EXPRESSION OF INTEREST FOR ENROLMENT

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 Clarkson Community High School:			
Does the child have any brothers or sisters attending this school? Please indicate (√) YES ☐ NO ☐ Names and year levels:			
PERMANENT RESIDENT OF AUSTRALIA? Please 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	**Intellectual**	**Other**	**Medical Condition**
YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Please outline nature of disability/medical condition:

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 YOUR CHILDS SCHOOL REPORT AND PROOF OF ADDRESS to:

Clarkson.CHS@education.wa.edu.au

If you require any further information please do not hesitate to telephone 08 6206 5000 or alternatively you can view our website www.clarksonchs.wa.edu.au