



HAMPTON
Senior High School

An Independent Public School
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ABN 21 121 292 127

ASPIRE | INNOVATE | ACHIEVE

Dear Parent/Guardian,

Thank you for your interest in Hampton Senior High School.

The following information is required to be submitted when applying to enrol:

- Birth Certificate or Passport
- Current proof of address e.g. telephone bill, utility bill.
- Immunisation details
- Previous school attendance records
- School reports
- Guardianship details
- Visa status
- Year 7 or 9 NAPLAN results (if applicable)

Please bring this information together with the attached form to Administration Services.

Once the above information has been assessed, we will contact you to arrange an appointment with the Deputy Principal.

Thank you.

APPENDIX B: APPLICATION FOR ENROLMENT

GENERAL INFORMATION

A parent/responsible person applying to enrol a child in a public school should complete this form. Only permanent residents of Australia and those children holding an approved visa subclass number are eligible to be enrolled in public schools.

Before you submit this application, please contact the school of your choice to find out about the school policies and whether required courses and facilities are available for your child. Please complete one form for each child and attach proof of your usual place of residence to this application form. An example of this would be a utilities account (electricity, water or telephone) showing your name and usual place of residence.

This is an Application for Enrolment only - submitting this form to the school does not mean that the enrolment has been accepted by the school. The principal will need to determine if there is classroom accommodation. For a student with a disability who has significant and complex support needs the principal will negotiate with the parent/responsible person the day on which the student will begin attending if the necessary teaching and learning adjustments are not immediately available at the time of enrolment.

You will be notified by the principal about the outcome of your application at the earliest possible opportunity if your application cannot be accepted. In the majority of cases, parents will be advised within two working days.

For applications to place your child in kindergarten, pre-primary, Year 1 or secondary school for the first time you will be advised in writing within three weeks of the advertised closing date for enrolments if your enrolment application is not able to be accepted.

If your application is accepted, you will be required to complete enrolment procedures at the school. Parents should ensure that evidence of the child's legal name and age, immunisation records, school reports, records and samples of work from the previous school, medical advice and any Family Court Orders or parenting plans registered with the Family Court are made available at the time of enrolment.

If your child has gained enrolment from outside the local-intake area into a specialist program, their siblings will not be guaranteed enrolment in the school.

Please note: It is a requirement of the Department of Education and Training that any information on suspensions and exclusions must be provided to the school at the time of applying to enrol a child. This information will help the school to provide your child with the appropriate support, if required. Children currently under suspension from a public school cannot be enrolled at another public school until the suspension period is over. Children who have previously been suspended or excluded from a public school may be required to enter into a behaviour agreement with the school if enrolment is accepted.

TRANSPORT

If you are applying to attend a school other than your local school, transport will be your responsibility. All enquiries regarding school bus services should be directed either to the school where the "Application for Enrolment" is being submitted or to the Public Transport Authority.

APPEALS

Should you disagree with a school's decision regarding your *Application for Enrolment* you can appeal to the District Education Office in the district in which the school is located.

The District Education Office will then seek to verify whether the process for managing the enrolment decision at the school complied with departmental policies and guidelines. Prior to submitting an appeal, however, it is recommended that you contact the principal or the Manager District Operations at the District Education Office to discuss your grievance informally. Appeal forms are available at Appendix C1, or from the school or the district education office.

For parents of students with a disability - If you remain dissatisfied with the decision about placement of your child, you may request an independent review of the decision. You should put your request in writing to the Director General, through the relevant Director Schools. A Disabilities Advisory Panel will be convened to review the placement decision. An opportunity will be provided by the panel for you to present your case. The Director Schools will be able to provide you with detailed information about the panel.

CONFIDENTIALITY

All information provided on this form will be treated confidentially. Section 242 of the *School Education Act 1999* and the Department of Education and Training's *Information Privacy and Security policy* preclude this information from being used for any purpose other than:

- to determine whether your application for enrolment can be accepted;
- to assist the school with addressing any needs for your child if enrolment is accepted; and
- to comply with legal requirements or ministerial directions.

PLEASE INCLUDE WITH THIS APPLICATION THE FOLLOWING DOCUMENTATION:

•
Birth Certificate or Extract Proof of Address Immunisation Records

Latest School Report NAPLAN Results

IF YOU ARE NOT AN AUSTRALIAN RESIDENT YOU WILL ALSO NEED TO PROVIDE

•
Evidence of date of entry Passport/travel documents Current VISA Documents



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B5 EXPRESSION OF INTEREST FORM

WESTERN AUSTRALIAN PUBLIC SCHOOL

1. PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M /F)
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Email:	
Mobile Phone No.			
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Year 6)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are you applying to enrol in a specialist or enrichment program at this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please circle below the name of the program/programs of interest			
Gifted and Talented Dance	Specialist ICT	Specialist Performing Arts (Drama)	Specialist Cheer Dance
Applied Science	Athletics Academy		
Will there be any brothers or sisters attending this school? Names and year levels:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is your child currently under suspension from a school? If yes, name of school:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Has your child ever been excluded from a school? If yes, name of school:		Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
2. PERMANENT RESIDENT OF AUSTRALIA? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>	Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/>	Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline nature of disability/medical condition: _____ _____			
I declare that the information provided on this form is true.			
Signature of parent/responsible person _____		Date _____	