

Please submit the following with this application *if applicable

- Birth certificate
Immunisation Statement
Proof of Address
(rental agreement, rates notice, utility bill)
Visa Documentation*
Family Court Documentation*
Medical Documentation*



KINDY

Year of Enrolment: _____
Preference: M&Tu **or** Th&F
Date Received: _____
Date Commence: _____
Interview: _____
Kindy Group: _____
Faction: _____
Notes: _____

STUDENT ENROLMENT FORM – IN AREA
(For enrolment in a Western Australian Public School)

WE ARE A LOCAL INTAKE SCHOOL

This enrolment form is intended for children in the Kindergarten non-compulsory year of schooling. Should an OUT OF AREA application be accepted by the Principal, by signing this form, you acknowledge that, a place in Pre-Primary the following year is NOT guaranteed.

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 on the last page of this document. 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?

- 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 on the last page of this document. 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

Parent/Guardian/Carer 1

Parent/Guardian/Carer 2

Independent minor

(Reg3. School Education Regulations 2000)

Other.....

Name Relationship to student

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.

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: _____

This is an enrolment for Kindergarten, I declare this to be the only enrolment made. Kindergarten is a non-compulsory year of schooling, but by accepting a place at Neerigen Brook Primary School I am aware that it is compulsory for my child to attend.

Signature: _____ Date: _____

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

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): _____



Department of
Education

ADDITIONAL INFORMATION FOR STUDENTS ENROLLING IN KINDERGARTEN

The information below should be completed and submitted to the school with the Student Enrolment Form.

STUDENT DETAILS

Student surname

Student first name

Date of birth (dd/mm/yy)

 / /

PRIOR TO SCHOOL

Did the student attend a Child and Parent Centre, in the past year?

- YES, regularly (10 times or more)
 NO

Did the student attend KindiLink, in the past year?

- YES, regularly (10 times or more)
 NO

Note: **Child and Parent Centres** are located on or near to some public schools. They offer a range of early learning, child and maternal health, parenting support and health promotion programs and services.

The **KindiLink** program is a supported playgroup located on some public schools, predominantly for Aboriginal and Torres Strait Islander families.

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: _____ | |

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

ADMINISTER FIRST AID: YES NO

CALL DOCTOR: YES NO

CALL AMBULANCE: YES NO

CALL DENTIST: YES NO

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/productio n/ 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/indus trial 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

FORM 1 – STUDENT HEALTH CARE SUMMARY

MEDICAL DETAILS

Medical practice: _____

Doctor 1: _____

Telephone: _____

Do you have ambulance insurance? Yes No Insurance provider: _____

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

Dentist's Name: _____ Telephone: _____

Medicare No: _____ Valid to: ____ / _____

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

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, this 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?

No - Sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

Signature: _____ Date: _____

Yes - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s): _____

SECTION B – IN THE FOLLOWING TABLE, 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	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis (Please complete Form 4)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor and Moderate Allergies (Please complete Form 5)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes (Please complete Diabetes Best Practice Guidelines Book)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures (Please complete Form 8)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma (Please complete Form 8)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities of Daily Living (Please complete Form 2)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Conditions or Needs (Please specify)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 staff training, please discuss the type of training needed with the principal.

YES NO YES NO

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 staff training, please discuss the type of training needed with the principal.

Revised T1/2018

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 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, provide details: _____

Signature:

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

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.

Office use only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date: _____

Have relevant health care plans been issued to the parent? Yes No Date: _____

Has the principal been informed if:

- specific training is required to support the student? Yes No
- the student's health care information is to be restricted? Yes No

Date *Student Health Care Summary* was completed and uploaded on SIS: / /

OFFICE USE ONLY

Student's official documentation all sighted (Date): _____ YES NO

Birth certificate Immunisation Proof of Address

Student's Residency status: .. Local Permanent Resident

AIR immunisation history statement provided: YES NO

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

Form/Class: _____

Approved by Principal: NO YES on (Date): _____

Entered on School Information system by: _____ on (Date): _____

PRINCIPAL'S APPROVAL

Principal's Signature

Lesley Barrett

Approval 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.**