

Koorana Primary School

Year of enrolment:	
Year level :	

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

STUDENT DETAILS				
Surname:	Legal Surname (if different):			
Previous Surname (if applicable)	:			
1 st Name:	2 nd Name:	3 rd Name:		
Preferred 1 st Name:				
Email Address:				
Date of Birth:/		Sex: Male	☐ Female	
Residential Address:				
		Postcode:		
Telephone (Home):	Studen	Student's Mobile (if applicable):		
Car Registration (if applicable):				
Full Name/s of brothers and siste				
i dii Name/3 di biother3 and 3iste	ers attending this school.			
Student lives with:				
Both Parents				
Parent/Guardian/Carer 1	=	Relationsh	nip to student	
Parent/Guardian/Carer 2 Independent minor	=			
(Reg3. School Education Regulations 20	00)			
For information on access restric	tion, see Confidential section	of this form.		
Emergency Contacts (Indicate	contacts in order of preference	e).		
Name			hip to student	
1				
2				
3				

PARENT / GUARDIAN DETAILS		
Parent/Guardian 1 Details		
Title: First Name:	Second Name:	Surname:
Please indicate relationship to the stu	udent:	
Please indicate whether you have the	e: Day to day care of the st	udent or Long term care of student.
Fees and charges billing: YES	NO If no, who is res	ponsible:
Postal Address (if different from stud	ent residential address):	
Telephone (Home):	Email Address:	
Occupation/Workplace location:		
Telephone (Work):	Mobile No:	
Do you mainly speak English at hom	e?	
Do you speak a language other than (If more than one language, indicate		glish only
months, please use your last occupation. above).	completed? Bachelo Advance Certifica No non- "ear 9 or equivalent or below") (Insert 1, 2, 3 or 4. Please of the second currently in the second currently currently in the second currently curre	evel of the highest qualification you have or degree or above sed diploma/Diploma ate I to IV (including trade certificate) -school qualification select the appropriate parental occupation or paid work, but have had a job in the last 12 in paid work in the last 12 months, enter '8'
Parent/Guardian 2 Details		
Title: First Name:	Second Name:	Surname:
Please indicate relationship to the stu	udent:	
Please indicate whether you have the	e: Day to day care of the st	udent or Long term care of student.
Fees and charges billing: YES	NO If no, who is res	ponsible:
Postal Address (if different from stud	ent residential 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 (If more than one language, indicate the one that	home? NO, English only YES, other - please specificat is spoken most often)
What is the highest year of primary or secondar school you have completed? Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	ry 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 eq	quivalent or below')
group from the list provided in ATTACHMENT 2. If ye	rt 1, 2, 3 or 4. Please select the appropriate parental occupation you are not currently in paid work, but have had a job in the last 12 if you have not been in paid work in the last 12 months, enter '8'
OTHER CONTACT(S) DETAILS	
Title: First Name: Seco	ond Name: Surname:
Please indicate relationship to the student:	
Postal Address (if different from student residen	
Telephone (Home): E	Email Address:
Occupation/Workplace location:	
Telephone (Work):	Mobile No:
Please advise the school if there a	are any other contacts you would like recorded.
SIGNATURE	
Name of person enrolling student:	
Title: First Name: Seco	ond Name: Surname:
Relationship to the student:	
If this is an enrolment for Kindergarten, I declare	
Signature:	Date:
(independent minors and those aged 18 years of	Date:or older may sign on their own behalf)
PRINCIPAL'S APPROVAL	
	Principal's signatur
	Approved / Not approve
	Date:

Is the student's descent:	Nationality (optional):	Country of Birth:		
Is the student's descent:	Religion:	Is the student to be withdrawn from religious instruction?	YES	□NO
Torres Strait Islander (TSI)	Student's First Language:			
Does the student mainly speak English at home? NO, English only YES NO NO, English only YES, other - please specify: YES NO No No, English only YES, other - please specify: YES NO No No No, English only YES, other - please specify: No YES No No No No No No No N		Torres Strait Islander (TSI)	YES	NO
Date of Arrival in Australia:	Does the student mainly spe	eak English at home? ndicate the one that is \text{NO, English only}	YES	☐ NO
International Fee Paying (if known):	Australian Citizenship/Perma	anent Resident:	YES	□NO
Does the student receive any of the following allowances: Secondary Assistance	Date of Arrival in Australia:	Visa Sub-class No: Visa Sub-class No Exp	iry Date:	
Secondary Assistance	International Fee Paying (if I	known):	YES	□NO
Assistance for Isolated Children (AIC)	Does the student receive an	ny of the following allowances:		
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? 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 YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone	☐ Secondary Assistance	☐ Youth Allowance		
Reason for change of school (optional):	Assistance for Isolated (Children (AIC)		
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?	Previous School:			
Movement reason (optional): CONFIDENTIAL Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?	Reason for change of school	ol (optional):		
Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?	If previously enrolled in Hom	ne Education, specify the Education Region:		
Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?	Movement reason (optional)):		
Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?				
development?	CONFIDENTIAL			
If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone	development?		_	□NO
			YES	☐ NO
	CONSENT FORMS			

Parent consent is sought in ATTACHMENT 1 for a variety of school related activities.

STUDENT DETAILS - MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students. 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?
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 If YES, please specify. Allergy – Anaphylaxis Allergy – Other Mental health or behavioural (eg depression, ADD/ADHD) Diabetes Diagnosed migraine/headaches Seizure Disorder (eg epilepsy) Medical Practice (Name and Address):
Doctor's Name: Telephone:
Dental Surgery Practice (if applicable, name and address): Dentist's Name: Telephone:
Medicare No: Valid to:/
Health Care Card (if applicable): YES NO. If Yes, please provide no Expiry Date:
Do you have ambulance cover?

ATTACHMENT 1



Consent Form

At **Koorana Primary School** 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 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. NB – All agreement forms require signing.
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 www.kooranaps.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):

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

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

OFFICE USE ONLY Student's official documentation all sighted (Date): ☐ YES | NO Passport ☐ Travel document/s ☐ Birth certificate Student's Residency status: \Bullet Local Permanent Resident Overseas Student: If yes, International fee paying: ☐ YES Entry Date: Previous School: _____ Records received: ☐ YES Publications/Internet Permission Form completed: . YES NO ☐ PG2: ____ ☐ Other: __ (including reports, to be sent to) Immunisation records provided: ☐ YES ☐ NO Form/Class: House Faction: Approved by Principal: NO ☐ YES on (Date): _____ ____ on (Date): ____ Entered on School Information system by: Student leaves school: (Date) _____ Date Transfer Note Sent: ____ Destination: Records received from transferring school: NO YES on (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 destrov. 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.