



**STUDENT DETAILS – ADDITIONAL INFORMATION**

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ . Is the student to be withdrawn from religious instruction? YES NO

Student's First Language:

Is the student's descent: ..... Aboriginal YES NO  
..... Torres Strait Islander (TSI) YES NO  
..... Both Aboriginal and TSI YES NO

Does the student speak a language other than English at home? ..... YES NO

Does the student mainly speak English at home? ..... YES NO

(If more than one language, indicate the one that is spoken most often.) NO, English only  
YES, other - please specify:

Australian Citizenship/Permanent Resident: ..... YES NO

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Sub-class No Expiry Date:

Does the student receive the following allowance:

Assistance for Isolated Children (AIC)

Previous School: \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

**CONFIDENTIAL**

Access Restriction - 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. Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

..... YES NO

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

\_\_\_\_\_

\_\_\_\_\_

**CONSENT FORMS**

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

**STUDENT DETAILS – MEDICAL/ HEALTH**

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

*Note:* For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability?            YES    NO            If YES, please specify the disability/s:

\_\_\_\_\_

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

- |                                     |   |
|-------------------------------------|---|
| Autism Spectrum Disorder            | Severe Mental Disorder                      |
| Deaf or Hard of Hearing             | Global Developmental Delay (prior to age 6) |
| Specific Speech Language Impairment | Vision Impairment                           |
| Intellectual Disability             | Physical Disability                         |

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

If YES, please specify.

- |                                |  |
|--------------------------------|--|
| Allergy – Anaphylaxis          | Hearing condition (eg otitis media)                    |
| Allergy – Other _____          | Mental health or behavioural (eg depression, ADD/ADHD) |
| Asthma                         | Intensive Health Care Need (eg tube feeding)           |
| Diabetes                       | Other: _____   |
| Diagnosed migraine/headaches   |  |
| Seizure Disorder (eg epilepsy) |  |

Medical Practice (Name and Address):

\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dental Surgery Practice (if applicable, name and address):

Dentist’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Medicare No:    - - - - -            Valid to:    /

Health Care Card (if applicable):    YES    NO. If Yes, please provide no. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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)

**PARENT / GUARDIAN DETAILS**

**Parent/Guardian 1 Details**

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address):  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home? ..... YES NO

Do you 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 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

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')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**Parent/Guardian 2 Details**

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address):  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home? ..... YES NO

Do you 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 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

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')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**OTHER CONTACT(S) DETAILS**

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname:

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

**SIGNATURE**

Name of person enrolling student:

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname:

Relationship to the student: \_\_\_\_\_

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PRINCIPAL'S APPROVAL**

\_\_\_\_\_  
Principal's signature  
Approved / Not approved  
Date:

## OFFICE USE ONLY

Student's official documentation all sighted (Date): YES NO  
Birth certificate Passport Travel document/s

Student's Residency status: ... Local Permanent Resident

Previous School: Records received: YES NO

Publications/Internet Permission Form completed: YES NO

Contributions and Charges Billing: PG1: \_\_\_\_% PG2: \_\_\_\_% Other: \_\_\_\_%

Official documentation: PG1: \_\_\_\_ PG2: \_\_\_\_ Other: \_\_\_\_  
(including reports, to be sent to)

Immunisation records provided: YES NO

Approved by Principal: NO YES on (Date):

Entered on School Information system by: \_\_\_\_\_ on (Date):

Student leaves school: (Date) \_\_\_\_\_ Date Transfer Note Sent:

Destination: \_\_\_\_\_

Records received from transferring school: NO YES on (Date):

### **RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:**

- 1. Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
- 2. Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
- 3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 4. Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 5. Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**

## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sports persons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> 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><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/personnel/ industrial relations/sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [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><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p><b>Defence Forces:</b> Senior Non Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by Apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [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><b>Drivers, mobile plant, production/processing machinery and other machinery operators</b> <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p><b>Sales</b> [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><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p><b>Other worker</b>[labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley car park attendant, crossing supervisor].</p>

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



## Consent Form

At **Kalgoorlie School of the Air** 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 their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their first names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

Yes, I give consent to my child to have his/her image and/or work published as described above.

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 teacher and school administration.

No, I do not give consent.

### EXCURSIONS

Children occasionally walk within the local area when on camp for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school / campsite.

No, I do not give consent.

Name of student: \_\_\_\_\_ Year: \_\_\_\_\_

Name of person signing the consent form:

Title: \_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Please indicate relationship to the student (e.g. parent/guardian/responsible person):

\_\_\_\_\_