



Lance Holt School

10 Henry Street Fremantle WA 6160 (PO Box 271 WA 6959)

Tel: (08) 9335 6742 Email: admin@lanceholtschool.wa.edu.au

Enrolment Application

Student Details			
Surname			
Given Names		Preferred Name	
Date of Birth		Gender	
Country of Birth		Main Language spoken at home	
Nationality		Is your child of Aboriginal or Torres Strait Islander Origin?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is your child an Australian Citizen?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If an Australian Citizen, please provide a copy of Australian Birth Certificate, or Australian Passport, or Proof of Australian Citizenship. If not an Australian Citizen, please provide passport copy and eligible visa details.	
Immunisation Status	Please attach a copy of your child's Australian Immunisation Register (AIR), not more than two months old. The AIR is to be 'up to date' or have a noted exemption/catch up plan for enrolment in our Pre-Kindy and Kindy programs. For more information, please see the Department of Health Healthy WA website		
Child resides with: Both parents: <input type="checkbox"/> Parent / Carer 1: <input type="checkbox"/> Parent / Carer 2: <input type="checkbox"/>			

Enrolment Details			
Entry Year Level		Year of Enrolment	
Current Year Level		Current School	

Parent / Carer 1 Details			
Name			
Address			
Email		Mobile Phone	
Country of Birth			
Occupation			
Relationship to student			

Parent / Carer 2 Details			
Name			
Address			
Email		Mobile Phone	
Country of Birth			
Occupation			
Relationship to student			

Further Information			
How did you find out about our school?			
Why are you interested in your child attending Lance Holt School?			
Have you attended a School Tour or Open Morning?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date

Additional Information - Please complete all sections honestly and accurately.			
Does your child have any:	NO	YES	Details
Learning difficulty / disability?	<input type="checkbox"/>	<input type="checkbox"/>	
Physical / mobility disability or challenges?	<input type="checkbox"/>	<input type="checkbox"/>	
Medical / health concern / needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Social, emotional or behavioural concern?	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Emergency Action Plan (EAP) requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
Is support required in a school / care setting?	<input type="checkbox"/>	<input type="checkbox"/>	
Is support in place in current school / care setting?	<input type="checkbox"/>	<input type="checkbox"/>	
Other situations / concerns that LHS should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	
The information collected on this form is confidential and will inform an individual approach to your child's learning and social interactions within the school community. Thank you for your time.			

Declaration			
<p>I declare that the information provided on this form is true and correct. By signing this form, I accept and acknowledge that the lodgment of this enrolment application does not guarantee an enrolment for my child at Lance Holt School. A non-refundable enrolment application fee of \$110 must accompany this form.</p> <p>Signature of Parent / Carer :</p>			
Full Name		Date	

School Details
Bank Details: Account Name: Lance Holt Schools Council Inc. BSB: 306 048 Account No: 4993033
Credit Card Payment: Please contact the School Office on Tel: (08) 9335 6742 with your credit card details (MC/Visa)

Please return completed form, additional documents and payment receipt by post or email to Lance Holt School.