ENROLMENT PACK (PART B)
Parent information about enrolment in a Western Australian public school.

INFORMATION TO BE PROVIDED
The Enrolment Form 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 if there are changes needed to update the form.

The document is to be completed in English. If you need help including translation services, please ask the school staff about available assistance.

**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. While it is not a legal requirement to provide non-asterisked details requested in the Enrolment Form, the information enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Regional Education Office where evidence has not been supplied.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the Parent Details section of the form.

The school needs to be advised of any court orders or any changes in relation to the child’s name, usual place of residence and/or name and usual place of residence of parent/s.

TRANSPORT
In most cases, transporting your child to school is the parents’ responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority **enquire@pta.wa.gov.au** or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY
All information provided on this form will be treated confidentially (s 242 of the School Education Act 1999).

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION
The National Goals for Schooling in the 21st Century state that ‘the learning outcomes of educationally disadvantaged students [should] improve and, over time, match those of other students’.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

PHOTOGRAPHS AT SCHOOL
Occasionally photographs are taken of individual students and classes of students at school. If you do not wish your child to be photographed, please make sure you indicate a response on the school’s Permission to Publish Work/Images of Students form (see attached) or inform the school in writing.

STUDENT HEALTH CARE
The Department’s **Student Health Care policy** clarifies the actions to be undertaken by public schools to manage student health care needs. All students need an up to date Student Health Care Summary.
This form 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.

The attached Parent information about enrolment in a Western Australian public school provides important information to read before lodging the form with the school.

**STUDENT DETAILS**

* Essential information

1. * Surname __________________________

2. * Legal Surname
   * (if different from above name):
   ______________________________________________________________________________

3. * 1st Name __________________________
   * 2nd Name___________________

4. The Class year are you seeking to enrol in *(mark one box)*
   K  Pre-P  1  2  3  4  5  6  7  8  9  10  11  12  Other *(eg Intensive Education Centres)*
   □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □

5. Preferred start date
   Beginning of 20 ___ school year

or
   □  □  /  □  □  /  □  □
   Day  Month  Year

6. Preferred Name_______________________________________________________________

7. Email Address_______________________________________________________________

8. * Date of Birth _____/_____/_____  9. * Sex  □  Male  □  Female

10. * Residential Address__________________________________________________________________________
    Suburb_________________________________________ Postcode____________________

11. * Telephone __________  12. * Student Mobile *(if applicable)______________

13. Full names of any brothers and sisters attending this school
    Sibling 1_________________________ Sibling 2_________________________

    Sibling 3_________________________

14. * Is this student in the care of the Department for Child Protection (DCP) Chief Executive Officer?
    YES □  NO □
    If YES, please specify the name and contact details of the DCP Case Manager
    ________________________________________________________________________________
15. * 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.

<table>
<thead>
<tr>
<th>Relationship with Parent/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Child lives with</td>
</tr>
<tr>
<td>Both Parents □</td>
</tr>
<tr>
<td>Parent 1 □</td>
</tr>
<tr>
<td>Parent 2 □</td>
</tr>
<tr>
<td>Other Person Responsible □</td>
</tr>
<tr>
<td>Relationship to child □</td>
</tr>
</tbody>
</table>

17. Is this student subject to Access Restriction?  
   YES □  (If YES, please attach supporting documentation)  NO □

**Emergency Contact**

18. * Persons to be contacted in an emergency ranked in order of preference (Telephone numbers must be specified).

<table>
<thead>
<tr>
<th>Parent/Person Responsible 1</th>
<th>Parent/Person Responsible 2</th>
<th>Additional Person’s Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Telephone</td>
<td>Telephone</td>
<td>Telephone</td>
</tr>
</tbody>
</table>

**Parent/Responsible Person 1 – Details**

1. Title: ____*  First Name _________________________  * Surname _________________________

2. Relationship to the student ______________________________________________________

3. * Postal Address (if different from student’s residential address)  
   ____________________________________________________________  Postcode ____________

4. * Telephone __________________________  * Work Telephone __________________________  * Mobile __________________________

5. Email Address______________________________________________________________

6. Occupation/Workplace_________________________________________________________

7. Do you mainly speak English at home?  
   YES □  NO □  
   If NO, please indicate the language ____________________________________________  
   (If more than one language, indicate the one spoken most often)
8. 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

9. What is the level of the highest qualification you have completed?
   - Bachelor degree or above
   - Advanced Diploma/Diploma
   - Certificate I to IV (incl. trade certificate)
   - No non-school qualification

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

10. 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 of this form).
    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**

1. Title: ______  * First Name: ___________________________  * Surname: ___________________________

2. Relationship to the student: __________________________________________________________

3. * Postal Address (if different from student’s residential address): __________________________
   Postcode __________

4. * Telephone ___________________________________ * Work Telephone ________________ * Mobile ______

5. Email Address: ________________________________________________________________

6. Occupation/Workplace: ______________________________________________________________

7. Do you mainly speak English at home?    YES □       NO □
   If NO, please indicate the language ______________________________________________
   (If more than one language, indicate the one spoken most often)

8. 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

9. 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

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

10. 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 of this form).
    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.
### Additional Person’s Contact Details

1. **Title**
   - First Name ____________________  
   - Surname ____________________

2. **Relationship to the student**
   ___________________________________________________

3. **Postal Address (if different from student’s residential address)**
   ___________________________________________________
   Postcode __________

4. **Telephone**
   - Work Telephone ____________________
   - Mobile ____________________

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

### Student Details – Additional Information

1. **Religion**

2. **Is the student to be withdrawn from religious instruction?**
   - YES ☐  
   - NO ☐

3. **Is the student of Aboriginal or Torres Strait Islander origin?**
   - NO ☐
   - YES, Aboriginal ☐
   - YES, Torres Strait Islander ☐

   *(For children of both Aboriginal & Torres Strait Islander origin mark both ‘YES’ boxes)*

4. **If the school has a local-intake area, does the student reside outside the area?**
   - YES ☐  
   - NO ☐

5. **Citizenship**
   - Australian ☐
   - Other nationality ____________________
   - Visa Sub Class Number __________  
   - Visa Expiry Date -- / -- / --
   - Date Entered Australia -- / -- / --

6. **Does the student receive any of the following allowances?**
   - Secondary Assistance Allowance ☐
   - Youth Allowance ☐
   - Assistance for Isolated Children (AIC) ☐
   - ABSTUDY ☐

7. **Name of previous school**
   ___________________________________________________

8. **Reason for change of school (if applicable)**
   ___________________________________________________

**OR**

9. **If previously registered for home education, please specify the Education Region in which registration was recorded**
   ___________________________________________________
10. *Does the student have a disability?  

YES □  NO □

If YES, please specify the disability ____________________________________________________________

<table>
<thead>
<tr>
<th>Condition</th>
<th>□</th>
<th>Condition</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder</td>
<td></td>
<td>Severe Mental Disorder</td>
<td></td>
</tr>
<tr>
<td>Deaf or Hard of Hearing</td>
<td></td>
<td>Global Developmental Delay</td>
<td></td>
</tr>
<tr>
<td>Specific Speech Language Impairment</td>
<td></td>
<td>Vision Impairment</td>
<td></td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td></td>
<td>Physical Disability</td>
<td></td>
</tr>
<tr>
<td>Severe Medical/Health Condition</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please specify ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

11. *Please indicate if you have documentation regarding your child’s disability (Copies of this documentation will be required for school records).  

YES □  NO □

**Student Details – Medical/Health**

A separate form, the *Student Health Care Summary*, is also to be completed for all students prior to enrolment and needs to be updated if the student’s health care needs change. It will be used by the school in the event of care being needed. *If the student has medical conditions or intensive health care needs you also will be asked by the school to complete the relevant Health Care Authorisations.*

12. Please provide details of any other information you would like noted about the student’s health.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does the student have a medical or health care need?  

YES □  NO □

If YES, please specify.

□ Allergy – Anaphylaxis  □ Hearing condition (e.g. otitis media)
□ Allergy – Other ___________________________  □ Mental health or behavioural (eg ADD/ADHD, depression)
□ Asthma  □ Intensive Care Needs (e.g. tube feeding)
□ Diabetes  □ Other ___________________________
□ Diagnosed migraine/headaches
□ Seizure Disorder (e.g. epilepsy)

Medical Practice (Name and Address) ____________________________________________

Doctor’s Name ___________________________________________  Phone __________________

Dental Practice (Name and Address) ____________________________________________

Dentist Name ___________________________________________  Phone __________________
Medicare Number
Expiry ______

Do you have a Health Care Card?  YES □  NO □
Expiry ___ / ___

Do you have ambulance cover?  YES □  NO □
*(If there is a medical emergency, parents/responsible persons are expected to meet the cost of the ambulance)*

Name of Insurance Company __________________

**Signature**

Name of person enrolling student:  __________________________________
*(Independent Minors and those aged 18 year or older may sign on their own behalf)*

If an enrolment for Kindergarten, I declare this to be the only enrolment made.
Signature ___________________________  Date_____/_____/____

<table>
<thead>
<tr>
<th><em>Must be completed by the School OFFICE USE ONLY</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth Certificate sighted (or other evidence such as passport or travel documents)</strong></td>
</tr>
<tr>
<td>YES □  NO □  Date sighted <em><strong><strong>/</strong></strong></em>/____</td>
</tr>
<tr>
<td>Entry Date <em><strong><strong>/</strong></strong></em>/____  Date Transfer Note Sent <em><strong><strong>/</strong></strong></em>/____</td>
</tr>
<tr>
<td>Previous School ____________  Records Received YES □  NO □</td>
</tr>
<tr>
<td>Publications/Internet Permission Form Completed YES □  NO □</td>
</tr>
<tr>
<td>Contributions and Charges Billing PG1 □ ____%  PG2 □ ____%  Other □ ____%</td>
</tr>
<tr>
<td>Immunisation records provided YES □  NO □</td>
</tr>
<tr>
<td>Form/Class ____________________________  House/Faction ____________________________</td>
</tr>
<tr>
<td>Entered on School Information System by ____________________________  Date <em><strong><strong>/</strong></strong></em>/____</td>
</tr>
<tr>
<td>Student Leaves School Date <em><strong><strong>/</strong></strong></em>/____  Records Sent YES □  NO □</td>
</tr>
</tbody>
</table>

**THIS ENROLMENT FORM MUST BE ARCHIVED UNTIL THE FORMER STUDENT REACHES 25 YEARS OF AGE AND THEN IT MUST BE TRANSFERRED (WITH PRINTOUTS FROM SIS) TO THE STATE RECORDS OFFICE.**

**Parent Occupation Groups**
(Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment Form)

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management in large business organisation government administration &amp; defence, and qualified professionals</td>
<td>Other business managers, arts/media/sportspersons and associate professionals</td>
<td>Tradesmen/women, clerks and skilled office, sales and service staff</td>
<td>Machine operators, hospitality staff, assistants, labourers and related workers</td>
</tr>
<tr>
<td>Senior executive/manager/department head in industry, commerce, media or other large organisation</td>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</td>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td>Drivers, mobile plant, production/processing machinery and other machinery operators</td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</td>
<td>Specialist manager [finance/engineering/productive staff, personnel/industrial relations/sales/marketing]</td>
<td>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]</td>
<td>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</td>
</tr>
<tr>
<td>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director]</td>
<td>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</td>
<td>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</td>
<td>Office assistants, sales assistants and other assistants</td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer</td>
<td>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</td>
<td>Skilled office, sales and service staff</td>
<td>Office [typist, word processor/data entry/business machine operator, receptionist, office assistant]</td>
</tr>
<tr>
<td>Defence Forces 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</td>
<td>Associate professionals generally have diploma/technical qualifications and support managers and professionals</td>
<td>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</td>
<td>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]</td>
</tr>
<tr>
<td>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</td>
<td>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</td>
<td>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]</td>
<td>Labourers and related workers</td>
</tr>
<tr>
<td>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</td>
<td>Defence Forces senior Non-Commissioned Officer.</td>
<td>Office [typist, word processor/data entry/business machine operator, receptionist, office assistant]</td>
<td>Defence Forces ranks below senior NCO not included in other groups</td>
</tr>
</tbody>
</table>

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