**APPLICATION FOR ENROLMENT FORM** 

You must complete a separate enrolment application for each student and provide the required documents for the application to be processed.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

## If you are unable to complete this form, please contact the Enrolment Officer on 6235 7900.

| PERSONAL DETAILS  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Child's surname   |  |  |  |  |  |  |
| egal surname (if different)   |  |  |  |  |  |  |
| Given names   |  |  |  |  |  |  |
| Preferred name  |  |  |  |  |  |  |
| Date of Birth (dd/mm/yyyy)  |  |  |  |  |  |  |
| Gender  | Male Female Indeterminate/Intersex         |  |  |  |  |  |
| Residential address   |  |  |  |  |  |  |
| Suburb  | Postcode                                   |  |  |  |  |  |
| Parent/Guardian surname   |  |  |  |  |  |  |
| Parent/Guardian first name  | Title Mr Mrs Ms Other                      |  |  |  |  |  |
| Relationship to child   |  |  |  |  |  |  |
| Felephone (home)  | Telephone (work)                           |  |  |  |  |  |
| Mobile phone  | Email                                      |  |  |  |  |  |
| Residential address   |  |  |  |  |  |  |
| Suburb  | Postcode                                   |  |  |  |  |  |
| Postal address (If different)   |  |  |  |  |  |  |
| Suburb  | Postcode                                   |  |  |  |  |  |
| /ear level enrolling in   | Commencing Year (ie. 2025)                 |  |  |  |  |  |
| school currently enrolled at  |  |  |  |  |  |  |
| Reason for school movement  |  |  |  |  |  |  |
| s your child currently under suspension or<br>f YES, please provide details below | excluded from an Australian school? YES NO |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | regarding their day to day or long term    |  |  |  |  |  |

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| PERSONAL DETAILS (continued)   |              |                      |     |                                   |            |            |            |           |     |  |
|--|--------------|----------------------|-----|-----------------------------------|------------|------------|------------|-----------|-----|--|
| Does the student have any siblings at Thornlie Senior High S<br>If YES, please provide name/s and year level/s below   |              |                      |     | bl?                               |            | TES YES    |            | □ NO      |     |  |
|  |              |                      |     |                                   |            |            |            |           |     |  |
|  |              |                      |     |                                   |            |            |            |           |     |  |
| Are you applying to enrol this student in a specialist program at this school?   |              |                      |     |                                   |            |            |            |           | NO  |  |
| Academic Challenge Program   |              |                      |     |                                   | 🗌 Ins      | strumental | Music      | : Program |     |  |
| Netball Academy Program  |              |                      |     | Specialised Rugby Academy Program |            |            |            |           |     |  |
| Is your child a temporary resident?  |              |                      |     |                                   |            |            |            |           |     |  |
| Date entered Australia if born overseas  |              |                      |     |                                   |            |            |            |           |     |  |
| VISA Subclass  |              |                      |     | ,                                 | VISA expir | ry date    |            |           |     |  |
| Does this student have health or medical condition, disability, or additional needs? This information will assist the school principal to provide the best educational program for your child.   |              |                      |     |                                   |            |            |            | ES 🗌      | NO  |  |
| If YES, please provide details   |              |                      |     |                                   |            |            |            |           |     |  |
|  |              |                      |     |                                   |            |            |            |           |     |  |
|  |              |                      |     |                                   |            |            |            |           |     |  |
| DOCUMENTS THAT MUST BE PROVIDED WITH APPLICATION (all that are relevant)   |              |                      |     |                                   |            |            | OFFICE USI | ONLY      |     |  |
| Checklist: Tick the boxes to indicate the documents you have provided to support this application.   |              |                      |     |                                   |            |            |            |           |     |  |
| Birth Certificate  |              |                      |     |                                   |            |            | YES NO     | N/A       |     |  |
| Proof of address - no more than 2 months old (Utilities bill, Lease agreement or Rates Notice)   |              |                      |     |                                   |            |            |            | YES NO    | N/A |  |
| Australian Immunisation Register (AIR) - no more than 2 months old   |              |                      |     |                                   |            |            |            | YES NO    | N/A |  |
| Last School Report   |              |                      |     |                                   |            |            | YES NO     | N/A       |     |  |
| Court Orders   |              |                      |     |                                   |            |            | YES NO     | N/A       |     |  |
| Medical Diagnosis Reports  |              |                      |     |                                   |            |            | YES NO     | N/A       |     |  |
| Passport   |              |                      |     |                                   |            |            | YES NO     | N/A       |     |  |
| VISA documents / Australian Citizenship Certificate  |              |                      |     |                                   |            |            | YES NO     | N/A       |     |  |
| DECLARATION  |              |                      |     |                                   |            |            |            |           |     |  |
| I declare that the information, statements, and documents provided are true and accurate. I give permission for the school to contact relevant organisations in relation to the student and information provided.<br>(Independent Minors and those aged 18 years and older may apply on their own behalf)<br><b>Please Note</b> : In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school. |              |                      |     |                                   |            |            |            |           |     |  |
| Name of legal guardian e   | nrolling stu | dent                 |     |                                   |            |            |            |           |     |  |
| Relationship to child  |              |                      |     |                                   |            |            |            |           |     |  |
| Signature  |              |                      |     |                                   |            |            |            |           |     |  |
| Date   |              |                      |     |                                   |            |            |            |           |     |  |
| $\Box$ If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.  |              |                      |     |                                   |            |            |            |           |     |  |
| OFFICE USE ONLY  |              |                      |     |                                   |            |            |            |           |     |  |
| Date Received  |              | Approval of Applicat | ion | Yes No                            | Date P     | rocessed   |            |           |     |  |
| Name of Principal/Deleg  | ate          |                      |     | Signature                         |            |            |            |           | _   |  |