

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

STUDENT APPLICATION FOR ENROLMENT



WEST BEECHBORO PRIMARY SCHOOL

Avignon Way, Beechboro WA 6063

NAME OF APPLICANT: _____

YEAR GROUP APPLYING FOR: K P 1 2 3 4 5 6 (please circle)

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, you must provide the following:

- Birth certificate
- Identity documents (if applicable)
- Immunisation certificate
- Court order (if applicable)
- Proof of address
- Documentation of VISA grant or Australian Citizenship proof of the student's parents, if born outside of Australia

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. This is a free service provided by the department.

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/productio n/ 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/i ndustrial 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, kitchen-hand, 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>			

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/or sisters attending this school:
_____In which country was the student born? Australia

Other – please specify: _____

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 IslanderWhich language is most commonly spoken at home? *(If more than one language, indicate the one that is spoken most often.)*

Please specify: _____

Religion: _____

* 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	_____

* Previous School: _____ OR

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

Movement Reason (if applicable)¹: _____

* 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 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: _____

In which country was this person born: Australia

Other – please specify: _____

***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 your occupation group? (Write 1, 2, 3, 4 or 8)

***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

Please select the appropriate parental occupation group from the list provided in this booklet.

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.

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: _____

In which country was this person born: Australia

Other – please specify: _____

***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 your occupation group? (Write 1, 2, 3, 4 or 8)

***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

Please select the appropriate parental occupation group from the list provided on the last page of this booklet.

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' above³.

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**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 **Fee's billing:****Indicate, by placing a tick in the box,** of the person who is responsible for making payments associated to the student.Parent/responsible Person 1 Parent/responsible Person 2 Other Contacts **Family mail marker:****Indicate, by placing a tick in the box,** of the person who is responsible for liaising with the school via postal correspondence concerning the student.Parent/responsible Person 1 Parent/responsible Person 2 Other Contacts

Student Details – Medical/Health:

*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 | |

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

Medicare No: _____ Expiry date: ____ / ____

Signature:

Name of person enrolling student: _____

Signature: _____ Date: ____ / ____ / ____

- **Please be aware that your child can not be enrolled until all documentation has been provided to the school.**
- **If your contact details change, please notify the office as soon as possible to allow us to update our records.**

Student consent forms beyond this page:

- 1) Student Permissions**
- 2) Unallocated Credit Form**

STUDENT PERMISSIONS

At **West Beechboro Primary 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 other work are often published to recognise excellence and effort. These may appear in newspapers, on the internet, in newsletters or on film / video. Their name may also be included, however no contact details will be provided. Work/images captured by the school will be kept for no longer than necessary, for the purposes outlined above and will be stored and disposed of in accordance with Departmental guidelines.

- Yes, I give consent for my child to have his/her image and/or work published as described above.
- No, I do not give consent.

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 dependent on their adhering to the schools Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent

VIEWING CONSENT

Children may be required to watch videos / DVD's / television documentaries as part of their learning. These are predominately 'G' rated and do not require consent. Occasionally, however viewing material 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.



or visit our website www.westbeechborops.wa.edu.au. The school also has our newsletter accessible on the website. If you wish to have the newsletter emailed to you please supply your email address below:

Unallocated Credit Form

Student name: _____

Dear Parents / Guardians,

At times throughout your child's schooling, they may accrue unallocated credit on their student account. This can occur due to a variety of reasons including:

- Non-attendance/participation in class activity (excursion/incursion – activity component only)
- Overpaid billing item / double payment of billing item
- Sibling transfer
- Other

In order for us to allocate this credit, we require your assistance in completing the below...

In the event that credit accrues on my child's account, I would like the funds to be:

Held in credit to pay towards future billing items at schools discretion (this will not include voluntary contributions)

Transferred to pay for items on sibling's account (insert name of child/children (as necessary)

Donated to the school

Refunded by EFT:

Acct name: _____

BSB: _____

ACCT No: _____

Name of parent/guardian: _____

Signed: _____ Date: _____

Please contact the school office staff at any time should you wish to receive information about your child's account or should you wish to make changes to this form.

Please note that parents/guardians may request a refund of unallocated credit at any time.

Thank you for completing the enrolment form for your child.
Should we have any queries, or require anything additional from you, we will be in
contact.

OFFICE USE ONLY

Entry Date: ____/____/____

Date Transfer Note Sent: ____/____/____

Previous School: _____

Records Received: YES NO Publications/Internet Permission Form Completed: YES NO Within intake area: YES NO Immunisation records provided: YES NO Birth Certificate Provided: YES NO Proof of address: YES NO VISA Documentation: YES NO All details entered into INTEGRIS: YES Billing items assigned in RM BILLING: YES Teacher, Specialists, Librarian,
(EAL / AIEO if applicable) notified: YES NO Principal's whiteboard updated: YES NO Newsletter – email address added to SCHOOLZINE: YES NO ESL Stage: One Two Three

Form/Class: _____

House/Faction: _____

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

Leave Date: ____/____/____ Destination: _____ Records Sent: YES NO **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: _____