Please submit the following with this application *if applicable

Birth certificate ☐

Immunisation Statement ☐

Proof of Address ☐
(rental agreement, utility bill)

Visa Documentation* ☐
Copy of Medicare Card ☐

Family Court Documentation* ☐

Medical Documentation* ☐

Strive to Achieve
NEERIGEN BROOK PRIMARY SCHOOL

PP – Year 6

Year of Enrolment: _____

Year Level: _____

Date Received: _____

Date Commence: _____

Interview: _____

Room: _____

Faction: _____

Notes: _____

_____

STUDENT ENROLMENT FORM – IN AREA

(For enrolment in a Western Australian Public School)

WE ARE A LOCAL INTAKE SCHOOL

This form is to be completed for children who live within the school's intake area or have been accepted by the Principal for an Out of Area enrolment. Out of Area enrolment requests are NOT guaranteed. It is intended for children not enrolled at the school in the previous year.

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

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 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

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 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: _____

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 on Page 5 – 10 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)

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):* _____

ONLINE THIRD PARTY CONSENT

All Public schools in Western Australia are required to obtain what we now refer to as ***Third Party Consent*** from parents/guardians regarding the use of programs and applications that identify students and their personal details. Neerigen Brook has created a working list of programs according to the level of consent required ranging from no consent required, notification, bundled and explicit. These categories of consent are assigned by the Department depending on the amount of information required by the program and the level of risk to personal data.

Please use the QR code below to access the Third Party Consent information and complete for your child/ren as part of their enrolment.

Parent/Guardian

I have completed the Online Third Party Consent via QR code: YES ☐ or NO ☐

Date:_____ Signature:_____

NEERIGEN BROOK PRIMARY SCHOOL

Online Services Acceptable Use Agreement

Students K – 2

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable or unsafe that I know I should not access or view at school.
- I will say where other people's pictures or words come from if I copy them from the internet.
- I will check with the teacher before giving information about myself or anyone else when using online services.
- I will take care when using the school's computer equipment.
- I will not use any online service to be mean, rude or unkind about other people.
  I understand that if I use the internet or my online account in a way that I should not, then I may not be able to use these in the future.

I understand that if I use the internet or my online account in a way that I should not, then I may not be able to use these in the future.

I agree for my child to abide by the Acceptable Usage Agreement.

Name of student: _____

Parent signature: _____

Date: _____

Office use only:

Processed on: / / by (initials):

Note: *This agreement should be filed by the school and a copy kept by the student.*

NEERIGEN BROOK PRIMARY SCHOOL

Online Services Acceptable Use Agreement
Students 3 - 6

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- If I find any information that is inappropriate or makes me feel upset or confused I will tell a teacher about it. Some of these things may include violence, racism, pornography, or content that is offensive, intimidating or encourages dangerous or illegal things.
- I understand the school and the Department of Education can monitor my use of online services.
- I will use appropriate language in all internet communications.
- If I use other people's work taken from the internet as part of my own research and study I will acknowledge them as the owner.
- I will check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- I will take care of the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

I understand that;

I am responsible for my actions while using online services and may be held responsible for any breaches caused if I allow any other person to use my online account;

- If I misuse any online services I may be held liable and the principal may take further action.

I agree for my child to abide by the Acceptable Usage Agreement.

Name of student: _____

Parent signature: _____

Date: _____

Office use only:

Processed on: / / by (initials):

Note: *This agreement should be filed by the school and a copy kept by the student.*

NEERIGEN BROOK PRIMARY SCHOOL

STUDENT MOBILE PHONES IN SCHOOLS POLICY

Policy
The Department of Education does not permit student use of mobile phones in public schools unless for medical or teacher directed educational purpose.

It is important to note that it is not a requirement at Neerigen Brook Primary School for students to have a mobile phone at school.

Neerigen Brook Primary School recognises that an increasing number of parents/carers who for safety, security and/or emergency purposes wish to provide their children with mobile phones. This policy details the conditions under which mobile phones are permitted at Neerigen Brook Primary School.

Conditions of Use

- **The use of mobile phones for all students will be banned from the time they arrive at school to the conclusion of the school day. This includes before school and at break times. Students are <u>not</u> permitted to have mobile phones in their possession during the school day.**

- **Mobile phones must be switched off and taken to the administration office before the school day begins and collected at the end of the school day. Students will need to sign in and out their mobile phones at the administration office. Neerigen Brook Primary School will securely store student mobile phones during the school day.**

Exemptions and Communication

- **Exemptions to this ban include where a student requires a mobile phone:**
  - to monitor a health condition as part of a school approved documented health care plan; or
  - under the direct instruction of a teacher for educational purposes; or with permission of a teacher for a specified purpose.
- Smart watches must be in 'aeroplane mode' so phone calls and messages cannot be sent or received during the school day.
- While at Neerigen Brook Primary School students are the responsibility of the school. All communication between parents and students, during school hours, should occur via the school's administration.
- Neerigen Brook Primary School has duty of care for all students when they are attending the school. All communication between parents and students, during school hours, should occur via the school's administration.
- Where a student has been granted an exemption, the mobile phone can be used by the student, however its use must be monitored by school staff and then stored in either the administration office or with the classroom teacher when not in use.

Breaches of this Policy

- **Breaches of this policy will be managed in accordance with the *School Behaviour Management Policy and Procedures.***
- **Students who do not comply with this policy will have their mobile phone confiscated and held at the administration office. The parent/carer will be informed and requested to collect the mobile phone at their earliest convenience.**

Further Guidance

For the purposes of this policy, 'mobile phones' includes smart watches and associated listening accessories, such as, but not limited to, headphones and ear buds.

Parent/Guardians:

Parents/Guardians:

Please read the Mobile Phone Policy and complete:

Date:_____ Signature:_____

If your child/ren have a Medical Condition that requires them to have their mobile phone on them at all times, please complete:
Medical Condition:_____ Exemption: ☐ YES ☐ NO

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.

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

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

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

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

STUDENT HEALTH CARE

On enrolment you will be asked to provide your child's health information to help the school meet your child's health needs.

You will be asked to:

- provide your child's Australian Immunisation Register (AIR) immunisation history statement
- complete a Health Care Summary form with details about health care needs and information to use in a medical emergency
- complete Management and Emergency Response Plans where the Health Care Summary indicates your child needs support at school.

If your child's medical needs are complex, you can arrange a meeting with the school.

MANAGEMENT AND EMERGENCY RESPONSE PLAN

A Management and Emergency Response Plan provides your child's school with information they need to respond to specific medical needs. The plan outlines:

- a daily management plan
- an emergency response plan
- staff training requirements
- medication instructions such as dosage, storage and when it needs to be taken
- your authority to act.

Management and Emergency Response Plans may need to have a signature from your child's medical practitioner.

It is important to ensure the plan is in place as soon as possible. You should also review the plan each year or as your child's needs change.

TYPES OF PLANS

Management and Emergency Response Plan templates are available from your school for common conditions such as:

- severe allergy or anaphylaxis
- mild and moderate allergies
- seizure
- asthma
- activities of daily living
- emergency response plan for students with special needs
- generic health care (for all other conditions).

Plans for students with diabetes are developed using the Diabetes WA templates.

MEDICATION AND EQUIPMENT

If your child needs to be given medication during school hours, you need to provide:

- medication that is labelled with your child's name, in its original packaging and is within expiry
- written authorisation for the school to administer the medication using a standard form from the school.

This applies to medication for long-term and short-term use.

If your child needs medical equipment at school, it is important to ensure you supply the equipment in good working order.

It is important that you maintain communication with your child's school and advise of any changes or concerns you may have.

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)	☐	YES ☐ NO ☐
Minor and Moderate Allergies (Please complete Form 5)	☐	YES ☐ NO ☐
Diabetes (Please complete Diabetes Best Practice Guidelines Book)	☐	YES ☐ NO ☐
Seizures (Please complete Form 8)	☐	YES ☐ NO ☐
Asthma (Please complete Form 8)	☐	YES ☐ NO ☐
Activities of Daily Living (Please complete Form 2)	☐	YES ☐ NO ☐
Other Conditions or Needs (Please specify)		
	☐	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.

	☐	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: / /

GROUP 1	GROUP 2	GROUP 3	*GROUP 4*
Senior management in large business organisation government administration & defence, and qualified professionals	**Other business managers, arts/media/sportspersons and associate professionals**	**Tradesmen/women, clerks and skilled office, sales and service staff**	***Machine operators, hospitality staff, assistants, labourers and related workers***
Senior executive/ manager/ department head *in industry, commerce, media or other large organisation.* ***Public service manager*** *(section head or above), regional director, health/education/police/ fire services administrator.* ***Other administrator*** *[school Principal, faculty head/dean, library/museum/gallery director, research facility director].* ***Defence Forces*** *Commissioned Officer.* ***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.* ***Health, Education, Law, Social Welfare, Engineering, Science, Computing*** *professional.* ***Business*** *[management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].* ***Air/sea transport*** *[aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].*	***Owner/manager*** *of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.* ***Specialist manager*** *[finance/engineering/production/ personnel/ industrial relations/ sales/marketing].* ***Financial services manager*** *[bank branch manager, finance/ investment/insurance broker, credit/loans officer].* ***Retail sales/services manager*** *[shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].* ***Arts/media/sports*** *[musician, actor, dancer, painter, potter, sculptor, journalist, author].* *media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].* ***Associate professionals*** *generally have diploma/technical qualifications and support managers and professionals.* ***Health, Education, Law, Social Welfare, Engineering, Science, Computing*** *technician/associate professional.* ***Business/administration*** *[recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].* ***Defence Forces*** *senior Non-Commissioned Officer.*	***Tradesmen/women*** *generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.* ***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].* ***Skilled office, sales and service staff*** ***Office*** *[secretary, personal assistant, desktop publishing operator, switchboard operator].* ***Sales*** *[company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].* ***Service*** *[aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].*	***Drivers, mobile plant, production/ processing machinery and other machinery operators*** ***Hospitality staff*** *[hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].* ***Office assistants, sales assistants and other assistants*** ***Office*** *[typist, word processing/data entry/business machine operator, receptionist, office assistant].* ***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].* ***Assistant/aide*** *[trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].* ***Labourers and related workers*** ***Defence Forces*** *ranks below senior NCO not included in other groups.* ***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].* ***Other worker*** *[labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].*

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 ☐ 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: _____ Start Date: _____

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.***