

Condungup Primary School

ENROLMENT PACK (PART B)

ENROLMENT FORM

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

The 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/>

ENROLMENT

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

You may need to provide up to date information about your child's immunisation status when you complete the Enrolment Form.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

The Department of Education will provide a report about enrolled children whose immunisation status is 'not up to date' to the Department of Health when requested. The Department of Health will provide assistance to the families of under-vaccinated children. Children whose immunisation is 'not up to date' may be required to stay away from school if an outbreak of a vaccine preventable disease occurs.

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family 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.

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Local Excursions:	Agreement to minor excursions, not including excursions which require individual agreement.

STUDENT HEALTH CARE

The Department's *Student Health Care policy* clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Condungup Primary School

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students.

For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

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. e.g. ☒.

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Residential Address: _____ Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

Car Registration (if applicable): _____

Full Name/s of brothers and sisters attending this school:

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)

For information on access restriction, see *Confidential* section of this form.

Emergency Contacts (Indicate contacts in order of preference):

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

STUDENT DETAILS – ADDITIONAL INFORMATION

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is ☐ Up to date ☐ Not up to date as at _____ (date of Statement)

OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at _____ (date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at _____ (date of Certificate)

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: _____

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.

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

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

- | | | | |
|--------------------------|-------------------------------------|--------------------------|---|
| ☐ | Autism Spectrum Disorder | ☐ | Severe Mental Disorder |
| ☐ | Deaf or Hard of Hearing | ☐ | Global Developmental Delay (prior to age 6) |
| ☐ | Specific Speech Language Impairment | ☐ | Vision Impairment |
| ☐ | Intellectual Disability | ☐ | Physical Disability |

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

If YES, please specify.

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

Medical Practice (Name and Address): _____

Doctor's Name: _____ Telephone: _____

Dental Surgery Practice (if applicable, name and address): _____

Dentist's Name: _____ Telephone: _____

Medicare No: _____ Valid to: ____ / _____

Health Care Card (if applicable): ☐ YES ☐ NO. If Yes, please provide no. _____ Expiry Date: _____

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)

PARENT / GUARDIAN DETAILS

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?

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

(If you did not attend school, mark '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

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: _____

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

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

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- ☐ Bachelor degree or above
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☐ Certificate I to IV (including trade certificate)
☐ No non-school qualification

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: _____

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.

PRIVACY AND INFORMATION SHARING

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate 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)

APPROVAL OF PRINCIPAL OR DELEGATE

Signature _____

Approved / Not approved

Date: _____

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)

AIR immunisation history statement provided: ☐ YES ☐ NO

Date of issue: _____ Vaccination status is ☐ Up to date ☐ Not up to date

If not up to date, additional request/s for documentation on date/s: _____

Other immunisation evidence provided: AIR Immunisation History Form ☐ YES ☐ NO Immunisation Certificate issued by the Chief Health Officer ☐ YES ☐ NO

Kindergarten students only Eligibility for immunisation exemption approved: Code ☐

Form/Class: _____ House Faction: _____

Approved by Principal: ☐ NO ☐ YES on (Date): _____

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:

1. **Enrolment Applications (successful)** – The School to retain for 5 years after last action and then destroy.
2. **Enrolment Applications (unsuccessful)** – The School to retain for 2 years after last action and then destroy.
3. **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.
4. **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.
5. **Student files** – The School must negotiate with the previous school at the local level the transfer within 5 school days.

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 Senior executive/ manager/ department head in industry, commerce, media or other large organisation. Public service manager (section head or above), regional director, health/education/police/ fire services administrator. Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director]. Defence Forces Commissioned Officer. Professionals 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. Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]. Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].	Other business managers, arts/media/sportspersons and associate professionals Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business. Specialist manager [finance/engineering/production/ personnel/ industrial relations/ sales/marketing]. Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]. Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]. Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]. Associate professionals generally have diploma/technical qualifications and support managers and professionals. Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional. Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]. Defence Forces senior Non-Commissioned Officer.	Tradesmen/women, clerks and skilled office, sales and service staff Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group. Clerks [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]. Skilled office, sales and service staff Office [secretary, personal assistant, desktop publishing operator, switchboard operator]. Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]. Service [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].	Machine operators, hospitality staff, assistants, labourers and related workers Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]. Office assistants, sales assistants and other assistants Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]. Sales [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]. Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]. Labourers and related workers Defence Forces ranks below senior NCO not included in other groups. Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]. Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

These categories have been determined nationally and are designed as broad occupational groupings.
All Australian states and territories use the same categories.