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**INTERNATIONAL SCHOOL  
of WESTERN AUSTRALIA**



## APPLICATION FOR ADMISSION

Please complete every section of the form; circle yes or no, or tick the box where appropriate; and sign the last page.

For the academic year 20\_\_/20\_\_

Day Student  or Home Stay

Student's full name

\_\_\_\_\_  
(Family) (Given) (Middle) (Preferred)

Residential Address

Postal Address

Present Grade Applying to enter grade Intended starting date at school  
(dd/mm/yyyy)

Gender Age Date of birth  
(dd/mm/yyyy)

Place of birth

Is the student an Australian Permanent Resident? Yes No

If 'No', and student holds an Australian Temporary Resident visa, please indicate date entered Australia and visa sub-class number.

Date entered Australia Visa sub-class number  
(dd/mm/yyyy)

If 'No', and student expects to apply for an Australian visa of any sort in future, please indicate the anticipated visa sub-class.

# Student History

Schools attended beginning with most current school.

1. Grades	Dates	Name
		Address
		Telephone
		Email
2. Grades	Dates	Name
		Address
		Telephone
		Email

Has the student ever repeated a grade?            Yes    No  
 Has the student ever skipped a grade?            Yes    No  
 Has the student ever been tested/designated for an academically gifted program?    Yes    No

Has the student ever been tested and /or received help in the following areas?  
 (Please include all formal testing/reports)

	Tested		Received Help	
Speech & Language	Yes	No	Yes	No
ADD/ADHD	Yes	No	Yes	No
Learning Disability	Yes	No	Yes	No
Reading	Yes	No	Yes	No
Emotional/Behavioural	Yes	No	Yes	No

Has the student ever been asked to withdraw from school?    Yes    No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Does the student have any health problems and/or take medication the school should be aware of?  
 Yes    No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else that you would like us to know? (For example, cultural, religious, academic.)

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Language spoken at home

Language of instruction at school

If English is not the student's first language is the student able to speak English? Yes No

Has the student attended English classes at school? Yes No

If yes, for how long has the student attended language classes?

Has the student attended English classes outside of school? Yes No

If yes, for how long has the student attended language classes?

Will the student need to attend *English as a Second Language* classes at ISWA? Yes No

Student resides with the following: Father  Mother  Home stay

Other (please give details)

Names and ages of other children in the family

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Parent Information: Father / Mother / Guardian

Name

Title (Dr, Mr, Ms, Mrs) Family Given

Residential Address

Email Address

Occupation

Employer

Business Address

Business Telephone

Business Email Address

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Parent Information: Father / Mother / Guardian

Name

---

Title (Dr, Mr, Ms, Mrs) Family

Given

Residential Address

---

Email Address

---

Occupation

---

Employer

---

Business Address

---

Business Telephone

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Business Email Address

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**Communication with School**

Send other school correspondence to: Home Address

Office Address

Preferred email address(es) to receive school notices

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Preferred mobile number to be called

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Permission to include home address, phone and email in the school directory? Yes

No

## Parents' Authorisation

ISWA produces a variety of print and on-line materials with which staff, members of the ISWA community and the wider community will view and interact over the course of any given school year. The ISWA Update, advertisements, our website, and various events and production programs are some examples where student photos and student works may be used. It is important that ISWA ask parent permission to use their student's image and school works in such publications and on-line media.

If you are happy for photographs of your student or his/her student works to be used in ISWA produced materials, please complete the authorisation below.

I hereby authorise that my student's image and his/her student works may be used in:

Web  Promotional Materials  School Publications

Parent / Guardian signature

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## Parents

We request that the above student be admitted to the International School of Western Australia (ISWA).

We declare that the information provided on this form is true. We have read the Admission Policy and Procedures and agree to be bound by these and any other policies, which may be in force at the ISWA at any time. We agree, as parents of the above student, to be jointly and individually responsible for ensuring that payment is made to the ISWA.

We have read and understood the ISWA Privacy Policy in relation to the collection of student and parent information.

We declare that we have provided ISWA with all information currently available from any of our student's specialists.

We agree to the ISWA seeking and gaining all information held by previous or present school(s) and other agencies. This includes confidential school psychological information and school records.

We agree to keep the ISWA informed as to any specialist, emotional, or social concerns which may arise while our student is at ISWA and give permission to the school to access information relating to these.

We agree to support the application of the ISWA rules and regulations as they apply to our student.

Signature – Mother/Guardian

Date

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Signature – Father/Guardian

Date

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Please return the completed form to  
International School of Western Australia (ISWA)

A UNIQUE VIEW ON EDUCATION

22 KALINDA DRIVE, CITY BEACH, WESTERN AUSTRALIA 6015  
TELEPHONE: 61 8 9285 11 44 • FACSIMILE: 61 8 9288 • WEBSITE: [www.iswa.wa.edu.au](http://www.iswa.wa.edu.au)  
MAILING ADDRESS: P.O. BOX 366, FLOREAT, WESTERN AUSTRALIA 6014  
ABN 99 023 470 408 CRICOS Provider Code 02674G