

Enrolment Application



Please complete all sections of this Enrolment Application Form and return to the School Registrar.

Please note you will need an up-to-date Adobe PDF reader to complete this document online or request a copy via email from admin@moerlina.wa.edu.au.

| STUDENT INFORMATION | | | |
|--|--|------------------------------|--------------------|
| SURNAME | | Male/Female | |
| Other Names | | Preferred Name | |
| Date of Birth | | Country of Birth | |
| Nationality | | Main Language Spoken at Home | |
| Residency Status – If not an Australian citizen, a copy of the applicant’s passport and visa is required | | | |
| Australian Citizen | | Permanent Resident | Temporary Resident |
| Visa Code | | Visa Expiry Date | |
| Applicant resides with: Both Parents Parent/Guardian 1 Parent/Guardian2 | | | |

| ENROLMENT DETAILS | | Year of enrolment | |
|-------------------------------|--|--------------------|--|
| Entry Year Level | | Current Year Level | |
| Intended length of enrolment | | | |
| Current School | | | |
| All Previous Schools Attended | | | |

| 3 & 4 Year Old Kindy sessions and Kindy Enrichment Program (KEP)- please tick session preferences | | | | |
|---|--------|---------|-----------|----------------|
| | Monday | Tuesday | Wednesday | KEP - Thursday |
| 9:00am – 12:00pm | | | | N/A |
| 9:00am – 3:00pm | | | | |

| PARENT/GUARDIAN 1 INFORMATION | | | Preferred Contact | |
|-------------------------------|-------|----------------|-------------------|--|
| SURNAME | | | | |
| Other Names | | Preferred Name | | |
| Address | | | | |
| Email | | | | |
| Telephone | Home: | Work: | Mobile: | |
| Occupation | | | Employer | |
| Relationship to student | | | | |

| PARENT/GUARDIAN 2 INFORMATION | | | Preferred contact | |
|-------------------------------|-------|----------------|-------------------|--|
| SURNAME | | | | |
| Other Names | | Preferred Name | | |
| Address | | | | |
| Email | | | | |
| Telephone | Home: | Work: | Mobile: | |
| Occupation | | | Employer | |
| Relationship to student | | | | |

| SIBLINGS | | | | |
|----------|--|---------------|--|------------------|
| | | | | School Attending |
| Name | | Date of Birth | | |
| Name | | Date of Birth | | |
| Name | | Date of Birth | | |

| FURTHER INFORMATION | | |
|---|--|----------|
| Please provide all relevant information for your child. We require these details to consider any support that may need to be put in place to support your child's learning. | | |
| Learning difficulty/disability | | Details: |
| Medical/health issues | | |
| Physical disability | | |
| Educational support currently in place | | |
| Educational support required | | |
| Does your child require any social, emotional or behavioural support? | | |
| Does your child require a medical Emergency Action Plan (EAP)? | | |
| Are there any other situations/issues that Moerlina should be aware of? | | |

| | | | |
|---|--|-------------|--|
| Supporting information and/or documentation is required to best attend to your child's needs, and/or to apply for funding support. | | | |
| A non-refundable Application Fee of \$150 inc gst (per family) is payable on lodgement of this form. | | | |
| Lodgement of an Application Form does not guarantee availability of a place at Moerlina School. | | | |
| | | | |
| Signature of Parent/Guardian | | | |
| Date | | Name | |

| SCHOOL DETAILS | |
|--|--|
| CRICOS School No. 02527G | |
| Bank Details: The Moerlina School Inc. BSB: 016281 Account: 4257 07853 SWIFT Code: ANZBAU3M | |
| Email: admin@moerlina.wa.edu.au | |
| Website: www.moerlina.wa.edu.au | |
| Address: 16 Brockway Road, Mt Claremont WA 6010 Phone: 0893845894 | |

| OFFICE USE ONLY | | | |
|-------------------------------|--|--------------------|--|
| Date Application Received | | Acknowledged | |
| Date of Interview | | Date of Trial Week | |
| Date Application Fee Received | | Receipt Number | |
| Notes: | | | |