



Department of
Education



STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

SCHOOL NAME

School name

West Beechboro Primary

Year Level Entering

STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname (if applicable)

1st Name

2nd Name

3rd Name

Preferred Name

Date of birth (dd/mm/yy)

/ /

Gender Male Female Other

Residential Address

Postcode

SIBLING DETAILS

Full Name/s of siblings attending
this school

PARENT / CARER 1 DETAILS

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to the student	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Residential Address (if different from student residential address)	<input type="text"/>		Postcode <input type="text"/>
Telephone (Home)	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

Does Parent/Carer 1 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 school Parent/Carer 1 has 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 level of the highest qualification Parent/Carer 1 has completed?

Bachelor degree or above Advanced diploma/Diploma

Certificate I to IV (including trade certificate) No non-school qualification

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related worker
8. Unemployed, Retired, Student

(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 month, enter '8'.)

PARENT / CARER 2 DETAILS

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to the student	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Residential Address (if different from student residential address)	<input type="text"/>		Postcode <input type="text"/>
Telephone (Home)	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

Does Parent/Carer 2 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 school Parent/Carer 2 has 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 level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above Advanced diploma/Diploma

Certificate I to IV (including trade certificate) No non-school qualification

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related worker
8. Unemployed, Retired, Student

(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 month, enter '8'.)

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

CONTACT 1:

Title First name

Surname

Relationship to the student

Residential Address
(if different from student residential address)

Postcode

Telephone (Home) Mobile Number

Email Address

CONTACT 2:

Title First name

Surname

Relationship to the student

Residential Address
(if different from student residential address)

Postcode

Telephone (Home) Mobile Number

Email Address

STUDENT DETAILS - ADDITIONAL INFORMATION

Student's Religion
(if applicable)

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander (TSI) Yes, both Aboriginal and TSI

What language/s are spoken at home?

Aboriginal-English: Yes

No

Other: Please specify:

Student lives with:

- Both parents
- Parent/Carer 1
- Parent/Carer 2
- Other

RESIDENCY STATUS

Country of Birth

Is the student an Australian citizen? YES NO

If No, Is the student a permanent resident of Australia? NO YES

If Yes, Date of Arrival in Australia / / Visa Sub Class Number
(if applicable)

Visa Expiry Date / /

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES NO *If YES, please specify and attach supporting documentation.*

Is this student in the care of Director General of the Department of Communities - Child Protections and family Support (CPFS)?

NO YES *If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.*

District

Name

Contact Number

PREVIOUS SCHOOL

Previous School

Reason for move

Year commenced studying in an Australian school (if born overseas)

If previously enrolled in Home Education, specify the Education Region

GROUPS – CONSENT FORMS

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 our duty of care.

INTERNET ACCESS CONSENT

Students are often required to access online resources to research a topic or view media. This is done in a controlled environment and with strict conditions.

YES, I consent to my child accessing the internet when deemed suitable by the school.

NO, I do not give consent

USE OF IMAGES CONSENT

Students at West Beechboro Primary are often photographed or videoed participating in school-based learning experiences and activities. School can use these images to promote the school, celebrate the achievements of the students or a variety of other reasons. The images can be posted at school, on the website or the schools social media pages.

YES, I consent to my child's image being used both internally (Seesaw, Newsletters) and externally (Social Media, Internet)

NO, I do not give consent

THIRD PARTY APPS AND WEBSITES

As a part of West Beechboro Primary School's curriculum your children will be required to use various third-party applications and websites. Your child use of these sites will be in conjunction with the Department of Education's policies and procedures to ensure their confidentiality and safety.

YES, I consent to my child accessing and using all the bundled applications deemed suitable by the school.

NO, I do not give consent

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 school.

NO, I do not give consent

UNALLOCATED FUNDS

Due to varying circumstances, your child may accrue unallocated credit during their schooling. If this occurs, you have four options to choose from: (Please tick)

- Held in credit to pay towards future billing items
- Transferred to a sibling to pay off billing items on their account
- Refunded by EFT
- Donated to the school

MISCELLANEOUS – STUDENT DETAILS-MEDICAL/HEALTH

DISABILITY

Does the student have a disability? YES NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Global Developmental Delay (prior to age 6) | <input type="checkbox"/> Specific Speech and/or Language Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Other, please specify | |

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

- Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer

MEDICAL CONDITION

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

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

- | | |
|---|--|
| <input type="checkbox"/> Allergy - Anaphylaxis | <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) |
| <input type="checkbox"/> Allergy - Other <input type="text"/> | <input type="checkbox"/> Hearing Disorder (e.g. otitis media) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental Health / Behavioural (e.g. depression, ADD / ADHD) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intensive Health Care Need (e.g. tube feeding) |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Other, please specify <input type="text"/> | |

HEALTH CARE PROVIDER

Medical Practice Name

Address

Doctor's Name Telephone

Medicare Number Valid to /

Do you have ambulance cover? YES NO
(If there is a medical emergency parents or carers are expected to meet the cost of the ambulance)

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

- that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- I have provided all documentation available to me.

Name of person enrolling student

Title First name

Surname

Relationship to the student

Signature

Date / / (Independent minors and those aged 18 years or older may sign on their own behalf)

KINDERGARTEN ROLLOVER

My child resides **inside** of the intake area and I wish to roll them over from Kindergarten to Pre-Primary at West Beechboro Primary School.

Signature

Date

 / /

My child resides **outside** of the intake area and I wish to roll them over from Kindergarten to Pre-Primary at West Beechboro Primary School. I am aware that this may only be an option if student numbers allow.

Signature

Date

 / /

APPROVAL OF PRINCIPAL OR DELEGATE

Principal/Delegate's approval Enrolment approved YES NO

Signature

Date

 / /

OFFICE USE ONLY

Student Leaving

Destination

 / /

Student file sent to transferring school

 / /

SAER file sent (if applicable)

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

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><i>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</i></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].</p> <p>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/refuge/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>

These categories have been determined nationally and are designed as broad occupation groupings. All Australian states and territories use the same categories.