Application for Admission

Student Name: ____________________________

Current School Year: _______________________

Date of Application: ________________________

South Fremantle SHS students are required to comply with the school's dress code. I am aware of the dress code requirements and will ensure that my child complies with these requirements at all times.

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<th>YES</th>
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I give permission for my child's image and work to be used where appropriate for curriculum, promotional and public relations purposes by South Fremantle SHS and the Department of Education.

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<th>YES</th>
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Every community member (staff and students) at South Fremantle SHS has rights and responsibilities. These are clearly outlined in students’ diaries and in the school rules. I recognise and support the fact that my child is expected to comply with these rights and responsibilities at all times.

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South Fremantle SHS students are expected to abide by the Information & Communications Technology Policy. I will support my child to comply with the intent and substance of this policy, which includes not accessing or distributing illegal/offensive materials nor being involved in 'cyber-bullying'.

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South Fremantle SHS does not allow the use of mobile phones or mp3 players whilst at school. All devices should be switched off and stored securely whilst at school. I will ensure my child complies with this policy at all times.

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Some courses attract extra charges because of their specialist nature or heavier use of consumables. To support my child's learning if enrolled in these courses I commit to paying all associated fees and charges. I understand that my child's ongoing enrolment in these courses is dependent upon these fees being paid in full.

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<th>YES</th>
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Should the need arise I give permission for my child to access the School Chaplaincy Service. Information about this service is provided in the Student Services section of the school website.

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Please sign in the relevant space

Parent/Guardian: _______________________

Student: _______________________________

Date: ____________________________
The information provided in this Application for Enrolment Form is private and confidential and is managed and stored securely in the school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

Please complete and return to the school. 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.

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
- Recent school report

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 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 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/responsible person 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.
STUDENT DETAILS

* Surname: __________________________ * Legal Surname: __________________________

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

* Email address: __________________________

* Date of Birth ______/_____/______ Sex: Male ☐ Female ☐

* Residential Address: __________________________ Post Code: __________________________

* Home Telephone: __________________________ * Work Telephone: __________________________

* Mobile Telephone: __________________________ * SMS Communication No: __________________________

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.

DCD Case Manager __________________________ DCD District __________________________ Contact Phone No __________________________

* 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 1 ☐ Parent 2 ☐ Neither Parent ☐

* Is this student subject to Access Restriction? NO ☐ YES ☐ (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 the student’s residential address) __________________________ Post Code: __________________________

  * Telephone __________________________ * Work Telephone __________________________ * Mobile __________________________

* Email address: __________________________

Occupation/Workplace: __________________________

Do you mainly speak English at home? Yes ☐ No ☐

Do you speak a language other than English at home? Yes ☐ No ☐

(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

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

**What is the highest level of 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 (last page). 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** *(this should be the most available SMS contact)*

<table>
<thead>
<tr>
<th>* Title</th>
<th>* First Name</th>
<th>* Surname</th>
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</thead>
<tbody>
<tr>
<td>* Please indicate relationship to the student:</td>
<td>* Postal Address:</td>
<td>* Post Code:</td>
</tr>
<tr>
<td>* Telephone</td>
<td>* Work Telephone</td>
<td>* Mobile</td>
</tr>
</tbody>
</table>

**Occupation/Workplace:**

**Do you mainly speak English at home?**
- Yes [ ] No [ ]

**Do you speak a language other than English at home?**
- Yes [ ] No [ ]

*(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

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

**What is the highest level of 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 (last page). 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/Emergency Contact Details**

<table>
<thead>
<tr>
<th>* Title</th>
<th>* First Name</th>
<th>* Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Please indicate relationship to the student:</td>
<td>* Postal Address:</td>
<td>* Post Code:</td>
</tr>
<tr>
<td>* Telephone</td>
<td>* Work Telephone</td>
<td>* Mobile</td>
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**Occupation/Workplace:**

**Please advise the school if there are any other contact you would like recorded**
Student Details – Additional Information

* Is the student of Aboriginal or Torres Strait Islander origin?  
(For a student of both Aboriginal & Torres Strait Islander origin mark both YES boxes)  
YES  Aboriginal  NO  Torres Strait Islander

* Does the student mainly speak English at home?  
YES  NO

Does the student speak a language other than English at home?  
(If more than one language, indicate the one that is spoken most often)  
YES  NO

Other language:

* Citizenship:  
Australian  Other  Please specify

* Permanent Resident:  
YES  NO  * Temporary Resident:  
YES  NO

* Visa Sub Class Number:  
* Visa Expiry Date:

* Date Entered Australia:  
In Receipt of Allowance:  
YES  NO  Secondary Assistance  Youth Allowance

Assistance for Isolated Children (AIC)  Abstudy

Birth Certificate provided (or passport or travel documents)  
YES  NO

* In which country was the student born?  
Australia  Other – Please specify

* Previous School:

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

* Movement Reason (if applicable):

* Out of school intake area:  
YES  NO  (If YES see separate Cross Boundary Form)

Learning Support

Does the student require extra support? If YES, please specify.  
YES  NO  UNSURE

* Please indicate where you have documentation about your child’s learning difficulties in any of the following areas. Copies of the documentation will be required for school records.

General Learning Difficulty  Autism Spectrum Disorder
Auditory Processing Disorder  Hearing Impairment
Dyspraxia  Vision Impairment
ADHD/ADD  Physical Disability
Specific Speech Language Impairment  Intellectual Disability
Other (Specify below)  Severe Mental Disorder

I give permission for the school’s Learning Support Coordinator to be made aware of my child’s needs and to provide information when required to staff.

Please provide further information if required
Student Health Care Summary

SECTION A

FAMILY CONTACT DETAIL

1 Name: ____________________________
Relationship to student: ____________________________
Address: ____________________________
Telephone: _______________________
(W) _______________________
(H) _______________________
(M) _______________________

2 Name: ____________________________
Relationship to student: ____________________________
Address: ____________________________
Telephone: _______________________
(W) _______________________
(H) _______________________
(M) _______________________

ACADEMIC YEAR 7 8 9 10 11 12
CALENDAR YEAR

MEDICAL DETAILS

Medical Practice: ____________________________
Doctor 1: ____________________________
Telephone: ____________________________

I give permission for the school to seek medical attention for my child as required from the above medical centre.

Yes ☐ No ☐

Do you have ambulance cover? Yes ☐ No ☐

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Health care card: Yes ☐ No ☐

Medicare No. ____________________________

(If required – for children requiring regular emergency care)

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the Medication section of the relevant health care plan – see below.

Short term medication - Request an Administration of Medication form to complete and return to the principal or class teacher.

INFORMED CONSENT

Your child’s health care information will be shared with staff on a “need to know” basis unless otherwise stated. Do you give permission for the school to share your child’s health care information? Yes ☐ No ☐

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program. If no, and the information is to be restricted, who can be informed of your child’s health care information?

Does your child have one or more health condition(s) that will require support from school staff? No ☐ - sign below and return Section A of this form to the school office. If your child’s requirements change, please notify the school.

Signature: ____________________________ Date: ____________________________

Yes ☐ - complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child’s health condition(s): ____________________________

SECTION B – BELOW PLEASE INDICATE YOUR CHILD’S CONDITION(S) WHICH REQUIRE STAFF SUPPORT

(in response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions

Tick health condition

Will school staff require specific training to support your child?

If Yes, what training is required?

Severe Allergy/Anaphylaxis ☐ YES ☐ NO ☐

Minor & Moderate Allergies ☐ YES ☐ NO ☐

Diabetes ☐ YES ☐ NO ☐

Seizures ☐ YES ☐ NO ☐

Asthma ☐ YES ☐ NO ☐

Activities Of Daily Living ☐ YES ☐ NO ☐

Other Conditions or Needs (Please specify) ____________________________

Has your child’s Medical Practitioner provided a health care plan to assist the school to manage the condition? Yes ☐ No ☐

If you ticked “Yes” for specific staff training, please discuss the training needed with the Principal.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD’S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child’s medical details and photo on view to provide immediate identification.

I give permission for my child’s “medical details and photo” to be on view for staff.  Yes ☐ No ☐

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant?  Yes ☐ No ☐
If yes, provide details:______________________________________________________________________________

Signature:__________________________________________________________________________________________

Parent/Carer Signature: _________________________________  Date:  ________________________

Parent/Care Name:         _________________________________

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS?  Yes ☐ No ☐ Date:

Have relevant health care plans been issued to the parent? Yes ☐ No ☐ Date:

Has the Principal been informed if:
  • specific training is required to support the student? Yes ☐ No ☐
  • the student’s health care information is to be restricted? Yes ☐ No ☐

Date Student Health Care Summary was completed and uploaded on SIS: / /
### Specialist Programs

Is your child applying for or has s/he been accepted into an Approved Specialist Program?

- [ ] YES
- [ ] NO
- [ ] UNSURE

If YES please nominate:

- [ ] Approved Specialist Baseball Program
- [ ] Approved Specialist Marine Program
- [ ] Approved Specialist Music Program
- [ ] International Fee Paying Student

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<th>Other Interests</th>
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### Signature

Name of person enrolling student: ____________________  Relationship to student: ____________________

Signature: ____________________  Date: ____________________

### Office Use Only

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<tr>
<th>Entry Date: ____________________</th>
<th>Date Transfer Note Sent: ____________________</th>
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<tbody>
<tr>
<td>Previous School: ________________</td>
<td>Records Received: [ ] YES  [ ] NO  [ ]</td>
</tr>
<tr>
<td>Publications/Internet Permission Form Completed: [ ] YES  [ ] NO  [ ]</td>
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</tr>
<tr>
<td>Contributions &amp; Charges Billing: PG1 [ ] %  PG2 [ ] %  Other [ ] %</td>
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<tr>
<td>Immunisation records provided: [ ] YES  [ ] NO  [ ]</td>
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<tr>
<td>Entered on SIS by: ____________________</td>
<td>Date: ____________________</td>
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