

Student Surname: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Year: \_\_\_\_\_ Form: \_\_\_\_\_



## Student Enrolment Form

ABN 52 182 601 782  
Cnr Piesse & Brookman Street  
Locked Bag 15  
Kalgoorlie WA 6433  
Phone: 9092 4000  
Kalgoorlie.sota@education.wa.edu.au  
www.kalsota.wa.edu.au

## Parent information about Enrolment in a Western Australian public school

You must complete a separate enrolment for each student. You need to complete an enrolment application form if:

You are enrolling a child in Kindy garden – Year 6 at a new school for the following year.  
You are enrolling a child transferring from another school in any year level.

If you are unable to complete this Enrolment form, please contact the school for help.

For more information on Enrolment processes, please visit the Department of Education website.

### INFORMATION TO BE PROVIDED

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.

When you enrol your child at this school, please check that you have the following:

- Birth certificate
- Identity documents (if applicable)
- Immunisation certificate
- Court order (if applicable)

If you or your child were not born in Australia, you must provide:

- Evidence of the date of entry into Australia
- Passport
- Current Visa Grant Notice and details of any previous visas

In addition, if your child is a temporary visa holder you must provide:

- Confirmation of enrolment or evidence of permission to transfer provided by TAFE 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)

### TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed Trans Goldfields, 108 Boulder Road, Kalgoorlie WA 6430 on 9021 2655

### CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*). The Department of Education will provide a report about enrolled children whose immunisation status is 'not up to date' to the Department of Health when requested. The Department of Health will provide assistance to the families of under-vaccinated children. Children whose immunisation is 'not up to date' may be required to stay away from school if an outbreak of a vaccine preventable disease occurs.

### INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family 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.

### CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

- Media Consent: Publication of images of the student and their work.  
Internet Access: Appropriate use of internet services by students.  
Viewing Consent: For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.  
Local Excursions: Agreement to minor excursions, not including excursions which require individual agreement.

### 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 require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

## STUDENT DETAILS

Surname: \_\_\_\_\_ Legal Surname (if different): \_\_\_\_\_

Previous Surname (if applicable): \_\_\_\_\_

1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_

Preferred 1<sup>st</sup> Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Student's Mobile (if applicable): \_\_\_\_\_

### Student lives with:

Both Parents .....	<input type="checkbox"/>	Other (Enrolment consent required).....	<input type="checkbox"/>
Parent/Guardian/Carer 1 .....	<input type="checkbox"/>	<b>Name</b>	<b>Relationship to student</b>
Parent/Guardian/Carer 2 .....	<input type="checkbox"/>	_____	_____
Independent minor .....	<input type="checkbox"/>	_____	_____

(Reg3. School Education Regulations 2000)

## PARENT / GUARDIAN DETAILS

### Parent/Guardian 1 Details

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

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

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

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

\_\_\_\_\_

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

Email Address: \_\_\_\_\_

Work Details: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Work Details: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

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: \_\_\_\_\_

- 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).*

Full Name/s of brothers and sisters attending this school: \_\_\_\_\_  
\_\_\_\_\_

**OTHER CONTACT(S) DETAILS**

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

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

Address: \_\_\_\_\_

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

Work details: \_\_\_\_\_

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

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

## 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>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>Other business managers, arts/media/sportspersons and associate professionals</b></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, clerks and skilled office, sales and service staff</b></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>Machine operators, hospitality staff, assistants, labourers and related workers</b></p> <p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators 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 collector, 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.

**STUDENT DETAILS ADDITIONAL INFORMATION**

Country of Birth: \_\_\_\_\_ Student's First Language: \_\_\_\_\_

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

Indigenous status:.....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

If yes, please specify: \_\_\_\_\_

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

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

Date of Arrival in Australia: \_\_\_\_\_

Visa Sub-class No: \_\_\_\_\_

Visa Grant No: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_

*Please provide documents*

International Fee Paying (if known): .....  YES  NO

**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.

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

Reason for change of school (optional): \_\_\_\_\_

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

Movement reason (optional): \_\_\_\_\_

**PRIVACY AND INFORMATION SHARING**

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand 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.

**SIGNATURE**

Name of person enrolling student:

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

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

I declare this to be the only enrolment made.

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

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

*If the enrolling person is not the parent of the student, evidence is required for permission to enrol. Please ask office staff for clarification.*

## 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 (which are uploaded to the school website) or on film or video. 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.

### 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 contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to use computer programs and access the internet in accordance with school policy.  
 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.

### LOCAL EXCURSIONS

Children occasionally walk within the local area 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.  
 No, I do not give consent.

The school also has the Newsletter accessible on the Website.

Name of student: \_\_\_\_\_ Year/Class/Room: \_\_\_\_\_

Name of person signing the consent form:

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

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

**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:*

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"/> Diagnosed 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             | <input type="checkbox"/> Physical Disability                         |
| <input type="checkbox"/> Dyslexia                            | <input type="checkbox"/> Other _____                                 |

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

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

Are there any other Learning considerations that the school needs to be aware of?  YES  NO If yes, *Please specify:*

\_\_\_\_\_

\_\_\_\_\_

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

Medical Practice (Name and Address): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medicare Number    Expiry Date: \_\_\_\_ / \_\_\_\_

Health Care Card Number  -  -  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)**

I give permission for the school to seek medical attention for my child as required from the above medical centre  YES  NO

I give permission for the school to administer First Aid for my child as required  YES  NO

Principal Approval Signature: \_\_\_\_\_

Enrolling Officer: \_\_\_\_\_ Date received: \_\_\_\_\_