



## WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the Student Enrolment Form and return it to the school for confirmation of this student's enrolment. *Family details should include details of parents, guardians or carers residing at the same address as the student being enrolled.* Any details relating to parents not residing with the student may be included in the Parent/Guardian/Carer details section of this form.

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

- Birth certificate
- Identity documents (if applicable)
- Australian Childhood Immunisation Register History Statement  
*(can be obtained from ACIR on 1800 653 809 or by emailing: [acir@humanservices.gov.au](mailto:acir@humanservices.gov.au))*
- Court order (if applicable)
- Proof of address

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

- Evidence of the date of entry into Australia
- Passport or travel documents
- Current visa and previous visas (if applicable).

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

- Confirmation of enrolment or evidence of permission to transfer provided by Education and Training International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

### Information to be provided

**Where an item is marked with an asterisk (\*) the information must be provided.**

This information is required by the Western Australian Department of Education and Training to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the Enrolment Form, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

**It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/Guardian/Carer.**

### Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

### Assistance with completing this form

If you require assistance completing this form, including translation services, please contact your school.

**Parental Occupation Groups:**  
**(Relates to questions in Parent/Guardian/Carer 1 and Parent/Guardian/Carer 2 sections)**

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation, government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b>(section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p><b>Drivers, mobile plant, production/processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.</p>			



# GLEN FORREST PRIMARY SCHOOL

## SCHOOL USE ONLY

Year Level: \_\_\_\_\_

Form/Class: \_\_\_\_\_

BC rec'd:  Imm rec'd:

## Student Details

\* Surname: \_\_\_\_\_

\* Legal Surname: \_\_\_\_\_

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

\* 2<sup>nd</sup> Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

## Contact Details

\* Residential Address: \_\_\_\_\_  
\_\_\_\_\_ WA \_\_\_\_\_

\*Main Email Address: \_\_\_\_\_ @ \_\_\_\_\_

\*Parent/Carer Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*This mobile number will be listed as the first contact number for phone calls and for SMS messaging*

## Emergency Contacts

*Please place a number in the box for the order in which the following people should be contacted in case of an emergency. Further information for these contacts is requested on the following pages.*

Parent/Guardian/Carer 1  \_\_\_\_\_

Parent/Guardian/Carer 2  \_\_\_\_\_

Other Contact 3  \_\_\_\_\_

## Other

Names of brothers and sisters attending this school (if applicable):  
\_\_\_\_\_

## Student Care

\*Is this student in the care of the Department of Child Protection's (DCP) Chief Executive Officer?  Yes  No

*If YES, please advise us the name of their DCP Case Manager, DCP District and contact phone number.*

Case Manager: \_\_\_\_\_ District: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Is this student subject to any court orders in respect of their care, welfare and development?  Yes  No

\* Is this student subject to Access Restriction?  Yes  No

*If YES to either of these questions, please specify and attach supporting documentation.*

## Student Care continued

### Parent/Guardian/Carer 1

This person should be the most available SMS contact

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Relationship to this student: \_\_\_\_\_ \*Mobile #: \_\_\_\_\_

\*Postal Address: (if different from student's residential address) Home #: \_\_\_\_\_

\_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_

\_\_\_\_\_ WA \_\_\_\_\_ Work # (if convenient): \_\_\_\_\_

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

Do you mainly speak English at home?  Yes

No

Yes, other (please specify) \_\_\_\_\_

Do you speak a language other than English at home?  No, English only

(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? [ ] (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list attached. 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 months, enter '8' above.

### Parent/Guardian/Carer 2

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Relationship to this student: \_\_\_\_\_ \*Mobile #: \_\_\_\_\_

\*Postal Address: (if different from student's residential address) Home #: \_\_\_\_\_

\_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_

\_\_\_\_\_ WA \_\_\_\_\_ Work # (if convenient): \_\_\_\_\_

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

Do you mainly speak English at home?  Yes

No

Yes, other (please specify) \_\_\_\_\_

Do you speak a language other than English at home?  No, English only

(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? [ ] (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list attached. 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 months, enter '8' above.

Your Other Contact (3) should be a person who will be able to be contacted easily and be able to pick up your child in an emergency. Our first priority will be to contact Parent 1 and Parent 2. This contact will also be recorded as someone who has permission to pick up your child from school. If you require additional contacts to be listed on your child's record, please request an attachment for further contacts.

### Other Contact 3

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Relationship to this student: \_\_\_\_\_ \*Residential Suburb: \_\_\_\_\_

\*Mobile #: \_\_\_\_\_ Work # (if convenient): \_\_\_\_\_

Home #: \_\_\_\_\_

Any notes: \_\_\_\_\_

### Additional Information

Religion: \_\_\_\_\_ If no religion, please tick here

Is the student of Aboriginal or Torres Strait Islander origin?  No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
*(For students of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes.)*

Does this student mainly speak English at home?  Yes  No

Does the student speak a language other than English at home?  Yes (please specify) \_\_\_\_\_  
*(If more than one language, indicate the one that is spoken most often.)*  No, English only

\*Is this student a permanent resident?  Yes  No Date entered into Australia \_\_\_ / \_\_\_ / \_\_\_  
Visa Sub-class number \_\_\_\_\_

\*Which country was this student born?  Australia  
 Other (please specify): \_\_\_\_\_

\* Citizenship:  Australian  
 Other (please specify) \_\_\_\_\_

\*Have you supplied a copy of this student's Birth Certificate?  Yes  No

Your child is enrolling for:  Kindergaren  
 Other (please specify) \_\_\_\_\_

\* Previous School (if applicable): \_\_\_\_\_ or

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

Movement Reason (if applicable) \_\_\_\_\_

\*Does the student have a disability?  Yes  No

If Yes, (please specify) : \_\_\_\_\_

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records:

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

Schools are required to collect non-identified data on students with a disability and/or learning difficulty as part of the Nationally Consistent Collection of Data for School Students with Disabilities (NCCD). Only numbers of students will be collected and *your child will not be identified in any way*.

If you do not wish your child to be included in this data collection, please tick the box below. Otherwise it will be assumed that you give consent for the term of your child's enrolment.

I do not give consent to the collection of this data

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### Medical / Health Details

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"/> Seizure Disorder (eg epilepsy)_____                    |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Diagnosed migraine/headaches |   |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation, please request a copy of this form.

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Name of Medical Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Permission to call doctor  Yes  No

Name of Dental Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Permission to call dentist  Yes  No

Is this student immunised?  Yes →  Fully Immunised **OR**  Up-to-date  
 No

If not, (please specify):  Conscientious objector (please supply a Conscientious Objector Form)  
 Medical reasons (please supply a medical note from your child's doctor)  
 Other (please specify): \_\_\_\_\_

Have you supplied a copy of this student's immunisation history?  Yes  No

Date of this student's last tetanus vaccination \_\_\_\_\_

Do you have ambulance cover?  No  Yes Insurance Provider \_\_\_\_\_

Do you have a health care card?  No  Yes HCC number \_\_\_\_\_ Exp \_\_ / \_\_

Medicare Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Please include your child's personal number

Permission to administer First Aid?  Yes  No

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## Additional Information

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### **Photo Permission**

From time to time staff may take photographs of student during school-based activities. These photos may be used for class displays, portfolios, work samples and the school newsletter. On other occasions, photographs may be taken for use outside the school.

- Classroom/Art room/Office etc, School Newsletters (password protected on our website)
- Local and Western Australian Newspapers, Education Department Publications

Please advise us if you give authority for your child to be included in these opportunities by completing the following:

- Yes, I give permission for my child to be photographed
- No, I do not give permission for my child to be photographed

If you wish to withdraw your consent, please notify the school in writing.

### **Internet Guidelines**

Glen Forrest Primary School has internet connections in each classroom, the Library, Media room and Learning Technologies lab. Access to the internet by students is supervised by teachers and will be for educational purposes only. Although the Education Department and Glen Forrest Primary School have filters in place to block inappropriate sites and material, please be aware information on the internet appears, disappears and changes and it is not always possible to predict or control what students locate.

### **Near School Excursions**

There are occasions during the school year, when students are given the opportunity to participate in school activities off-site. During these times students will be supervised by teachers and other staff members/parent volunteers walking to and from the activity.

- Supervised walks through and studies in the bushlands (superblocks west and south of the school grounds)
  - Supervised walk to Morgan John Morgan Reserve (train park)
  - Completing the Cross country course
- Yes, I give permission for my child to attend supervised activities nearby the school property
  - No, I do not give permission for my child to attend supervised activities nearby the school property

### **Signature**

- I understand if an ambulance is required for my child the cost will be my responsibility.
- I understand the completion of this enrolment process implies acceptance of and adherence to the School Policy and compliance with the school's other policies (eg uniform etc)

Name of person enrolling student: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_