

OFFICE USE ONLY	
Date received:	Ranking:
Accepted: Yes <input type="checkbox"/>	No <input type="checkbox"/>



WEST BEECHBORO PRIMARY SCHOOL

Avignon Way, Beechboro WA 6063

STUDENT APPLICATION FOR ENROLMENT

NAME OF APPLICANT: _____

GRADE APPLYING FOR: _____

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 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. Please place X in provided.

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

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 school¹

STUDENT DETAILS

* Surname: _____ * Legal Surname: _____

* 1st Name: _____ * 2nd Name: _____

Preferred Name: _____

Email Address: _____

* Date of Birth: ____/____/____ * Gender: Male Female

* Residential Address: _____

Postcode: _____

* Telephone _____ * Work Telephone _____ * Mobile _____

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.

* 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
Neither Parent Parent 2

Is this student subject to Access Restriction?

YES (If YES, please attach supporting documentation) NO

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 student residential address): _____

Postcode: _____

* 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? (If more than one language, indicate the one that is spoken most often)

NO, English only YES, other - please specify: _____

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 (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

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* 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? (If more than one language, indicate the one that is spoken most often)

NO, English only YES, other - please specify: _____

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 (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' above².

Other Contact - Details

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Email Address: _____

Occupation/Workplace: _____

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

Student Details – Additional Information

Religion: _____ Is the student to be withdrawn from religious instruction? YES
NO

Is the student of Aboriginal or Torres Strait Islander origin? NO
(For students of both Aboriginal & Torres Strait Islander origin YES, Aboriginal
Mark both 'YES' boxes) YES, 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.)
NO English only
YES Other - please specify: _____

Out of school intake area: YES NO Health Card: YES NO

* Citizenship: Australian Other - please specify _____

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

Visa Sub Class Number _____ Visa Sub Class Number _____

Visa Expiry Date _____ Visa Expiry Date _____

Date Entered Australia _____ Date Entered Australia _____

In Receipt of Allowance: Secondary Assistance Youth Allowance
Assistance for Isolated Children (AIC) Abstudy

Birth Certificate seen: YES NO Date sighted: ____/____/____
(or passport or Travel documents)

In which country was the student born? Australia

Other – please specify: _____

* Previous School: _____ OR

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

Movement Reason (if applicable)³: _____

*Does the student have a disability? YES NO

If YES, please specify Disability: _____

*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 |

Student Details – Medical/Health

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 (eg otitis media) |
| <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

(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)⁴

Signature

Name of person enrolling student: _____

Signature: _____ Date: ____/____/____

Parent Occupation Groups

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 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>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</p>			

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Entry Date: ____/____/____	Date Transfer Note Sent: ____/____/____
Previous School: _____	Records Received: YES <input type="checkbox"/> NO <input type="checkbox"/>
Publications/Internet Permission Form Completed:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Within intake area:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Immunisation records provided:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Birth Certificate Provided:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Proof of address:	YES <input type="checkbox"/> NO <input type="checkbox"/>
VISA Documentation:	YES <input type="checkbox"/> NO <input type="checkbox"/>
All details entered into INTEGRIS:	YES <input type="checkbox"/>
Billing items assigned in RM BILLING:	YES <input type="checkbox"/>
Teacher, Specialists, Librarian, (EAL / AIEO if applicable) notified:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Principal's whiteboard updated:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Newsletter – email address added to Schoolzine:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Form/Class: _____	House/Faction: _____
Entered on School Information System by: _____	Date: ____/____/____
Leave Date: ____/____/____	Destination: _____ Records Sent: YES <input type="checkbox"/> NO <input type="checkbox"/>

KINDERGARTEN ROLLOVER

- My child is inside of the intake area and I wish to enrol them from Kindergarten to Pre-Primary at West Beechboro Primary School.

Sign: _____ Date: _____

- My child is outside of the intake area and I wish to enrol them from Kindergarten to Pre-Primary at West Beechboro Primary School.

Sign: _____ Date: _____