



PLEASE
ATTACH RECENT
PHOTO HERE

APPLICATION FOR ADMISSION

For the academic year 20____/20____

Day Student or **Boarding**

Please complete **every section** of the form and sign last page.

Student's full name

(Last)

(First)

(Middle)

(Preferred name)

Residential address

Postal address (if different from residential)

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

Nationality

Is 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.

PARENTS' AUTHORIZATION:

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 Weekly Bulletin, 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 authorization below.

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

Web Promotional Materials School Publications

Parent /guardian signature _____

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 that, should our student be accepted as a boarding student at the ISWA, she/he will undergo a full medical check at our expense and the results of this will be provided to the School prior to her/his entry into the boarding program.

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

Signature – Mother/Guardian _____

Date _____

Signature – Father/Guardian _____

Date _____

**RETURN COMPLETED FORM TO
INTERNATIONAL SCHOOL OF WESTERN AUSTRALIA (ISWA)**



A U N I Q U E V I E W O N E D U C A T I O N

22 KALINDA DRIVE, CITY BEACH, WESTERN AUSTRALIA 6015

TELEPHONE: 61 8 9285 1144 • FACSIMILE: 61 8 9285 1188 • WEBSITE: www.iswa.wa.edu.au

MAILING ADDRESS: P.O. BOX 366, FLOREAT, WESTERN AUSTRALIA 6014

ABN 99 023 470 408 CRICOS Provider Code 02674G