BEACHLANDS
PRIMARY SCHOOL

ENROLMENT FORM

Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via https://get.adobe.com/reader/.

SCHOOL NAME

School name **Year Level entering**

STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname (if applicable)

1st Name **2nd Name** **3rd Name**

Preferred Name

Date of birth (dd/mm/yy) / /

Gender ◯ Male ◯ Female ◯ Other

Residential Address

Postcode

Telephone (Home) **Car Registration** (if applicable)

Student's Religion (if applicable)

Is the student to be withdrawn from religious instruction or activities? ◯ YES ◯ NO

STUDENT DETAILS (Continued)

Is the student of Aboriginal or Torres Strait Islander origin?

◯ No ◯ Yes, Aboriginal ◯ Yes, Torres Strait Islander (TSI) ◯ Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

◯ No, English only ◯ Yes, Aboriginal English ◯ Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home?

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

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

◯ Up to date ◯ Not up to date ◯ The student has an Immunisation Certificate issued by the Chief Health Officer

SIBLING DETAILS

Full Name/s of siblings attending this school

Student lives with:

☐ Both Parents				
☐ Parent/Carer 1	**Name**		**Relationship to student**	
☐ Parent/Carer 2	**Name**		**Relationship to student**	
☐ Independent minor	**Name**		**Relationship to student**	
☐ Adult Student	**Name**		**Relationship to student**	
☐ Other, please specify	**Name**		**Relationship to student**	

RESIDENCY STATUS

Nationality (optional) **Country of Birth**

Is the student an Australian citizen? ◯ YES ◯ NO

If No, **Is the student a permanent resident of Australia?** ◯ NO ◯ YES - *If Yes,* Visa Sub Class Number

Is the student a temporary resident of Australia? ◯ YES ◯ NO

If Yes, **Date of Arrival in Australia** / / **Visa Sub Class Number**

Visa Expiry Date (if applicable) / /

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

DISABILITY

Does the student have a disability? ◯ YES ◯ NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

- ☐ Autism
- ☐ Deaf or Hard of Hearing
- ☐ Global Developmental Delay (prior to age 6)
- ☐ Intellectual Disability
- ☐ Other, please specify
- ☐ Physical Disability
- ☐ Severe Mental Disorder
- ☐ Specific Speech and/or Language Impairment
- ☐ Vision Impairment

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

◯ YES ◯ NO

If YES, please specify and attach supporting documentation.

Does the family or student have a Health Care Card? ◯ YES ◯ NO

If Yes, **please provide card number** **Expiry Date** / /

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

◯ NO ◯ YES - *If YES,* please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name **Contact Number**

Does the student receive any of the following allowances? (Check the boxes that apply)

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

PARENT / CARER 1 DETAILS

Title | **First Name**

Surname

Relationship to the student

Date of birth (dd/mm/yy) / / **Gender** ◯ Male ◯ Female ◯ Other

Postal Address
(if different from student residential address)

Postcode

Telephone | **Mobile Number**

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 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 school Parent/Carer 1 has 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 Parent/Carer 1 has completed?

◯ Bachelor degree or above
◯ Advanced diploma/Diploma
◯ Certificate I to IV (including trade certificate)
◯ No non-school qualification

What is the occupation group for Parent/Carer 1?
(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

◯ **1.** Senior Management in large business organisation, government administration & defence, and qualified professionals

◯ **2.** Other business managers, arts/media/sportspersons & associate professionals

◯ **3.** Tradesmen/women, clerks and skilled office, sales & service staff

◯ **4.** Machine operators, hospitality staff, assistants, labourers and related workers

◯ **8.** Unemployed, Retired, Student

(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 month, enter '8'.)

PARENT / CARER 2 DETAILS

Title | **First Name**

Surname

Relationship to the student

Date of birth (dd/mm/yy) / / **Gender** ◯ Male ◯ Female ◯ Other

Postal Address
(if different from student residential address)

Postcode

Telephone | **Mobile Number**

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 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 school Parent/Carer 2 has 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 Parent/Carer 2 has completed?

◯ Bachelor degree or above
◯ Advanced diploma/Diploma
◯ Certificate I to IV (including trade certificate)
◯ No non-school qualification

What is the occupation group for Parent/Carer 2?
(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

◯ **1.** Senior Management in large business organisation, government administration & defence, and qualified professionals

◯ **2.** Other business managers, arts/media/sportspersons & associate professionals

◯ **3.** Tradesmen/women, clerks and skilled office, sales & service staff

◯ **4.** Machine operators, hospitality staff, assistants, labourers and related workers

◯ **8.** Unemployed, Retired, Student

(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 month, enter '8'.)

OTHER FAMILY DETAILS

If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

CONTACT 1:

Title		**First Name**	
Surname			
Relationship to the student			
Postal Address *(if different from student residential address)*			
		Postcode	
Telephone (Home)		**Mobile Number**	
Email Address			

CONTACT 2:

Title		**First Name**	
Surname			
Relationship to the student			
Postal Address *(if different from student residential address)*			
		Postcode	
Telephone (Home)		**Mobile Number**	
Email Address			

MEDICAL DETAILS

Medical practice

Doctor 1 **Telephone**

Doctor 2 **Telephone**

Do you have ambulance insurance? ◯ YES ◯ NO - *If yes, specify insurance provider:*

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

List any essential information that could affect your child in an emergency *e.g. allergy to penicillin.*

Medicare Card number **Medicare Card Individual Reference Number (IRN)**

Expiry date (dd/mm/yy) / /

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? (Check the box that applies)

☐ **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** / /

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

☐ **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 (Check the box that applies)	**Will school staff require specific training to support your child?**
☐ Severe Allergy/Anaphylaxis	◯ YES ◯ NO
☐ Minor and Moderate Allergies	◯ YES ◯ NO
☐ Diabetes	◯ YES ◯ NO
☐ Seizures	◯ YES ◯ NO
☐ Asthma	◯ YES ◯ NO
☐ Activities of Daily Living	◯ YES ◯ NO
☐ **Other Conditions or Needs** (Please specify below)	◯ 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.

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 below:*

Parent/Carer Signature

Date / /

Parent/Carer Name

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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:		**Date** / /

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

☐ that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

☐ 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.

I declare:

☐ This is the only enrolment I have made for the student.

☐ I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

☐ I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.

☐ I have provided all documentation available to me.

Name of person enrolling student

Title **First Name**

Surname

Relationship to the student

Signature **Date** / /

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

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

APPROVAL OF PRINCIPAL OR DELEGATE

Principal's approval Enrolment approved ◯ YES ◯ NO

Signature **Date** / /

OFFICE USE ONLY

Student's official documentation all sighted **Date** / / ◯ YES ◯ NO

◯ Birth certificate ◯ Passport ◯ Visa document/s

◯ Other, please specify

Year/Form/Class **House Faction**

Student's Residency status ◯ Australian citizen ◯ Permanent resident ◯ Temporary resident

International Fee Paying ◯ YES ◯ NO

Entry Date / / **Previous School**

LOTE Stage **Records received** ◯ YES ◯ NO

Contributions/Charges Billing ☐ PG1 (%) ☐ PG2 (%) ☐ Other (%)

School records (including reports, to be sent to) ☐ PG1 ☐ PG2 ☐ Other

AIR Immunisation History Statement provided ◯ YES ◯ NO

Date of issue / / **Immunisation status is** ☐ Up to date ☐ Not up to date

Date AIR sighted / /

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

Immunisation Certificate issued by the Chief Health Officer ◯ YES ◯ NO

Kindergarten eligibility for immunisation exemption: Code

Enrolment approved by Principal ◯ YES **Date** / / ◯ NO

Entered on School Information system by **Date** / /

Student leaves school (Date) / / **Advice of Transfer (Date)** / /

Destination

Records received from transferring school ◯ YES ◯ NO **Date** / /

PARENT OCCUPATION GROUPS

Attachment 1

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

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]. *or* 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].

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