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 ............................................ ☐ Other .......................................................... ☐
Parent/Guardian/Carer 1 ......................... ☐ Name ...........................................................................
Parent/Guardian/Carer 2 ......................... ☐ Relationship to student ..........................................
Independent minor ........................................ ☐
(Reg3. School Education Regulations 2000)

For information on access restriction, see Confidential section of this form.

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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specialist Program
Are you applying to enrol in a specialist program at this school? ☐ YES ☐ NO
Name of specialist program: ___________________________
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.

______________________________________________________________________________________
**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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder</td>
<td>Severe Mental Disorder</td>
</tr>
<tr>
<td>Deaf or Hard of Hearing</td>
<td>Global Developmental Delay (prior to age 6)</td>
</tr>
<tr>
<td>Specific Speech Language Impairment</td>
<td>Vision Impairment</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>Physical Disability</td>
</tr>
</tbody>
</table>

Does the student have a medical condition or intensive health care need?  □ YES  □ NO  If YES, please specify.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Learning Difficulty *</td>
<td>Hearing condition (eg otitis media)</td>
</tr>
<tr>
<td>Allergy – Anaphylaxis</td>
<td>Mental health or behavioural (eg depression,</td>
</tr>
<tr>
<td>Allergy – Other</td>
<td>ADD/ADHD)</td>
</tr>
<tr>
<td>Asthma</td>
<td>Intensive Health Care Need (eg tube feeding)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Dyslexia</td>
</tr>
<tr>
<td>Diagnosed migraine/headaches</td>
<td></td>
</tr>
<tr>
<td>Seizure Disorder (e.g. epilepsy)</td>
<td>Other: ______________________________________</td>
</tr>
<tr>
<td>Dyspraxia</td>
<td></td>
</tr>
</tbody>
</table>

*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 □ 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

What is the level of the highest qualification you have completed?

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

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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://southfremantlesh.s.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: ________________________________

Enrolment Form
South Fremantle Senior High School
Enrolment Form
South Fremantle Senior High School

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.