

**APPLICATION FOR ENROLMENT CONSIDERATION AT
ROCKINGHAM BEACH EDUCATION SUPPORT CENTRE**

STUDENT DETAILS

DATE OF REQUEST:

Student's Name	
Date of Birth:	Gender Identity/Pronouns :
Student's Residential Address:	Postcode:

PARENT/CARER 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: (Mob)	(Wk)	(Home)
Email:		
Are there any Family Court Orders regarding the day to day or long-term care, welfare, and development of your child? Y / N		

CURRENT SCHOOL

Current School:	Current Year Level:
Principal:	Teacher:
Do you give permission to release and / or exchange Information with key stakeholders? Eg, Previous school, therapists, other (please circle)?	Yes / No / Unsure
Is your child currently under suspension from a school?	Yes / No If yes, name of school: _____

Student information to consider for enrolment (Please attach documents)

<input type="checkbox"/>	Intellectual Disability
<input type="checkbox"/>	Autism Spectrum Disorder Diagnosis <ul style="list-style-type: none"> • Social Interaction & Communications Level _____ • Repetitive Behaviours & Restricted Interests Level _____
<input type="checkbox"/>	Physical <u>Disability</u>
<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Other eg ADHD
<input type="checkbox"/>	School Reports attached, IEPs, Other Documented Plans eg, risk management, behaviour support
<input type="checkbox"/>	Therapist Report/s attached
<input type="checkbox"/>	Specialised Equipment Required Describe:

I am requesting approval for my child to enrol at Rockingham Beach ESC because (please write):
Enrolment at Rockingham Beach ESC requested for (date)? Entering Year Group: Will there be any siblings attending this school? Y / N Names: _____ Year Levels: _____

I understand that an application for enrolment does not guarantee placement and that I will be advised in writing of the application outcome.	Yes / No
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Should my child be offered a place at Rockingham Beach ESC , I understand that I am required to accept or decline the offer.	Yes / No
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I understand that if my child is enrolled at RBESC, I will be informed about my child's progress and may be asked to meet to discuss if Rockingham Beach ESC continues to be the most appropriate school, with opportunity to seek enrolment elsewhere if required, to best meet the needs of my child.	Yes / No
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Signature: _____ Date: _____

DOCUMENTS TO BE PROVIDED

- 1. Birth Certificate or extract or other identity documents
- 2. Copies of Family Court or any other court orders (if applicable)
- 3. Proof of address
- 4. Information relating to suspensions
- 5. Information relating to health or medical condition, disability, or additional needs (if applicable)
- 6. If you child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

**Please return this completed form in to: Rockingham Beach Education Support Centre
30 Bay View Street, Rockingham WA 6168
Ph: 08 9591 6777**

or

Email: Rockinghambeach.ESC@education.wa.edu.au