



PP-Y6 Neerigen Brook Primary School STUDENT ENROLMENT FORM – IN AREA

(For enrolment in a Western Australian Public School)

Year of enrolment: _____
 Year level: _____
 Date Received: _____
 Date Commence: _____
 Interview: _____
 Room/Faction: _____
 Referral: _____

WE ARE A LOCAL INTAKE SCHOOL

This form is to be completed for children who live within the school's intake area. It is intended for children not enrolled at the school in the previous year. A current Immunisation History statement, current proof of address and birth certificate must accompany this application to be accepted by the school. 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.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

Note: If you are typing the information into this form, double click the check box and select the radio button under the heading Default value 'Checked' and click OK. e.g. .

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Email Address: _____ Telephone (Home): _____

Date of Birth: ____/____/____ Sex: Male Female Student Mobile #: _____

Residential Address: _____

Postcode: _____

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

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details **Emergency Contact []** (Indicate contact in order of preference)

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have: Parental Responsibility and/or Student Resident – lives with

Fees and charges billing: YES NO If NO, who is responsible: _____

Family Mail Marker: (Receives correspondences) YES NO Car Registration (if applicable): _____

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

(If you did not attend school, mark '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

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

Emergency Contact [] (Indicate contact in order of preference)

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have: Parental Responsibility and/or Student Resident – lives with

Fees and charges billing: YES NO If NO, who is responsible: _____

Family Mail Marker: (Receives correspondences) YES NO

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

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

What is the level of the highest qualification you have completed?

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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 DETAILS

Emergency Contact [] (Indicate contact in order of preference)

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.

Student lives with:

Both Parents Other.....
Parent/Guardian/Carer 1 **Name** **Relationship to student**
Parent/Guardian/Carer 2 _____
Independent minor
(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

Other Emergency Contacts (Indicate contacts in order of preference)

Name	Phone No.	Mobile No.	Relationship to student
[] _____	_____	_____	_____
[] _____	_____	_____	_____
[] _____	_____	_____	_____

STUDENT DETAILS – ADDITIONAL INFORMATION

Evidence of Immunisation Status:

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is Up to date Not up to date as at _____ (date of Statement)
OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at _____ (date of Form)

OR
Immunisation Certificate issued by the Chief Health Officer as at _____ (date of Certificate)

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 If NO please provide Visa Grant #: _____

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

International Fee Paying (if known): YES NO Passport Number & Origin : _____

Does the student receive any of the following allowances:

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

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

Movement reason (optional): _____

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.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (Student Health Care Summary) is included separately and is to be completed for all students.

Student Health Care Summary Completed and Submitted with Enrolment: YES NO

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.

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe 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 |

Does the student have a medical condition or intensive health care need? YES NO *If YES, please specify.*

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

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: YES NO *If Yes, please provide no.* _____ Expiry Date: _____

Do you have ambulance cover? YES NO *If Yes, please provide Health Provider:* _____

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

Permission is required from parents to allow us to make any medical contacts for your child. Do we have permission to:

- | | |
|--|--|
| ADMINISTER FIRST AID: <input type="checkbox"/> YES <input type="checkbox"/> NO | CALL DOCTOR: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CALL AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO | CALL DENTIST: <input type="checkbox"/> YES <input type="checkbox"/> NO |

CONSENT FORMS

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

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: _____

Signature: _____ Date: _____

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

PRINCIPAL'S APPROVAL

Principal's Signature

Lesley Barrett

Approval Date: _____

Consent Form

At Neerigen Brook 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, Facebook, on our website or on film or video. Their 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.

In addition, see Appendix F of the Student's online policy.

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 access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the Student's online policy.

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. Please subscribe to <http://neerigenbrookps.wa.edu.au>

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): _____

Parent Occupation Groups

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>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>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, 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>

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

These categories have been determined nationally and are designed as broad occupational groupings.

All Australian states and territories use the same categories.

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

Overseas Student: If yes, International fee paying: YES NO

Entry Date: _____

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)

AIR immunisation history statement provided: YES NO

Date of issue: _____ Vaccination status is Up to date Not up to date

If not up to date, additional request/s for documentation on date/s: _____

Other immunisation evidence provided: AIR Immunisation History Form YES NO

Immunisation Certificate issued by the Chief Health Officer YES NO

Kindergarten students only Eligibility for immunisation exemption approved: Code

Form/Class: _____ House Faction: _____

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.**