



**SOUTH
FREMANTLE**
SENIOR HIGH SCHOOL

Year of enrolment:	_____
Year level:	_____
Date of birth:	___/___/___

South Fremantle Senior High 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. 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.

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: _____

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	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Parent/Guardian/Carer 1	<input type="checkbox"/>	Name	Relationship to student
Parent/Guardian/Carer 2	<input type="checkbox"/>	_____	_____
Independent minor.....	<input type="checkbox"/>		

(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.	_____	_____	_____	_____

Specialist Program

Are you applying to enrol in a specialist program at this school?

Name of specialist program: (please circle) Marine Baseball Music

YES

NO

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 Is the student to be withdrawn from religious instruction?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 NO, English only
spoken most often.) 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.

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

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <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"/> Physical Disability |

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

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> General Learning Difficulty * | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) | |
| <input type="checkbox"/> Dyspraxia | |

*Please provide further information

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)

I give permission for the school to seek medical attention for my child as required from the above medical centre YES NO

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

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).*

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)

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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)

PRINCIPAL'S APPROVAL

Principal's signature
Approved / Not approved
Date: _____

Consent Form

At **South Fremantle 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. At all times we make the very best efforts 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.

In addition, see Appendix F of the [Student's online policy](#).

The school Newsletter is accessible through our Website.
<http://southfremantleshs.wa.edu.au/information/communication/>

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](#).

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

Name of student: _____ Year/Class/Room: _____

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:

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)

Immunisation records provided: YES NO

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.**