

**Association of Independent Schools
of Western Australia (Inc)**

<h1>APPLICATION FOR MEMBERSHIP</h1>

TO: *The Council*
Association of Independent Schools of WA Inc
3/41 Walters Drive
OSBORNE PARK WA 6017

I/We _____
(BLOCK LETTERS)

being the person, partnership or corporation or other entity who employs or usually employs labour #

at _____
_____ (Independent School)

of _____
_____ (Full Address)

hereby apply for membership of the above Association.

I/We undertake to comply with the Constitution and Rules of the Association and to accept the decisions of the governing Council of the Association.

**Signature of Applicant: _____

**Proposer: _____

**Seconder: _____

(**Persons authorised to sign on behalf of the School Governing Body.)

Date: _____

NOTE: *The employer of labour is usually the person, partnership, company, etc, shown on Group Certificates or Tax Stamps Books issued to your employees under the heading "Name of Employer", eg. the "ABC Family Community School (Inc)".*

Please complete the following in accordance with the provision of Clause 8.1 of the Constitution of the Association.

I authorise and appointment as my Representatives on the Council:

1. The **Head of School** referred to in this application.
2. The following **member of the School's Governing Board:**

Name of Governing Body Representative _____

Signature of Governing Body Representative _____

Association of Independent Schools of Western Australia (Inc)

PROFILE OF SCHOOL

Name of School: _____

Description: _____
(eg Christian, non-denominational, co-educational day school established in 2001.)

Location: _____
(eg. kms from nearest town or CBD)

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:
Name: _____

Qualifications and Professional Associations: _____

Title *(Headmaster, etc)*: _____

Contact for Enrolments: Name: _____

Telephone: _____ Fax: _____ Email: _____

Enrolment Pattern:

Boys: _____ Girls: _____

Kindergarten Enrolment: _____ Boarding Enrolment: _____

Pre-Primary Enrolment: _____ Day Student Enrolment: _____

Primary Enrolment: _____

Secondary Enrolment: _____ **Total Enrolment:** _____

Languages Other Than English:

Primary: _____ Secondary: _____

Fees:

Scholarship: _____

Kindergarten: \$ _____ pa or \$ _____ per term.

Pre-Primary: \$ _____ pa or \$ _____ per term.

Year ___ - ___: \$ _____ pa or \$ _____ per term.

Year ___ - ___: \$ _____ pa or \$ _____ per term.

Year ___ - ___: \$ _____ pa or \$ _____ per term.

Year ___ - ___: \$ _____ pa or \$ _____ per term.

Other: *(eg. Facilities for Students with Physical Disabilities, Full Fee Paying Overseas Students, Before/After School Care.)*

