

## Wyong High School



PO BOX 406 53 Alison Road, WYONG NSW 2259 Tel: 02 4353 1088 Fax: 02 4351 2591 Web: www.wyong-h.schools.nsw.edu.au Email: wyong-h.school@det.nsw.edu.au

To arrange a pre-enrolment interview, please complete all sections of the attached form and return together with the following supporting documents:

	Copies of school reports for the last 12 months and NAPLAN (for academic progress and attendance)  3 documents that confirm your name and home address (eg: rates notice, utilities account, tenancy agreement, licence) (3 documents in total)  2 documents that confirm evidence of the student's relationship to primary caregiver (eg: Birth certificate, Health Care card, Medicare card, etc) (2 documents in total)  Visa/Passport required by students born and/or educated outside Australia  ASCIA Health plan if applicable  Copy of any Legal Documents re guardianship, etc where applicable.  Statutory Declaration regarding Legal Guardianship other than parent, if student is not living with parent(s)  Original documents must be sighted and we will photocopy for you.  Applications will not progress without return of this application and all supporting documents.  All applications are subject to a background check from current school which forms part of this application.
	Please complete all pages of this document.
You will Please b	y also wish to attach additional information or documentation to support your application. Talso request additional information and documents for your interview.  be contacted by the Deputy Principal upon receipt and consideration of the provided information.  be aware that until all documentation is submitted and assessed the enrolment process may be delayed.  also be aware that any special circumstances such as out of zone applications will be assessed on their own
merit ( <i>sເ</i>	upporting evidence may be required eg: Statutory Declaration).
Please r	note that submission of this Expression of Interest form does not guarantee enrolment.
It is the funding.	responsibility of the applicant to disclose all information relative to enrolling eg: risk assessment, integrated
Should y	you require any further assistance please contact Wyong High School on 43531088.
Yours Si	incerely
half	

Mr R. Hill Principal



STUDENT INFORMATION

1.

#### **WYONG HIGH SCHOOL**



### **EXPRESSION OF INTEREST FOR PLACEMENT** (To be completed by Parent/Carer and Student)

Family Name:	Give	n Names:						
Address:								
Student mobile:	State:		P/cd	ode: _				
Date of Birth:/ Male □	Female □ Ph	:						
Australian Citizen: Yes □ No □ Visa Status/N	umber (if applicable	):						
3. PARENT/CARER INFORMATION								
Name:								
Address:								
Home Phone: Work:	N	Mobile:						
Email:	Relationship to St	udent:						
4. CURRENT SCHOOL INFORMATION								
Name of current/most recent last school attende	d:							
Address:								
			P	/code:	<u> </u>			
School Phone:	School Fax							
Year/Grade Level at current/most recent school:		D	ate last	atten	ded:	/_	/_	
Name of contact person at previous school:		P	osition:					-
Student NESA Number (yrs 10-12 only)		NESA A	ll My Ov	vn Wo	rk cor	mplete	d: Yes	s □ No
USI Number (if applicable- eg. has completed so	chool-supported TAF	E course) _						
5. NEW SCHOOL ENROLMENT INFORM	ATION							
Preferred date for enrolment:/	Preferred Year Le	vel: 7	8	9	10	11	12	
Subject/Courses sought:								
Does this student have any other family member	·	t Wyong Hi	gh Scho				No?	
Name/s:					_			

T:/Office/Enrolment/Enrolment&ClearanceForms

6. PREVIOUS SCHOOL EXPERIENCES					
Does the student have any special learning needs or physical needs? Yes □ No □					
If yes, please explain:					
Have there been concerns with attendance at previous schools? Yes □ No □ Home School Liaison Officer involved? Yes □ No □ If yes, please explain:					
Have there been concerns with behaviour or violence at previous schools? Yes □ No □ If yes, please explain:					
Has the student ever been suspended or expelled from any school? Yes □ No □ If yes, please explain:					
If yes, has a resolution meeting been conducted at current school? Yes □ No □					
For students seeking enrolment in Years 9 – 12: Has the student received an official warning letter indicating non completion of course requirements? Yes $\Box$ No $\Box$					
If yes, please explain:					
7. MEDICAL HISTORY  Does your child suffer from a diagnosed medical or condition or allergy? Yes □ No □  If yes please complete the following with as much detail as possible. Please attach a current ASCIA plan.  Medical: condition  Medication					
Is medication required at school? Yes □ No □ please provide details					
Allergies: allergy Medication					
Is medication required at school? Yes □ No □ please provide details					
8. ZONING AND YOUR APPLICATION All NSW public schools enrol according to Department of Education zoning					
Do you reside in Wyong High School's drawing area: Yes □ No □ We can assist you if you are unsure?					
All out of zone applications will be assessed on individual merit by the placement panel whose decision will be final. Out of zone applicants may be asked to provide further documentation eg: Statutory Declaration of residence evidence, Visa documentation, etc.					
9. REASONS FOR SEEKING ENROLMENT Reasons for seeking enrolment at Wyong High School:					

#### 10. SUPPORTING DOCUMENTATION

Please use the separate page provided to explain in detail reasons for seeking an **out of zone** application

#### 11. PERMISSION TO EXCHANGE INFORMATION

I give pe	ermission for schools and School C	Counsellors to exchange information regarding this application:
Yes □	l No □ If no, please expla	in:
	child currently supported by any ex ease provide details:	ternal agencies? Eg FACS, family support service Yes □ No □
Name o	f Agency	Name of Agency
Contact	Person within Agency:	Contact Person within Agency:
Phone r	number:	Phone number:
Name o	f Agency	Name of Agency
Contact	Person within Agency:	Contact Person within Agency:
Phone r	number:	Phone number:
I give pe Yes □		g High School or their delegate to contact external agencies on my behalf
Applica	nt CHECK LIST: please make s	ure you have provided all support documents and sign below
	3 documents that confirm your na agreement, licence) (3 documents 2 documents that confirm eviden Health Care card, Medicare card Visa/Passport required by studer ASCIA Health plan if applicable Copy of any Legal Documents re Original documents must be sigh Applications will not progress with	ce of the student's relationship to primary caregiver (eg: Birth certificate, l, etc) (2 documents in total) Ints born and/or educated outside Australia Is guardianship, etc where applicable. Inted and we will photocopy for you. Into the photocopy for yo
		ormation or documentation to support your application. formation and documents for your interview.
	Please note that submi	ssion of this application does not guarantee enrolment.
Signatui	re of Applicant:	Print name: Date:
l confiri	m that all information I have pro	vided is true and correct:
Signatui	re of parent/caregiver:	Date:/
Signatui	re of student:	Date:/



# Wyong High School PO BOX 406 53 Alison Road, WYONG NSW 2259



O BOX 406 53 Alison Road, WYONG NSW 2259 Tel: 02 4353 1088 Fax: 02 4351 2591 Web: <a href="mailto:www.wyong-h.school@nsw.edu.au">www.wyong-h.school@det.nsw.edu.au</a> Email: <a href="mailto:wyong-h.school@det.nsw.edu.au">wyong-h.school@det.nsw.edu.au</a>

### Out of Zone application – supporting evidence:

All out of zone applications are assessed on individual merit by a placement panel. Please provide details below.							

Please attach current supporting evidence eg: Paediatrician report, contact details and any supporting documents from staff at currently enrolled school