

# 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)

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Is the student to be withdrawn from religious instruction or activities?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
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Parent/Carer 2	Name	Relationship to student
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Independent minor	Name	Relationship to student
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Adult Student	Name	Relationship to student
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Other, please specify	Name	Relationship to student
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## 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

Physical Disability

Deaf or Hard of Hearing

Severe Mental Disorder

Global Developmental Delay (prior to age 6)

Specific Speech and/or Language Impairment

Intellectual Disability

Vision Impairment

Other, please specify

## 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? If

YES NO

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

Secondary assistance provides eligible families with up to \$350 towards charges, contributions and uniforms. Parents must hold one of the following cards: Centrelink Health Care Card, Centrelink Pensioner Concession Card, Veterans' Affairs Concession Card

## 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					
Does the student reside with you?		Yes	No	Is there a shared living arrangement?	
				Yes	No
Are you responsible for fees and charges? (Only one parent/guardian can be responsible)				Yes	No

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?

<input type="checkbox"/> NO, English only	<input type="checkbox"/> YES, other - please specify
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(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?

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> 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?

<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma/Diploma
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> 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					
Does the student reside with you?		Yes	No	Is there a shared living arrangement?	
				Yes	No
Are you responsible for fees and charges? (Only one parent/guardian can be responsible)				Yes	No

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

The school will call contacts in order of Parent Guardian 1, Parent Guardian 2, Contact 1 , Contact 2 unless otherwise requested by enrolling parent.

## 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 <i>(if different from student residential address)</i>		Postcode
Telephone (Home)	Mobile Number	
Email Address		

### CONTACT 2:

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

## 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.

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

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b>	<b>Other business managers, arts/media/sportspersons and associate professionals</b>	<b>Tradesmen/women, clerks and skilled office, sales and service staff</b>	<b>Machine operators, hospitality staff, assistants, labourers and related workers</b>
<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]. or 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> <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>

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

### SECTION A

#### 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.

YES - Please specify below and return to the school office. You will be given additional forms to complete.

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.

## 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
<b>Other Conditions or Needs</b> (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.

**Permission to call doctor** YES      NO

**Permission to administer first aid** YES      NO

**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.

# Policies and Agreements Consent Form

This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the schools programs. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care. Our Policies and Agreement booklet can be found on the Dalyellup College website [www.dalyellupcollege.wa.edu.au](http://www.dalyellupcollege.wa.edu.au) or collected from the administration office.

Please take the time to make yourself and your student familiar with the College's expectations prior to completing the questions below.



**Dalyellup**  
COLLEGE

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<b>Media Consent</b>	<b>Yes</b>	<b>No</b>
<b>Internet Usage</b>	<b>Yes</b>	<b>No</b>
<b>Connect/Compass Registration</b>	<b>Yes</b>	<b>No</b>
<b>Dress Code Agreement</b>	<b>Yes</b>	<b>No</b>
<b>SMS Communication Agreement</b>	<b>Yes</b>	<b>No</b>
<b>Mobile Phone and Digital Device policy</b>	<b>Yes</b>	<b>No</b>
<b>Smart Rider Card</b>	<b>Yes</b>	<b>No</b>

Parent Name

Parent 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.

## Unique Student Identifier (USI)

Unique Student Identifier (USI)

Dalyellup College is capturing all new students to register for a USI number that will be used when your child is in Year 11 and 12.

A USI is a reference number made up of numbers and letters. Creating a USI is free. It creates a secure online record of your nationally recognised training that you can access anytime and anywhere, and it's yours for life.

The USI is linked to the National Vocation Education and Training (VET) Data Collection and this means an individual's nationally recognised training and qualifications gained anywhere in Australia, from different training organisations, will be kept together. The USI will:

- Link a student's VET achievements; regardless of where in Australia they did the course.
- Let students easily access secure digital transcripts of their achievements.
- Give students more control over their VET information.

What information do I need to get a USI?

Students will need to have the following information to gain a USI:

- Full name
- Date of birth
- Town/location of birth (ie Bunbury WA etc)
- Medicare number (the 10-digit number at the top of the card)
- Reference number on the Medicare card (ie person number 3)
- Expiry date of the Medicare card

To get a USI go to [www.usi.gov.au](http://www.usi.gov.au) then choose "Create your USI".

It is essential that the school has a record of your number.

Student Name:

USI Number: