ENROLMENT PACK

ENROLMENT FORM INFORMATION SHEET

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 in 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 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.

TRANSPORT

In most cases, transporting your child to school is the parents’ responsibility. Enquiries regarding school bus services should be directed either to Fortesque Bus Services on 9185 4377 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).
INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21st 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.

CONSENT FORMS

Attachment 1 of the Student Enrolment Form contains information for parent/guardians to consider and approve if appropriate.

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.
Karratha Senior High School

STUDENT ENROLMENT FORM  
(For enrolment in a Western Australian Public School)

Entering (Please tick relevant year)  

☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐ 12  in (Year) 20___

This form is intended for children not previously enrolled at the school. For students who were previously enrolled at the school, please inform the school directly if there are changes needed to update enrolment information.

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, double click 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: ___________________________________________________________________

Date of Birth: _____/_____/_________  Sex: ☐ Male  ☐ Female

Residential Address: ___________________________________________________________________

____________________________________________________________________________________

Postcode: _____________________________

Postal Address if different from above: ____________________________________________________

____________________________________________________________________________________

Telephone (Home): ___________________________ Parent/Guardian Mobile: _________________

Parent/Guardian Email: __________________________________________________________________

Full name/s of siblings attending this school:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student lives with:

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

Parent/Guardian/Carer 1 …………………… ☐  Name __________________________ __________________

Parent/Guardian/Carer 2 …………………… ☐  Relationship to student __________________________

For information on access restriction, see Confidential section of this form.
PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details
Title: ____ First Name: _______________ Second Name: ______________ Surname: _________________

Please indicate relationship to the student: ........................................................................................................

Fees and charges billing:  □ YES  □ NO  If no, who is responsible: _____________________________________________

Do you have the same address as the enrolling student : □ YES □ NO

Postal Address (if different from student residential address):
____________________________________________________________________________________________

Telephone (Home): ____________________ Email Address: _____________________________________________

Occupation/Workplace location:________________________________________________________________________

Telephone (Work): ____________________ Mobile No: _____________________________________________________

(NB: All mail will be directed to P/G 1. Please indicate here if extra copies are required by other contacts:)  
□ YES: P/G2 □ Other □ ____________________________________________ OR □ NO

Do you mainly speak English at home? ........................................................................................................

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  □ Bachelor degree or above
□ Year 11 or equivalent  □ Advanced diploma/Diploma
□ Year 10 or equivalent  □ Certificate I to IV (including trade certificate)
□ Year 9 or equivalent or below □ 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 at the bottom of page 5. 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: ....................................................................................................

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: _____________________________________________________

(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 at the bottom of page 5. 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).
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 at the bottom of page 5. 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: ______________________________________________________________

Signature: _____________________________________ Date: ___________________________________

(independent minors and those aged 18 years or older may sign on their own behalf)

Occupation Group List:
1. Senior Management in large business org, government administration & defence and qualified professionals
2. Other business managers, arts/media/sportspersons and associate professionals
3. Tradesmen/women, clerks and skilled office, sales and service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student
STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality (optional): ___________________________  Country of Birth: ___________________________

Religion: ______________________________

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? ........................................  NO, English only  YES  NO

(If more than one language, indicate the one that is spoken most often.)

Does the student mainly speak English at home? ................................................................  YES  NO

Australian Citizenship/Permanent Resident: .................................................................  NO  YES

Date of Arrival in Australia: ____________  Visa Sub-class No: ________  Visa Sub-class No Expiry Date: ____________

Visa Grant Application No: _____________________________  (Evidence of visa must be provided prior to enrolment)

International Fee Paying (if known): ......................................................................................  NO  YES

Does the student receive any of the following allowances:

☐ Secondary Assistance  ☐ Abstudy

☐ Assistance for Isolated Children (AIC)  ☐ Youth Allowance

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? .......................................................  NO  YES

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? .......................................................  NO  YES

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 1 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:

<table>
<thead>
<tr>
<th>Allergy – Anaphylaxis</th>
<th>Hearing condition (eg otitis media)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy – Other</td>
<td>Mental health or behavioural (eg depression, ADD/ADHD)</td>
</tr>
<tr>
<td>Asthma</td>
<td>Intensive Health Care Need (eg tube feeding)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Other: ________________________________</td>
</tr>
<tr>
<td>Seizure Disorder (eg epilepsy)</td>
<td></td>
</tr>
</tbody>
</table>

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)

Permission to administer first aid?  

- [ ] YES  
- [ ] NO
**Consent Form**

At Karratha Senior High School we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child’s participation / use / access to several aspects of the school program. We are committed to exercise exemplary standards in respect of duty of care.

### MEDIA CONSENT

Children’s images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

### INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users’ Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School’s policy and the Student’s online policy.

### STUDENT SMARTRIDER ID CARD

The school organises the issue of a Student ID card which requires the use of their photo.

- Yes, I give consent for my child to be issued a Student ID card which includes their photo.
- No, I do not give consent.

In addition please complete the following:

- Permission for release/printing of student’s achievements (WACE)?
- Permission for release of information – career information?
- Permission for release of information – exam results?
- Permission for release of information – parent and student details to *Registered Training Organisations?

Name of person signing the consent form:

Title: _____ First Name: _____________ Second Name: ____________ Surname: _______________

Please indicate relationship to the student (e.g. parent/guardian/responsible person): ___________________

Signature: __________________________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate</td>
<td></td>
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<tr>
<td>Proof of Address</td>
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<tr>
<td>Immunisation Records</td>
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<td>School reports</td>
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<td>Court Orders (if applicable)</td>
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<td>Passport &amp; Visa (if applicable)</td>
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<td>Interview Date</td>
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<td>Commencement Date</td>
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<td>Details Entered by/Date</td>
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<tr>
<td>Date Transfer Note Sent</td>
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