OF DOCUMENTATION MUST BE SUPPLIED

Principal finds that a person has used false or misleading information the enrolment may be cancelled.

YEAR 7 2025 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 2025:			
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 AUSTRALI	lease 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 ($$)				
Physical Int YES NO YES Please outline nature of disability/medical		Medical Condition YES NO		
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 DOCUMENTS ON THE CHECKLIST by FRIDAY 14 JUNE 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 www.oceanreef.wa.edu.au