

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, guardians 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/Guardian/Carer details section of this form. Please place an **X** in provided.

When you enrol your child at this school, please check that you have the following:

- Birth certificate
- Identity documents (if applicable)
- Medicare Immunisation Statement (downloaded from MyGov)
- Court order (if applicable)
- Proof of address

If your child is 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 Tafe International Western Australia
- Evidence of the Visa's held by the family.

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;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

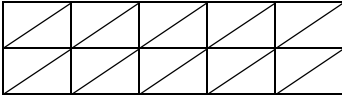
It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/Guardian/Carer.

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.



STUDENT ENROLMENT FORM



LANDSDALE
Primary School
Together We Grow

Student Details

Surname: _____	Date of Birth ____/____/____ [] Male [] Female [] Indeterminate	Residential Address: _____
Legal Surname: _____		_____
1 st Name: _____		_____
2 nd Name: _____		Postcode: _____
Preferred Name: _____		Phone: _____
Year Level: _____		Mobile: _____
		Fax: _____

Names of brothers and sisters attending this school:

* Is this student in the care of the Department for Child Protection & Family Support (CPFS) Chief Executive Officer? YES NO

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

* 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.

Parent/Guardian/Carer Details

Child lives with:	Parent/Guardian/Carer 1 <input type="checkbox"/>	Parent/Guardian/Carer 2 <input type="checkbox"/>
	Both Parents <input type="checkbox"/>	Neither Parent <input type="checkbox"/>
	Grandparent <input type="checkbox"/>	

Office Use Only

Commencement Date: ____/____/____ Date Transfer Note Sent: ____/____/____

School Policies Information Booklet Form Completed: YES NO

Contributions and Charges Billing: PG1 ___% PG2 ___% Other ___%

Immunisation records provided: YES NO Out of school intake area: YES NO

Birth Certificate seen: YES NO Date Sighted: ____/____/____

Year: ____ Class: ____ House/Faction: _____ Attendance/Roll RM Billing

Entered on School Information System by: _____ Date: ____/____/____

Parent/Guardian/Carer 1 Details

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: _____

* As the Parent what language **DO YOU** speak at home? _____

*What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
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 <input type="checkbox"/>

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

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/Guardian/Carer 2 Details

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: _____

* As the Parent what language **DO YOU** speak at home? _____

*What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
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 <input type="checkbox"/>

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

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.

Emergency Contact(s) Details - If we cannot contact Parent 1 or 2 please supply contact details for additional person eg grandparent/neighbour/friend

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Address: _____

Suburb: _____ Post Code: _____ Phone: _____

Email Address: _____

Occupation/Workplace: _____

Work Phone: _____ Mobile No: _____

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

Emergency Contact - Indicate in which order you wish the school to contact in case of emergency.

*Parent/Guardian/Carer 1 Parent/Guardian/Carer 2 Other contacts

Student Details - Additional Information

* Nationality _____

* Religion _____

* What is your child's first language?
(The language spoken to/with your child from birth) _____

* What is the main language other than English spoken at home? _____

* Does your child mostly speak English at home? Yes / No

* In which country was your child born? Australia Other (please specify) _____

* Is the student of Aboriginal or Torres Strait Islander origin? NO
 YES, Aboriginal
 YES, Torres Strait Islander

If your child was born overseas please complete:

* Date entered Australia _____

* Visa Sub-class Number _____

* Visa Grant Number _____

* Expiry Date _____

* Citizenship: Australian Other (please specify) _____
(Certificate of Citizenship must be provided to the school)

* Permanent Resident: Yes / No

Reason for change of School: _____

Previous School: _____ or

If previously enrolled in Home Education, specify the Education District: _____

Student Details - Medical / Health / Special Needs

*Does the student have a disability or difficulty? YES NO UNSURE/HAVE CONCERNS

Please indicate where you have documentation about your child's disability/difficulty 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"/> Mental Health/Anxiety |
| <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"/> Specific Learning Difficulty (eg dyslexia) |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Severe Mental Disorder |

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 (otitis media/grommets/glue ear) |
| <input type="checkbox"/> Allergy - Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> 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 Private Health Fund _____

I agree to pay for an ambulance for my child if required in an emergency. YES NO

Medicare No. _____ Ref No. _____ Expiry Date _____

Permission to call Doctor	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Permission to call School Dental Therapy Unit	YES <input type="checkbox"/>	NO <input type="checkbox"/> (Parent will be contacted prior)
Permission to administer First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details change.
- I understand that if I provide false or misleading information the enrolment may be reconsidered.
- I have provided all documentation available to me.

Name of person enrolling student: _____

Relationship to student: _____

Signature: _____

Date: ____/____/____

Parental Occupation Groups: (Relates to questions in Parent/Guardian/Carer 1 & Parent/Guardian/Carer 2 sections)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager(section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>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]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>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]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>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]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

