WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the Student Enrolment Form and return it to the school for confirmation of this student’s enrolment. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/responsible person details section of this form. Please place X in box provided.

When you enrol your child at this school, please check that you have the following:
- Birth certificate
- Identity documents (if applicable)
- Immunisation certificate
- Court order (if applicable)
- Proof of address

If your child was not born in Australia, you must provide:
- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas (if applicable).

In addition, if your child is a temporary visa holder you must provide:
- Confirmation of enrolment or evidence of permission to transfer provided by Education and Training International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

INFORMATION TO BE PROVIDED

Where an item is marked with an asterisk (*) the information must be provided.
This information is required by the Western Australian Department of Education and Training to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the Enrolment Form, the information is sought to enable the Department to:
- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements. For a student with a disability who has significant and complex support needs the principal will negotiate to delay the first day of attendance with the parent/carer if the necessary teaching and learning adjustments are not currently available at the school;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

It is compulsory to advise of change of details in relation to student’s name, usual place of residence and/or name and usual place of residence of Parent/responsible person.

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

Assistance with completing this form

If you require assistance completing this form, including translation services, please contact your school.

For School Use Only

WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

1 Valid as of 22.8.2006
Student Details

* Surname: ____________________________ * Legal Surname: ____________________________

* 1st Name: __________________________ * 2nd Name: __________________________

Preferred Name:___________________________________________________________________

Email Address:____________________________________________________________________

* Date of Birth: _____/_____/____   Sex:    □ Male    □ Female

* Residential Address: ______________________________________________________________

                                                                                           Postcode: ______________

Phone: ___________________________

Mobile: __________________________

Fax:_____________________________

Names of brothers and sisters attending this school:

___________________________  ___________________________  _________________________

*Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer?  YES □ NO □

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

*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.

Parent/Responsible Person Details

Child lives with:
Both Parents □     Parent □     Parent 2 □
Neither Parent □     Parent 2 □

Is this student subject to Access Restriction? YES □ NO □

If YES, please attach supporting documentation.

Emergency Contact

* Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the preferred emergency contact. □

Parent/responsible person 1 □     Parent/responsible person 2 □     Other contacts □

___________________________________________________

___________________________________________________

Parent/Responsible Person 1 Details *(This should be the most available SMS contact)*

Title:_______ *First Name:______________________ *Surname:__________________________

Please indicate relationship to the student:__________________________________________________________________________

*Postal Address (if different from student residential address):
Phone: _______________________ Email Address: ________________________________

Occupation/Workplace: _________________________________________________________

Work Phone: _______________________ Mobile No: ___________________________

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

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? (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter ‘8’ above.

Parent/Responsible Person 2 Details
Title:________ First Name: ______________________ Surname: ______________________

Please indicate relationship to the student: _________________________________________

*Phone: ________________________ Email Address: _______________________________

Occupation/Workplace: _________________________________________________________

Work Phone: _______________________ Mobile No: ___________________________

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

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? (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter ‘8’ above.

Other Contact(s) Details
Title:_______ First Name:______________________ Surname:______________________

2 Valid as of 22.8.2006
Please indicate relationship to the student: _____________________________________________

Postal Address (if different from student residential address): __________________________________________________ Phone: ______________________

Email Address: ____________________________________________

Occupation/Workplace: _________________________________________________________

Work Phone: _________________________ Mobile No: __ _______________________

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

**Student Details - Additional Information**

<table>
<thead>
<tr>
<th>Religion: ___________________</th>
<th>Is the student to be withdrawn from religious instruction?</th>
<th>YES □ NO □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the student of Aboriginal or Torres Strait Islander origin?</th>
<th>NO □ YES, Aboriginal □ YES, Torres Strait Islander □</th>
</tr>
</thead>
</table>

* For students of both Aboriginal and Torres Strait Islander origin, mark both ‘YES’ boxes.*

<table>
<thead>
<tr>
<th>Does the student mainly speak English at home?</th>
<th>YES □ NO □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the student speak a language other than English at home?</th>
<th>NO, English only □ YES, other - please specify: __________________</th>
</tr>
</thead>
</table>

| Out of school intake area: YES □ NO □ Health Card: YES □ NO □ |
|---------------------------------------------------------------|---------------------------------|

* Citizenship: Australian □ Other - please specify________________________*

<table>
<thead>
<tr>
<th>* Permanent Resident: YES □ NO □</th>
<th>*Temporary Resident YES □ NO □</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Visa Sub Class Number</th>
<th>Visa Sub Class Number</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Visa Expiry Date</th>
<th>Visa Expiry Date</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date Entered Australia</th>
<th>Date Entered Australia</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>In Receipt of Allowance:</th>
<th>Secondary Assistance</th>
<th>Assistance for Isolated Children (AIC)</th>
<th>Youth Allowance</th>
<th>Abstudy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Certificate seen: YES □ NO □</th>
<th>Date Sighted: _____/ ____/ _____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In which country was the student born?</th>
<th>Australia □ Other - please specify__________________________</th>
</tr>
</thead>
</table>

* Previous School: ____________________________________________ or

<table>
<thead>
<tr>
<th>*If previously enrolled in Home Education, specify the Education District: __________________</th>
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</table>

<table>
<thead>
<tr>
<th>Movement Reason (if applicable)³</th>
<th></th>
</tr>
</thead>
</table>

³ Valid as of 22.8.2006

| *Does the student have a disability? YES □ NO □ |
|-----------------------------------------------|-------|

| If YES, please specify. |
|-------------------------|-------|

________________________________________________________________________
Disability: _____________________________________________________________

*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

Student Details – Medical / Health

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 ☐ Other ____________________________
☐ Seizure Disorder (eg epilepsy) ___________________ _____________________

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

Medical Practice (Name and Address):
________________________________________________

Doctor’s Name: _____________________________________Phone: ____________________

Please provide details of any other information you would like noted.
____________________________________________________________________________

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) 4

Name of person enrolling student: _____________________________________________

Signature: ________________________________ Date: _____/_____/____

Office Use Only

Entry Date:_____/_____/____ Date Transfer Note Sent: _____/_____/____

Previous School:____________________ Records Received: Y / N

Publications/Internet Permission Form Completed: YES ☐   NO ☐

Contributions and Charges Billing:  PG1 ☐ _______% PG2 ☐ _______% Other ☐ _______%

Immunisation records provided: YES ☐   NO ☐

Form/Class:_____________ House/Faction: ___________ _____

Entered on School Information System by: ________________________Date: ____/____/____

Leave Date: ____________ Destination: ________________ Records Sent: Y / N

4 Valid as of 22.8.2006
Parental Occupation Groups:
(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 2 sections)

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management in large business organisation government administration &amp; defence, and qualified professionals</td>
<td>Other business managers, arts/media/sportspersons and associate professionals</td>
<td>Tradesmen/women, clerks and skilled office, sales and service staff</td>
<td>Machine operators, hospitality staff, assistants, labourers and related workers</td>
</tr>
<tr>
<td>Senior executive/manager: department head in industry, commerce, media or other large organisation</td>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</td>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td>Drivers, mobile plant, production/processing machinery and other machinery operators</td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/police/fire services administrator</td>
<td>Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]</td>
<td>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]</td>
<td>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</td>
</tr>
<tr>
<td>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</td>
<td>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</td>
<td>Skilled office, sales and service staff</td>
<td>Office assistants, sales assistants and other assistants</td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer</td>
<td>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</td>
<td>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</td>
<td>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</td>
</tr>
<tr>
<td>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</td>
<td>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</td>
<td>Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</td>
<td>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]</td>
</tr>
<tr>
<td>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</td>
<td>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</td>
<td>Defence Forces senior Non-Commissioned Officer.</td>
<td>Labourers and related workers</td>
</tr>
</tbody>
</table>

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, etc.]
<table>
<thead>
<tr>
<th>Hand</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Other worker</em></td>
</tr>
<tr>
<td>[labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</td>
</tr>
</tbody>
</table>

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