



Kalgoorlie School of the Air
 Cnr Piesse and Brookman Streets
 Boulder 6432
 Phone: (08) 9093 2728
 Fax: (08) 9093 3060

APPLICATION FOR ENROLMENT (CONFIDENTIAL)

1. PERSONAL DETAILS

Child's Surname	Given Names	Date of Birth	Sex (M / F)
Surname of Parent / Guardian	Given Names	Mr / Mrs / Miss	
Residential Address (must be completed)			Postcode
Postal Address (if different)			Postcode
Telephone – Home	Telephone – Work (if convenient)	Mobile Phone	
Are there any family court orders regarding the day to day or long term care, welfare and development of the child? Please indicate YES NO			
Year Level child currently enrolled in (eg, Year 7)			
Name of school (if any) at which child is currently or was last enrolled:			
Is your child currently under suspension?			Please indicate YES NO
Has your child ever been excluded from a school? If YES, name of school:			Please indicate YES NO
Are any brothers or sisters attending this school? Names of brothers and sisters attending this school:			Please indicate YES NO
Are you applying to enrol in a specialist program at this school? Name of program:			Please indicate YES NO
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate YES NO			
If NO, please indicate date entered Australia: _____		VISA SUB CLASS No: _____	
3. 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 YES NO	Intellectual YES NO	Behavioural YES NO	Sensory YES NO
Medical Condition YES NO			
Please outline nature of disability / condition:			
I declare that the information provided on form is true. Signature of parent / guardian			Date