


**KALAMUNDA SECONDARY EDUCATION SUPPORT CENTRE**
**EXPRESSION OF INTEREST TO ENROL**
**Application to Enrol - This is Not An Enrolment Form**

Where a student demonstrates an exceptionally high educational need, placement in an Education Support setting may be permitted if it is agreed by the parent, School Principal and School Psychology Service.

Enrolment is dependent on the student having a diagnoses of an eligible disability. If the student is in the process of gaining a diagnoses, a Local Area Placement may be requested and endorsement by the Regional Executive Director is required.

Expression of interest for	
<b>Year Level</b>	<b>Commencement Year</b>
Student Details	
Name:	Date of request:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:	
Disability: Is your child currently receiving Disability Funding from their current school ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what level of funding is being received ?	
Is the student's descent:	Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO
.....	Torres Strait Islander (TSI) <input type="checkbox"/> YES <input type="checkbox"/> NO
.....	Both Aboriginal and TSI <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent Details	
Name(s):	Relationship to student:
Title and name of person(s) mail is to be addressed to:	
Postal Address (if different to student's residential address):	
Phone (Wk):	Phone (Hm):
Phone (Mob):	Email:
Current School Details	
School:	Current Year Level:
Address:	Phone:

OFFICIAL

Principal:

Teacher:

Key school contact (name and role):

**Enrolment Request Details**

Date enrolment requested from:

I am requesting approval for my child to enrol at an Education Support Facility because

I understand that this expression of interest does not guarantee enrolment.

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Principal's Name and Signature: Lorraine Tunbridge

Date: \_\_\_/\_\_\_/\_\_\_

Attached:

- Detailed Clinical Psychologist Report
- Report from Medical Specialist
- Other (please state details)

**EMAIL FORM**

Please ensure you attach the documents listed to the left