



Application for Enrolment

Australind Senior High School

WA Independent Public School

You must complete a separate application for each student.

Submitting an application for enrolment does not guarantee you will receive a place at the school.

The school will notify you in writing of the outcome of your application.

Family details should include the details of the parent/guardian residing at the same address as the student. Details relating to parents or other guardians not residing with the student may be included in other contact details.

Please complete the forms in English. Please contact the school if you require assistance with translation.

If you are unable to complete this online Application Form, please phone 9797 4400 to request a hard copy. Please return hard copy forms to Australind Senior High School, 12 Break O'Day Drive, Australind WA 6233.

For more information, please visit the Department of Education <https://www.education.wa.edu.au/>.

SCHOOL NAME

School Name

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

Student's Religion (if applicable)

Is the student to be withdrawn from religious instruction or activities? Yes No

Is the student of Aboriginal or Torres Strait Islander origin?

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

What was the first language spoken at home?

Does the student speak a language other than English at home?

No, English Only Yes, Aboriginal English Yes, other language—please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoke most often)

STUDENT DETAILS (Continued)

Student lives with:

<input type="radio"/> Both Parents	Name	<input type="text"/>	Relationship to student	<input type="text"/>
<input type="radio"/> Parent/Carer 1	Name	<input type="text"/>	Relationship to student	<input type="text"/>
<input type="radio"/> Parent/Carer 2	Name	<input type="text"/>	Relationship to student	<input type="text"/>
<input type="radio"/> Independent minor	Name	<input type="text"/>	Relationship to student	<input type="text"/>
<input type="radio"/> Other, please specify	Name	<input type="text"/>	Relationship to student	<input type="text"/>

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

Are you applying to enrol your child in our *specialist programs*? Yes No

If yes, select from the program/s below:

Maths and Philosophical Program (MaP) Jazz Program

(Please provide latest school report and NAPLAN results with this Application Form)

Are you applying to enrol your child in the following school endorsed program? Yes No

EXCEL Sport and Leadership Program

SIBLING DETAILS

Full name/s of siblings attending Australind Senior High School

RESIDENCY STATUS

Nationality (optional) 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, Visa Subclass Number

Is the student a temporary resident of Australia? Yes No

If YES, Date of arrival in Australia / / Visa Subclass Number

Visa Expiry Date (if applicable) / /

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

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

Does the family or student have a Health Care Card? Yes No

If YES, please provide card number

Expiry Date

 / /

Is this student in the care of Director General of the Department of Communities – Child Protection and Family Support (CPFS)? Yes No

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number

District

CPFS Case Manager Name

Contact Number

Does the student receive any of the following allowances? (check the boxes that apply)

- Secondary Assistance Youth Allowance Assistance for Isolated Children (AIC) Abstudy

MEDICAL CONDITION / DISABILITY

Does the student have a disability or additional needs? Yes No

If YES, please specify

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

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

PARENT / CARER 1 (PG1) DETAILS

Title First Name Surname

Relationship to student

Date of Birth / / Gender Male Female Other

Postal address same as student residential address? Yes No

Postal Address
(if different from student residential address) Postcode

Telephone (Home) Telephone (Work) Telephone (Mobile)

Email Address

Who is responsible for Fees and Charges billing: PG 1 OR PG 2

Other: Provide Name

Billing Address: Postcode

Emergency Contacts: State order of preference PG 1 PG 2 Contacts: 1 2 3

Distribution of information, including student reports and newsletters: PG 1 PG 2

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does the Parent/Carer 1 speak a language other than English at home?

No, English Only Yes, other language—please specify
(If more than one language, indicate the one that is spoke most often)

What is the highest year of school Parent/Carer 1 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 No non-school qualification

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 1 'Parent Occupation Groups' for more information regarding categories)

- 1. Senior Management in large business organization, Government administration & defence and qualified professionals
- 2. Other business managers, arts/media/sportsperson & associate professionals
- 3. Tradesmen/women, clerks and skilled office, sales & service staff
- 4. Machine operators, hospitality staff, assistants, labourers and related workers
- 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 months, enter '8')

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, laborers 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].</p> <p>or 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 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>Laborers 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, green keeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer/ fishing hand].</p> <p>Other worker [laborer, factory hand, store man, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant,</p>

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

PARENT / CARER 2 (PG2) DETAILS

Title First Name Surname

Relationship to student

Date of Birth / / Gender Male Female Other

Postal address same as student residential address? Yes No

Postal Address
(if different from student residential address) Postcode

Telephone (Home) Telephone (Work) Telephone (Mobile)

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does the Parent/Carer 2 speak a language other than English at home?

No, English Only Yes, other language—please specify

(If more than one language, indicate the one that is spoke most often)

What is the highest year of school Parent/Carer 2 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 No non-school qualification

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 1 'Parent Occupation Groups' for more information regarding categories)

1. Senior Management in large business organization, Government administration & defence and qualified professionals
2. Other business managers, arts/media/sportsperson & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
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 months, enter '8')

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

CONTACT 1

Title First Name Surname

Relationship to student

Date of Birth / / Gender Male Female Other
(dd/mm/yy)

Postal address same as student residential address? Yes No

Postal Address
(if different from student residential address) Postcode

Telephone (Home) Telephone (Work) Telephone (Mobile)

Email Address

CONTACT 2

Title First Name Surname

Relationship to student

Date of Birth / / Gender Male Female Other
(dd/mm/yy)

Postal address same as student residential address? Yes No

Postal Address
(if different from student residential address) Postcode

Telephone (Home) Telephone (Work) Telephone (Mobile)

Email Address

Form 1 Student Health Care Summary



MEDICAL DETAILS: SECTION A

Medicare Card Number

Medicare Card Individual Reference Number (IRN)

Expiry Date (mm/yy)

 /

Do you have ambulance insurance? Yes No

If YES, specify insurance provider

(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*

Medical Practice

Doctor 1 Name

Telephone

Doctor 2 Name

Telephone

SECTION B

PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF

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

Health conditions

(check the box that applies)

Will school staff require specific training to support your child?

Severe Allergy / Anaphylaxis

Yes

No

Minor and 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 below)

Yes

No

MEDICAL DETAILS: SECTION B (Continued)

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

Yes No if YES, advise the Principal

If you have ticked YES for specific training, please discuss the type of training with the Principal.

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.

Note: All medication required must be supplied by parents/carers.

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, that 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?

(check the box that applies)

NO – Sign below and return **Section A** of this form to the school office.

If your child's requirements change, please notify the school.

First Name

Surname

Signature

Date

YES – Complete the remainder of this form and return it to the school office.

You will be given additional forms to complete.

List your child's health condition(s)

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 a 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, please provide details below

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.

Third Party Online Services Consent Form



Australind Senior High School is required to provide parents/carers with information concerning the Third Party Online Services we currently use in our school and classrooms, by teachers, staff and students.

There are three (3) consent categories for Third Party Online Services which require parent consent for their student to access and use. The three (3) categories are NOTIFICATION, BUNDLED and EXPLICIT. Each of these services we have been providing and utilising in our school for some time, providing a positive benefit to our student learning capabilities.

Please select from the three (3) consent categories for Third Party Online Services in the form questions below, referring to the documents on our website <https://australind.wa.edu.au/helpful-information/policies-and-publications/> the consent categories and details of Third Party Online Services which apply, and provide your consent for each of these services. A hard copy of the documents is available to view in the front office.

We require this consent to be completed as a part of student enrolment to ensure your student is able to use the online services provided at Australind Senior High School. Please contact the school on 9797 4400 if you have any queries.

APPENDIX G

Notification to disclose personal information to Third Party Services.

The Appendix G 'NOTIFICATION' outlines Third Party Services which are being used in our school.

- I have read the Appendix G NOTIFICATION

APPENDIX H

Appendix H requests consent to disclose personal information to Third Party Services.

The Appendix H 'BUNDLED CONSENT' outlines Third Party Services which are being used in our school and require us to share some personal information about your child and require you to provide consent for each service before we do so.

- I have read Appendix H 'BUNDLED CONSENT' and I consent to my child's information being provided, if required, to each of the Third Party Services outlined in Appendix H BUNDLED CONSENT until the finish of their schooling at Australind Senior High School
- I do not consent

APPENDIX I

Appendix I requests consent to disclose personal information to Third Party Services.

The Appendix I 'EXPLICIT CONSENT' outlines Third Party Services which are being used in our school and require us to share some personal information about your child and require you to provide consent for each service before we do so.

- I have read the Terms of Use and Privacy Policy for each of the websites and services listed in Appendix I 'EXPLICIT CONSENT'. I understand and consent to my child's personal information, as described, will be provided to these Third Party Service providers for the purpose of my child's education and that this information may be stored outside of Australia.
- I do not consent

Parent Permission and Consent Form



The following agreements and consents form part of the school's policies and permissions as outlined in the Parent Information Handbook and Year 7 Transition Handbook. Please refer to the handbooks for further information.

Parents/guardians enrol their student/s at this school on the understanding that:

HEALTH AND PHYSICAL EDUCATION TRAVEL PERMISSION

I have read the information on 'students travelling to sporting activities' and the conditions outlined on travelling to outside venues. I understand that in the course of my student's studies there will be a requirement to leave the school grounds for selected activities (e.g. Recreation, Physical Education classes.)

- I consent
- I do not consent

REGISTRATION FOR CONNECT

I have read the information on 'Connect Conditions of Use' and the information concerning limits of the service and agree to the Department of Education Policies concerning the parent and student use of the Connect platform.

- I consent
- I do not consent

SMARTRIDER / LIBRARY CARD

I have read the information on 'SmartRider/ID Library Card' and the conditions outlined concerning releasing my student's data to Monitor WA for the purpose of issuing a SmartRider bus card and ID /Library card for my child.

- I consent
- I do not consent

UNIFORM POLICY

I have read the information on 'Uniform Policy' and the Dress Code as endorsed by the School Board and agree to support the School's Dress Code by ensuring my student's dress complies with the code.

- I consent
- I do not consent

STUDENT MOBILE PHONE POLICY

I have read the information on Department of Education mobile phone policy and agree to support the policy concerning use of mobile phones in school as outlined.

- I consent
- I do not consent

STUDENT COMPUTER NETWORK USER APPENDIX B, C, D, E

I have read the information on 'Student Computer Network User Appendix B, C, D, E' and the conditions outlined and understand the school's policy in student's use of the computer network and internet. I give consent for a network user account with Internet access to be created for my child.

- I consent
- I do not consent

PERMISSION TO PUBLISH – APPENDIX F

I have read the information on 'Permission to Publish – Appendix F' and understand that my child's image and/or school work may be published in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites.

(e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify my child.

IMPORTANT: I understand that while the school and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.). I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department in writing; however, this will not affect materials that have already been published and disseminated.

- I consent
- I do not consent

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.

Details of person enrolling student

Title First Name Surname

Relationship to student

Signature Date / /

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

DOCUMENTS TO BE PROVIDED WITH ENROLMENT FORM

The school will advise you of any additional documentation required.

Checklist: Check the box to indicate documents you have provided to support this application

- 1. **Proof of address - electricity bill**, in the name of the parent/legal guardian completing this form. Other forms of evidence **cannot be accepted** (compulsory requirement to apply to enrol at our school)
- 2. **Birth Certificate** or extract or Passport or other identity documents
- 3. **Copies of Family Court** or any other court orders (if applicable)
- 4. Copy of your child's **latest school report**
- 5. **AIR Immunisation History Statement**
- 6. Information relating to **suspensions**
- 7. **Information relating to health** or medical condition, disability or additional needs (if applicable)

Please provide any other relevant information

ENROLMENT DOCUMENTATION PROVIDED (OFFICE USE ONLY)

- | | | | |
|----|---|---------------------------|--------------------------|
| 1. | Proof of address (electricity bill in the name of the parent/legal guardian) | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. | Birth Certificate or extract or Passport or other identity documents | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. | Copies of Family Court or any other court orders | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. | AIR Immunisation History Statement | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. | Information relating to suspensions | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. | Information relating to health or medical condition, disability or additional needs | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. | Not an Australian Resident - Current visa subclass and previous visa subclass | <input type="radio"/> Yes | <input type="radio"/> No |

MEDICAL DOCUMENTATION PROVIDED (OFFICE USE ONLY)

- | | | | |
|----|---|---------------------------|--------------------------|
| 1. | Does the child have an allergy that needs to be flagged on SIS? | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. | Have the relevant health care plans been issued to the parent? | <input type="radio"/> Yes | <input type="radio"/> No |

Date application received / /

Entered on school information system by

APPROVAL OF PRINCIPAL OR DELEGATE (OFFICE USE ONLY)

Enrolment approved by Principal Yes No

Signature

Date

 / /