STUDENT ENROLMENT FORM

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.

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 ☐ Parent/Guardian/Carer 1 ☐ Parent/Guardian/Carer 2 ☐ Independent minor ☐ Other ☐

Name ☐ Relationship to student

(Reg 3. School Education Regulations 2000)

Emergency Contacts (Indicate contacts in order of preference):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone No.</th>
<th>Mobile No.</th>
<th>Relationship to student</th>
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STUDENT DETAILS – ADDITIONAL INFORMATION

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 Is the student to be withdrawn from religious instruction?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 ☐ 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 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

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)
# Parent Occupation Groups

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

<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/productive n' personnel/ industrial relations/ sales/marketing].</td>
<td>Clerks [bookkeeper, bank/PQ 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></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].</td>
<td></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>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</td>
<td>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</td>
<td></td>
<td>Labourers and related workers</td>
</tr>
<tr>
<td></td>
<td>technician/associate professional.</td>
<td></td>
<td>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, sealarer/fishing hand].</td>
</tr>
<tr>
<td></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></td>
<td>Other worker [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.