



KALAMUNDA SECONDARY EDUCATION SUPPORT CENTRE

EXPRESSION OF INTEREST TO ENROL  
2024

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.

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 Resource Funding from their current school ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what level of funding is being received ? <b>DRS Level</b> _____ This information is available from your current school ie. Principal/Deputy Principal.	
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:
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

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

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

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

Principal's Name and Signature: Gayle Nelson

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

Attached:

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