

Association of Independent Schools  
of Western Australia (Inc)

**AFFILIATE MEMBERSHIP FORM**

**To be completed (as applicable) and returned to AISWA.**

Name of School/Group: \_\_\_\_\_

Description: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Chairperson of Council: \_\_\_\_\_

Affiliation *(Church or Other)*: \_\_\_\_\_

Year of Founding: \_\_\_\_\_

Boarding or Day School: \_\_\_\_\_

Head of School/Group:  
Name: \_\_\_\_\_

Qualifications and Professional Associations: \_\_\_\_\_

Title *(Headmaster, etc)*: \_\_\_\_\_

Contact for Enrolments:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Enrolment Pattern:  
Boys: \_\_\_\_\_ Girls: \_\_\_\_\_  
Kindergarten Enrolment: \_\_\_\_\_  
Pre-Primary Enrolment: \_\_\_\_\_  
Primary Enrolment: \_\_\_\_\_ *If applicable:*  
Secondary Enrolment: \_\_\_\_\_ Boarding Enrolment: \_\_\_\_\_  
TOTAL ENROLMENT: \_\_\_\_\_

Languages Other Than English:  
Primary: \_\_\_\_\_  
Secondary: \_\_\_\_\_

Other: *(eg. Facilities for Students with Physical Disabilities.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_