SAFETY BAY SENIOR HIGH SCHOOL
Malibu Road
SAFETY BAY WA 6169
PH: 9528 9200
Email: safetybay.shs.enrolments@education.wa.edu.au
Web address: www.safetybay.wa.edu.au

OFFICE USE ONLY
Date received: _____
Birth Certificate sighted Yes [ ] No [ ]
Visa sighted Yes [ ] No [ ]
Family Court order sighted Yes [ ] No [ ]
Application: accepted / not accepted
Signed: _____

INTERIM APPLICATION FOR PERMISSION TO ATTEND SAFETY BAY SENIOR HIGH SCHOOL RATHER THAN A ZONED SCHOOL – 2023/2024 SCHOOL YEAR

This form should be completed by the parent or legal guardian of a student who wishes to attend **Safety Bay Senior High School** rather than the school to which he or she is zoned in 2023/2024.

It is Education Department policy to provide choice for parents in choosing schools for their children. However, this may have implications for accommodation and your application will be considered within these limitations.

Please submit with student's latest report.

I am the parent/legal guardian of:

Student's Surname	Given Names	Date of Birth	Sex (M (F))	Year
Jones	Makenzie Lily	27/08/2010		7

Surname of parent/guardian	Given Names	Mr / (Mrs) / Ms
Morrison	Miranda	

Residential Address	Post Code
40 Toledo circuit port kennedy	6172

Postal Address	Post Code

Telephone – Home	Work (if convenient)	Mobile Phone
		0431052448

Are there any Family Court orders regarding the day to day or long term care, welfare and development of the child? (✓) Yes [ ] No [✓]

Are you applying to enrol in a specialist programme at this school? (✓) Yes [✓] No [ ]
Name of specialist programme: Special Music

Will any siblings be attending Safety Bay Senior High School in 2022?
(Names and Year group in 2020) No

PERMANENT RESIDENT OF AUSTRALIA? (✓) Yes [✓] No [ ]

If no, please indicate date entered Australia_____/_____/_____VISA SUB CLASS No: _____

Has your child even been suspended or currently under suspension from a school. (✓) Yes [ ] No [✓]
If YES, name of school:

Has your child ever been excluded from a school? (✓) Yes [ ] No [✓]
If YES, name of school:

DISABILITY/MEDICAL CONDITION?
This information will assist the school principal in considering whether any specific or additional resources are required and available to assist the school with providing the best educational programme for your child. Please indicate (✓)

Physical Condition	Intellectual	Medical Condition	Other
Yes [ ] No [✓]	Yes [ ] No [✓]	Yes [ ] No [✓]	Yes [ ] No [✓]

Please outline nature of disability/medical condition:

REASONS FOR CROSSING BOUNDARY: (Details may be checked)

To join the special music program

NAME OF SCHOOL STUDENT IS CURRENTLY ATTENDING: Rockingham Lakes primary

I declare that the information provided on this form is true. Signature of Parent/Guardian	**Date:**
	26/07/22

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