



**YUNA  
PRIMARY SCHOOL**

### PERMISSION TO PUBLISH STUDENTS' WORK OR IMAGES OF STUDENTS ON WEB SITES

Dear parent / caregivers,

I request your permission for video or still (photographic) images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. I am also seeking your permission for the school to publish images and/or samples of your child's work.

If you give your permission, the school may publish images of your child and/or samples of work done by your child in a variety of ways, including, but not limited to, online and hard copy school newsletters, Department of Education and Training Internet web sites or intranet web sites and local newspapers. If published, third parties would be able to view the photographs and work.

If you sign the attached form it means that you agree to the following:

1. The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above
2. Your child's image may be reproduced either in colour or in black and white.
3. The school will not use your child's image or samples of your child's work for any purpose other than for the education of students, or for the general promotion of public education and the school.
4. The school will only publish the first name of the student. Family names will not be revealed.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the WA Department of Education cannot guarantee that your child will not be able to be identified from the image or work.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form and return it to the school ASAP. This consent, if signed, will remain effective until such time as you advise the school otherwise.

#### **CONSENT FORM**

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education for 2023. I also agree to the publication of images or samples of work in ways including, but not limited to, school newsletters online and in hardcopy, web sites or intranet web sites of the WA Department of Education, school newsletters and the local newspaper, subject to the conditions set out above. I will notify the school if I decide to withdraw this consent.

**Name of student:** \_\_\_\_\_

**Year Level:** \_\_\_\_\_

**Signature of parent/responsible person:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**YUNA PRIMARY SCHOOL**

Phone (08) 9985 4100

Address PMB 610, Geraldton WA 6530

Email Yuna.ps@education.wa.edu.au

# Enrolment Pack 2027





### ACCEPTABLE USAGE AGREEMENT FOR PRIMARY STUDENTS K-6

If you use the online services of the WA Department of Education you must agree to the following rules:

- I will use the school computer only with the permission of a teacher.
- I will follow all instructions from teachers when using school computers.
- I will not let anybody else know my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I know that I am responsible for anything that happens when my online services account is used.
- I will tell my teacher if I think someone is using my online services account.
- I know that the school and the WA Department of Education may see anything I send or receive using the email service.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will use material from web sites only if I have permission to do so.
- If I use material in my work that I have found on the web services, I will say where it comes from.
- If I see any information on the computer that makes me feel uncomfortable I will tell my teacher straight away.
- I will not reveal personal information, including names, addresses, photographs and telephone numbers of myself or others
- I will not damage or disable the computers, computer systems or computer networks of the school, the WA Department of Education or any other organisation.

Please keep this agreement in a safe place so that you can look at it when you need to. Please write your name in the space provided.



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#### STUDENT AGREEMENT

I agree to abide by the acceptable usage agreement for school students.

I understand that if I am given an online service account and break any of the rules in the agreement; it may result in disciplinary action, determined by the principal in accordance with the school's student welfare and discipline policies.

**Name of student:** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Office use only: Date processed: / /

Processed by (initial



### CONSENT FORM – APPROPRIATE USE OF INTERNET SERVICES BY STUDENTS

Our school provides access to online services provided by the Department of Education. These increase the range of teaching tools available to staff and enhance the learning opportunities available to students.

The Department's online services currently provide:

- individual email accounts for all students;
- access to the Internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school;
- access to the online teaching and learning services such as digital resources and online learning activities;
- access to online file storage and sharing services; and

If you agree to your child using these online services, please complete the permission slip and have your child sign the Acceptable Usage Agreement form. Please go through and explain all of the dot points in the Acceptable Usage Agreement to ensure that your child understands the content before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and Internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and Internet access records are discoverable in the event of legal action and are subject to provisions of the [Freedom of Information Act 1992](#).

#### Parents / responsible persons

Do you give permission for your child to have an online services account in 2023? **Yes / No (circle one)**

I agree to and understand the responsibilities my child has when using the online services provided at school for educational purposes, in accordance with the Acceptable Usage Agreement for school students. I also understand that if my child breaks any of the rules in the agreement that the principal may take disciplinary action in accordance with the Department's *Behaviour Management in Schools* policy.

Name of parent or responsible person: \_\_\_\_\_

Signature of parent or responsible person: \_\_\_\_\_

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

Note: while every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter Internet content accessed by your child from home or from other locations away from the school. The Department recommends the use of appropriate Internet filtering software.



### ENROLMENT PACK

This form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre - English as an Additional Language or Dialect (EAL/D) Program.

Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

Thank you for your interest in applying to enrol your child in a Western Australian public school.

Documentary evidence, including court orders relating to your child, may be required to support information supplied. Principals may consult with the Education Regional Office where sufficient evidence has not been supplied. All official records must be in the child's **legal** name. The use of a preferred name may be possible for informal communications.

The Department's *Enrolment Policy* can be found at <http://www.det.wa.edu.au/policies>.

#### WHO CAN ENROL A CHILD?

Enrolment applications can be lodged by:

1. Parents, defined in the *School Education Act 1999* as persons who at law have responsibility for the long term care, welfare and development of the child; or the day-to-day care, welfare and development of the child;
2. Independent minors; and
3. Persons aged 18 years or older who may apply on their own behalf.

The school may require documentary evidence in support of the application. A person with proper authority to make the application must provide the required information. The school is not required to determine whether another parent or person with authority concurs with the lodging of the application or the information included in it.

#### WHO CAN BE ENROLLED?

If there is a dispute between parents or authorised persons about the enrolment or one party requests or has enrolled the child at a different school, then the schools involved should endeavour to maintain the original enrolment and continuity of the child's schooling unless it is clearly not in the child's educational interests to do so, is not possible, or has been determined otherwise by a court. For further information see Frequently Asked Questions (FAQs) in the Enrolment Policy, under Related Information.

Permanent Australian residents and those children holding an approved visa subclass are entitled to be enrolled, although not necessarily at a particular school unless the school has a 'local-intake area' (refer section **Applications to local-intake schools (compulsory years of schooling)** below). [Those overseas students who do not have an entitlement to enrol in a public school may be enrolled on a full fee paying basis under conditions which the school will outline.](#)

In establishing a usual place of residence, the *Residential Parks (Long-stay Tenants) Act 2006* recognises any agreement conferring the right to occupy premises for a fixed term of three months or longer. Short term residential arrangements can be accepted in cases such as recent arrival in the State, residence in boarding houses and caravan parks, or homelessness.

Schools may not enrol children who are:

1. receiving home education; or
2. applying to enrol at another school; or
3. enrolled at another Kindergarten (public or private), unless transferring.

The principal may consider whether a child may attend for a short period (*s 75(2) School Education Act 1999*) and may consult with the school in which the student is already enrolled before a decision about attending is made. Attendance for more than four weeks requires that the student relinquish enrolment at the school in which the student is already enrolled.

#### WHERE CAN STUDENTS BE ENROLLED?

The enrolment requirements differ from school to school. Local-intake schools have a designated geographical area from which enrolments are taken. Local-intake schools must accept all applicants from within their defined area, subject to residential qualifications. Non local-intake schools may receive applications but not necessarily enrol all applicants.



#### **APPLICATIONS TO LOCAL-INTAKE SCHOOLS (compulsory years of schooling)**

Where the school has a local-intake area, an eligible child whose place of residence is within that area is guaranteed enrolment in the compulsory years of schooling (Pre-primary to Year 12).

Children whose usual place of residence is not in the local-intake area are accommodated where possible.

#### **APPLICATIONS TO LOCAL-INTAKE SCHOOLS (pre-compulsory years of schooling)**

Students in the pre-compulsory year of schooling (Kindergarten) are guaranteed a place in a public school. Where possible this will be their local school.

#### **REQUESTED DOCUMENTATION**

You will be asked to show your child's Birth Certificate (original or certified copy) or birth extract or equivalent identity documents; your child's 'Immunisation Certificate'; usual place of residence: for example utilities account, lease agreement of at least three months, proof of ownership of property, driver's licence, statutory declaration, copies of any Family Court or other court orders, and visa details (if applicable) - Principals may accept a maximum of 3 documents as evidence of residential address.

#### **ELIGIBILITY TO ENROL IN A PARTICULAR SCHOOL**

The only guaranteed place in a public school is if you live in the local-intake area of that school. Enrolment in a particular primary school does not guarantee a place at a specific secondary school.

#### **APPLICATIONS TO TRANSFER FROM ANOTHER SCHOOL**

Decisions about the enrolment of your child into a specific year of schooling and/or the educational program will be based on age eligibility, as well as the child's level of previous schooling, achievement levels and identified needs.

If you are applying for the following year, you will be advised in writing about your application within three weeks of the closing date for applications (that is after the end of the first week of Term 3). If you are applying for the current year, you will be advised in writing as soon as possible.

Once the application has been accepted, in addition to the Enrolment Form you will also need to supply evidence of your child's progress from the previous school. This can be in the form of reports, records or samples of work.

If your child has gained enrolment from outside the local-intake area into a specialist program, any siblings cannot be guaranteed enrolment to the same school.

#### **KINDERGARTEN**

The Western Australian Government fully funds Kindergarten for age-eligible children in public schools and supplements the cost of Kindergarten in Catholic and independent schools. Children may be enrolled in Kindergarten in one school only, either public or private.

#### **DISCLOSURE OF INFORMATION**

##### ***For parents of students with disability***

In order to provide an appropriate education program the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

##### ***Suspensions and exclusions***

Information on any suspensions and exclusions needs to be provided to the school at the time of applying to enrol. This information will help the school to provide your child with any support that may be required.

Children currently under suspension from a public school cannot be enrolled at another public school until the suspension period expires.

Children who have previously been suspended or excluded from a public school may be required to enter into a behaviour agreement with the school if enrolment is accepted.

#### **SCHOOL BUS SERVICES**

School Bus Services (SBS) is responsible for providing eligible rural students and students with special needs free Transport Assistance to travel to and from school on contracted 'orange' school buses. These services are critical to ensure that students are able to attend school regularly. Please follow the parent link at <https://www.schoolbuses.wa.gov.au/> to enrol your child/children on the school bus. School Bus Logistics in Geraldton own the school buses. Contacts: Judy Mills: Driver, North West Bus Service: 0498 830 127, Carl Stewart: Driver, South West Bus Service: 0498 824 964.



### **ONLINE CONSENT FORM 2027**

Dear parent /caregiver

Our school now has access to the online services provided by the WA Department of Education. These increase the range of teaching tools available to staff and will enhance the opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services in 2023. This will involve the school using the student's full name, preferred name, class and year to create a unique online services account.

The Department's online services currently provide:

- individual email accounts for all students and staff - Webmail, the Department of Education's portal site and email provider.
- access to the internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school
- access to email services (webmail) from home if the home computer is connected to the Internet

If you agree to your son or daughter making use of these online services, please complete the permission slip attached to this letter. You will also need to ensure that your son or daughter reads or understands the acceptable usage agreement, also attached to this letter, before the permission slip is signed. Both signed documents should be returned to school so that you child/children can access and use the online services account that has been created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure.

You should also be aware that general internet browsing that your child undertakes from home or from locations other than school is not monitored or filtered by the Department since it is not conducted via the Department's online services.



YUNA  
PRIMARY SCHOOL

### SHIRE OVAL/SHIRE LIBRARY/SUPERVISED SWIM PERMISSION SLIP 2027

As there is a need for the students to leave the school grounds to use the Shire Oval and Shire Library, we require permission from parents/guardians. We also need permission from parents/guardians in order for the children to have supervised swimming.

#### SHIRE OVAL

WHEN: Each day throughout 2027

TIME: During school time

#### SHIRE LIBRARY

WHEN: Every second Thursday throughout 2027

TIME: 1.30pm – 2.00pm

#### SWIMMING POOL

WHEN: Everyday throughout Terms 1 and 4, 2027

TIME: 12.30pm – 12.50pm, Swimming lessons and PE Friday 1.45—3.00pm

STAFF ATTENDING: Principal (TBC), Gemma Healy-Maver, Melissa Teakle, Sam Thompson and EA TBC (Two staff members will at all times be in attendance during swimming sessions). At least one staff member or adult will have a Bronze Lifesaving qualification.

#### PARENT GUARDIAN CONSENT

I have read and understood the above information.

I give my consent for my child/ren ..... to use the Shire Oval/ go to the Shire Library/participate in Supervised Swimming.

I am aware the Department of Education insurance does not cover personal accidents through misadventure or loss or damage of personal belongings.

Signed.....(Parent/Guardian) Date.....



YUNA  
PRIMARY SCHOOL

#### PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname	Given names:	Date of birth:	Sex (M / F):
Legal (if different):			
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Preferred name	Car Registration		
Residential Address (must be completed):			Postcode:
Nearest intersecting road:			
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? YES NO			
Is the child subject to access restriction? YES NO			
If yes, please specify and attach supporting documentation.			
Year Level: _____			
Start date: Beginning of school year 20____: YES NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Year 7):			
If applicable, name of school at which the child is currently or was last enrolled:			
Will there be any brothers or sisters attending this school? YES NO			
Name/s and year levels: _____			
Is your child currently under suspension from a school? YES NO			
If YES, name of school: _____			
Has your child ever been excluded from a school? YES NO			
If YES, name of school: _____			
Is your child a permanent resident of Australia? YES NO			
If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Does your child have a disability/medical condition? <i>This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child.</i> Please indicate whether:			
Physical Intellectual Other medical condition/s			
Please outline nature of disability/medical condition/s (or attach details).			



Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Is the student to be withdrawn from religious instruction? YES  NO

Student's First Language: \_\_\_\_\_

Is the student's descent:

Aboriginal YES  NO

Torres Strait Islander (TSI) YES  NO

Both Aboriginal and TSI YES  NO

Does the student speak a language other than English at home? YES  NO

Does the student mainly speak English at home? YES  NO

(If more than one language, indicate the one that is spoken most often.)  
 NO, English only  
 YES, other - please specify: \_\_\_\_\_

#### STUDENT LIVES WITH:

Both Parents .....  Other .....

Parent/Guardian/Carer 1 .....  **Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

Parent/Guardian/Carer 2 .....  \_\_\_\_\_

Independent minor .....  \_\_\_\_\_

(Reg3. School Education Regulations 2000)

#### EMERGENCY CONTACTS (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



### CONSENT FOR WATER-BASED EXCURSIONS AND MEDICAL DETAILS 2027

INTERM SWIMMING, LEADERSHIP CAMP, AQUARENA PRACTICE, CHUNABI & NCVISSA SWIMMING CARNIVALS AND END OF YEAR EXCURSION

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

#### Student details

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent or guardian's full name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone no. – home \_\_\_\_\_ Telephone no. - work \_\_\_\_\_

Telephone no. - mobile \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Telephone no: \_\_\_\_\_

Medicare number \_\_\_\_\_ Expiry Date \_\_\_\_\_

#### Swimming ability

1. Beginner 9. Senior My child has achieved Stage number:

2. Water/Surf Discovery\* 10. Junior Swim & Survive/Surf Stage 10\* Date achieved \_\_\_\_\_

3. Preliminary 11. Swim & Survive/Surf Stage 11\* I am unsure. Please assess my child.

4. Water/Surf Introduction\* 12. Senior Swim & Survive/Surf Stage 12\* \_\_\_\_\_

5. Water/Surf Safe\* 13. Wade Rescue/Surf Stage 13 Other comments: \_\_\_\_\_

6. Junior 14. Accompanied Rescue/Surf Stage 14 \_\_\_\_\_

7. Intermediate 15. Bronze Star (pool only) \_\_\_\_\_

8. Water/Surf Wise\* \_\_\_\_\_

#### \*Note: Details of swimming ability related to the excursion

Schools need to request information from parents regarding students' skills and abilities in the context of the excursion, e.g. ocean, pool.

- Royal Life Saving Society of Australia awards.
- Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills.
- Stages 11 and 12 involve further development of survival and swimming skills and endurance.
- Stage 13 provides a foundation for rescue awards.



**SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN**

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes  No

If yes, please attach photo to the relevant health care plan(s).

**SECTION D: MEDIC ALERT INFORMATION**

Does your child have a Medic Alert bracelet or pendant? Yes  No

If yes, provide details: \_\_\_\_\_

**OTHER:**

Does the student have a disability? YES  NO  If YES, please specify the disability/s:

\_\_\_\_\_

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records

- |  |  |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder            | <input type="checkbox"/> Severe Mental Disorder                      |
| <input type="checkbox"/> Deaf or Hard of Hearing             | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment                           |
| <input type="checkbox"/> Intellectual Disability             | <input type="checkbox"/> Physical Disability                         |

Does the student have a medical condition or intensive health care need? YES  NO

If YES, please specify.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis          | <input type="checkbox"/> Hearing condition (eg otitis media)          |
| <input type="checkbox"/> Allergy – Other _____          | <input type="checkbox"/> Mental health or behavioural (eg depression, |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> ADD/ADHD)                                    |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diagnosed migraine/headaches   | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | _____   |

Do you have ambulance cover? YES  NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

Signature: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Name: \_\_\_\_\_

**ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS**

**Note: Where appropriate students should be encouraged to participate in their health care planning.**

Office Use Only	
Does the child have an allergy that needs to be flagged on SIS?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Have relevant health care plans been issued to the parent?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Has the Principal been informed if:	
• specific training is required to support the student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• the student's health care information is to be restricted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date <i>Student Health Care Summary</i> was completed and uploaded on SIS: / /	



Australian Citizenship/Permanent Resident: YES  NO

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Sub-class No Expiry Date: \_\_\_\_\_

International Fee Paying (if known): YES  NO

Does the student receive any of the following allowances:

- Secondary Assistance  Youth Allowance   
 Assistance for Isolated Children (AIC)  Abstudy

Previous School: \_\_\_\_\_

Reason for change of school (optional): \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

Movement reason (optional): \_\_\_\_\_

**CONFIDENTIAL**

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES  NO   
 If YES, please specify and attach supporting documentation.

\_\_\_\_\_

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? YES  NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

\_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about this student that you would like to disclose to enable the school to best cater to their social, emotional or educational needs? YES  NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21<sup>st</sup> Century state that 'the learning outcomes of educationally disadvantaged students should improve and, over time, match those of other students'.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools. **The level of education, occupation and/or disadvantage indicated by parents directly informs the level of funding our school receives, so please fill in this area, and please be honest.**

#### Parent/Guardian 1 Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the: Day to day care of the student  or Long term care of student .

Fees and charges billing: YES  NO  If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address):

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

Do you speak a language other than English at home? NO, English only  YES, other  - please specify: \_\_\_\_\_  
(If more than one language, indicate the one that is spoken most often)

- |   |  |
|---|--|
| What is the highest year of primary or secondary school you have completed? | What is the level of the highest qualification you have completed?         |
| <input type="checkbox"/> Year 12 or equivalent                              | <input type="checkbox"/> Bachelor degree or above                          |
| <input type="checkbox"/> Year 11 or equivalent                              | <input type="checkbox"/> Advanced diploma/Diploma                          |
| <input type="checkbox"/> Year 10 or equivalent                              | <input type="checkbox"/> Certificate I to IV (including trade certificate) |
| <input type="checkbox"/> Year 9 or equivalent or below                      | <input type="checkbox"/> No non-school qualification                       |

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

#### Parent/Guardian 2 Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the: Day to day care of the student  or Long term care of student .

Fees and charges billing: YES  NO  If no, who is responsible: \_\_\_\_\_



### FORM 1 – STUDENT HEALTH CARE SUMMARY

#### SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

#### FAMILY CONTACT DETAIL

#### MEDICAL DETAILS

Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
	Doctor 2: Telephone:
	Dental Practice: Telephone:
	Name of Dentist: Telephone:
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes No
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes No Insurance Provider: <b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes No Expiry Date Card Number
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

#### ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

**Long term medication** – Complete the *Medication* section of the relevant health care plan – see below.

**Short term medication** - Request an *Administration of Medication* form to complete and return to the principal or class teacher.

**Note:** All medication required must be supplied by parents/carers

#### INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? **Yes No**

**Note:** If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program. If no, and the information is to be restricted, who can be informed of your child's health care information? \_\_\_\_\_

Does your child have one or more health condition(s) that will **require support** from school staff?

No  - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  - complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s): \_\_\_\_\_

#### SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF

(In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis		YES NO
Minor & Moderate Allergies		YES NO
Diabetes		YES NO
Seizures		YES NO
Asthma		YES NO
Activities Of Daily Living		YES NO
Other Conditions or Needs (Please specify)		YES NO
		YES NO
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES NO If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.



### ATTACHMENT 1

#### Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/personnel/ industrial relations/sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [aged/disabled/refugee/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p><b>Sales</b> [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>



#### Parent/Guardian 2 Details continued

Postal Address (if different from student residential address):

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

Do you speak a language other than English at home? NO, English only  YES, other  - please specify: \_\_\_\_\_  
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent  
 Year 11 or equivalent  
 Year 10 or equivalent  
 Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above  
 Advanced diploma/Diploma  
 Certificate I to IV (including trade certificate)  
 No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

#### OTHER CONTACT(S) DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Please advise the school if there are any other contacts you would like recorded.

#### SIGNATURE

Name of person enrolling student:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(independent minors and those aged 18 years or older may sign on their own behalf)



**DECLARATION**

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: \_\_\_\_\_

Name of person enrolling child:

Title: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.*

*NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.*

**Confidentiality**

All information provided on this form will be treated confidentially. Section 242 of the *School Education Act 1999* precludes this information from being used for any purpose other than: to determine whether your application for enrolment can be accepted; to assist the school with addressing any needs for your child if enrolment is accepted; and to comply with legal requirements or ministerial directions.

Principal's signature \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTS**

**Checklist:**

Please place an **\*X\*** in the box  to indicate each document attached (or sighted) to this application form.

*\*Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading 'Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents .....   
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation Certificate' .....
3. Copies of Family Court or any other court orders (if applicable) .....
4. Proof of address (see Requested documentation in the attached Parent information).....
5. Information relating to suspensions or exclusions .....
6. Information relating to disability.....

*If your child was not born in Australia, you must provide evidence of:*

1. Date of entry into Australia .....
2. Passport or travel documents .....
3. Current visa subclass and previous visa subclass (if applicable) .....

*If your child is a temporary visa holder, you must also provide:*

Confirmation of enrolment or evidence of any permission to transfer .....   
provided by Education and Training International (ETI) email: [study.eti@dtwd.wa.gov.au](mailto:study.eti@dtwd.wa.gov.au)  
(if holding an International full fee student visa, sub class 571);

**or**  
Evidence of the visa for which the student has applied if the student holds .....   
a bridging visa



**OFFICE USE ONLY**

Student's official documentation all sighted (Date): \_\_\_\_\_ YES  NO

Birth certificate  Passport  Travel document/s

Student's Residency status: ..... Local  Permanent Resident

Overseas Student: If yes, International fee paying: ..... YES  NO

Entry Date: \_\_\_\_\_

Previous School: \_\_\_\_\_ Records received: YES  NO

Publications/Internet Permission Form completed: ..... YES  NO

Contributions and Charges Billing: PG1: \_\_\_\_%  PG2: \_\_\_\_%  Other: \_\_\_\_%

Official documentation: PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_   
(including reports, to be sent to)

Immunisation records provided: YES  NO

Form/Class: \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

Student leaves school: (Date) \_\_\_\_\_ Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school: NO  YES  on (Date): \_\_\_\_\_

**RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:**

*Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.*

*Enrolment Applications (unsuccessful) –The School to retain for 2 years after last action and then destroy.*

*Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.*

*Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.*

*Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.*