

# Wandina Primary School Kindergarten Enrolment

OFFICE USE ONLY		
Date received:	_____	
Birth certificate sighted:	YES	NO
Visa sighted:	YES	NO
Family Court Order sighted:	YES	NO
Application:	accepted / not accepted	

## APPLICATION FOR ENROLMENT 2014 Kindergarten (CONFIDENTIAL)

<b>1. PERSONAL DETAILS</b> (PLEASE PRINT ALL DETAILS BELOW)			
Child's surname	Given names	Date of birth	Sex (M/F)
Surname of parent/guardian	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Work (if convenient)	Mobile Phone No	
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES NO			
If applicable, year level child currently enrolled in (e.g. Year 7)			
If applicable, name of school at which the child is currently or was last enrolled:			
Are you applying to enrol in a specialist program at this school? Name of specialist program:			
Please indicate (√) YES NO			
Are there any siblings currently attending this school? Names and year levels:			
Please indicate (√) YES NO			
** Is your child currently under suspension from a school? If yes, name of school:			
Please indicate (√) YES NO N/A			
** Has your child ever been excluded from a school? If yes, name of school:			
Please indicate (√) YES NO N/A			
<b>2. PERMANENT RESIDENT OF AUSTRALIA?</b>			
Please indicate (√) YES NO			
If no, please indicate date entered Australia: _____ VISA SUB CLASS No: _____			
<b>3. DISABILITY/MEDICAL CONDITION?</b>			
This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√)			
Physical	Intellectual	Other	Medical Condition
YES NO	YES NO	YES NO	YES NO
Please outline nature of disability/medical condition:			
<b>I declare that the information provided on this form is true.</b> <i>If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.</i>			
Signature of parent/guardian			Date
** These questions are unlikely to apply to kindergarten and pre-primary children.			

# WANDINA PRIMARY SCHOOL ENROLMENT FORM

Preferred start date  
Beginning of 2014  
school year or  
/ /

## STUDENT DETAILS

\* Essential information

1. \* Surname: \_\_\_\_\_ 2. \* Legal Surname: \_\_\_\_\_

3. \* 1st Name \_\_\_\_\_ \* 2nd Name \_\_\_\_\_

4. Preferred Name \_\_\_\_\_ 5. The Class seeking to enrol in: Year \_\_\_\_\_

6. Email Address \_\_\_\_\_

7. \* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. \* Sex  Male  Female

9. \* Residential Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

10. \* Telephone \_\_\_\_\_ 11. \* Student Mobile (if applicable) \_\_\_\_\_

12.. Full names of any brothers and sisters attending this school Sibling 1 \_\_\_\_\_

Sibling 2 \_\_\_\_\_ Sibling 3 \_\_\_\_\_

13. \* Is this student in the care of the Department for Child Protection (DCP) Chief Executive Officer? YES  NO

If YES, please specify the name and contact details of the DCP Case Manager

14. \* 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.

## Relationship with Parent/s

15. Child lives with Both Parents  Parent 1  Parent 2   
Other Person Responsible  Relationship to child \_\_\_\_\_

16. Is this student subject to Access Restriction?  
YES  (If YES, please attach supporting documentation) NO

## Emergency Contact

17. \* Persons to be contacted in an emergency ranked in order of preference (Telephone numbers must be specified).

Parent/Person Responsible 1

Name:

Telephone

Parent/Person Responsible 2

Name:

Telephone

Additional Person's Details

Name:

Telephone

### Parent/Responsible Person 1 – Details

1. Title:\* First Name \_\_\_\_\_ \* Surname \_\_\_\_\_
2. Relationship to the student \_\_\_\_\_
3. \* Postal Address (if different from student's residential address) \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_
4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_
5. Email Address: \_\_\_\_\_ 6. Occupation/Workplace \_\_\_\_\_
7. Do you mainly speak English at home? YES  NO   
If NO, please indicate the language \_\_\_\_\_  
(If more than one language, indicate the one spoken most often)
8. 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')
9. What is the level of the highest qualification you have completed?  
Bachelor degree or above   
Advanced Diploma/Diploma   
Certificate I to IV (incl. trade certificate)   
No non-school qualification

10. What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page of this form). 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/Responsible Person 2 – Details

1. Title: \_\_\_\_\_ \* First Name: \_\_\_\_\_ \* Surname: \_\_\_\_\_
2. Relationship to the student: \_\_\_\_\_
3. \* Postal Address (if different from student's residential address): \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_
4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_
5. Email Address: \_\_\_\_\_ 6. Occupation/Workplace: \_\_\_\_\_
7. Do you mainly speak English at home? YES  NO   
If NO, please indicate the language: \_\_\_\_\_ (If more than one language, indicate the one spoken most often)
8. 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')
9. 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

10. What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page of this form). 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, please enter '8' above.

### Additional Person's Contact Details

1. Title \_\_\_\_\_ \* First Name \_\_\_\_\_ \* Surname \_\_\_\_\_

2. Relationship to the student \_\_\_\_\_

3. \* Postal Address (if different from student's residential address) \_\_\_\_\_

Postcode \_\_\_\_\_

4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_

Please advise the school if there are any other contacts you would like recorded.

### Student Details – Additional Information

1. Religion \_\_\_\_\_

2. Is the student to be withdrawn from religious instruction? YES  NO

3. Is the student of Aboriginal or Torres Strait Islander origin?  NO  
(For children of both Aboriginal & Torres Strait Islander origin mark both 'YES' boxes)  YES, Aboriginal  
 YES, Torres Strait Islander

4. If the school has a local-intake area, does the student reside outside the area? YES   
NO

5. \* Citizenship Australian

Other nationality \_\_\_\_\_

Visa Sub Class Number \_\_\_\_\_

Visa Expiry Date - / -- / --

Date Entered Australia -- / -- / --

6. Does the student receive any of the following allowances?

Secondary Assistance Allowance

Youth Allowance

Assistance for Isolated Children (AIC)

ABSTUDY

7. \* Name of previous school \_\_\_\_\_

8. Reason for change of school (if applicable) \_\_\_\_\_

OR

9. \* If previously registered for home education, please specify the Education Region in which registration was recorded \_\_\_\_\_

10. \*Does the student have a disability? YES  NO  If YES, please specify the disability

Autism Spectrum Disorder

Deaf or Hard of Hearing

Specific Speech Language Impairment

Intellectual Disability

Severe Medical/Health Condition

Severe Mental Disorder

Global Developmental Delay

Vision Impairment

Physical Disability

Other

Please specify \_\_\_\_\_

11. \*Please indicate if you have documentation regarding your child's disability (*Copies of this documentation will be required for school records*). YES  NO

### Student Details – Medical/Health

A separate form, the *Student Health Care Summary*, is also to be completed for all students prior to enrolment and needs to be updated if the student's health care needs change. It will be used by the school in the event of care being needed. *If the student has medical conditions or intensive health care needs you also will be asked by the school to complete the relevant Health Care Authorisations.*

12. Please provide details of any other information you would like noted about the student's health.

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Does the student have a medical or health care need? YES  NO

If YES, please specify.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis            | <input type="checkbox"/> Hearing condition (e.g. otitis media)                  |
| <input type="checkbox"/> Allergy – Other _____            | <input type="checkbox"/> Mental health or behavioural (eg ADD/ADHD, depression) |
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Intensive Care Needs                                   |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Diagnosed migraine/headaches     |   |
| <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) |   |

Medical Practice (Name and Address) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dental Practice (Name and Address) \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Medicare Number    Expiry \_\_\_\_\_

Do you have a Health Care Card? YES  NO  Expiry -- / --

Do you have ambulance cover? YES  NO

**(If there is a medical emergency, parents/responsible persons are expected to meet the cost of the ambulance)** Name of Insurance Company \_\_\_\_\_

### Signature

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

*(Independent Minors and those aged 18 year or older may sign on their own behalf)*

If an enrolment for Kindergarten, I declare this to be the only enrolment made.

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

## Parent Occupation Groups

(Relates to questions in *Parent 1* and *Parent 2* sections of the Application for Enrolment Form)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration &amp; defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p><i>Senior executive/ manager/ department head</i> in industry, commerce, media or other large organisation</p> <p><i>Public service manager</i> (section head or above), regional director, health/education/police/fire services administrator</p> <p><i>Other administrator</i> [school Principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><i>Defence Forces Commissioned Officer</i></p> <p><i>Professionals</i> 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><i>Business</i> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><i>Air/sea transport</i> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><i>Owner/manager</i> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><i>Specialist manager</i> [finance/engineering/production/personnel/ industrial relations/sales/marketing]</p> <p><i>Financial services manager</i> [bank branch manager, finance/investment/insurance broker, credit/loans officer]</p> <p><i>Retail sales/services manager</i> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><i>Arts/media/sports</i> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><i>Associate professionals</i> 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><i>Business/administration</i> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><i>Defence Forces senior Non-Commissioned Officer.</i></p>	<p><i>Tradesmen/women</i> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><i>Clerks</i> [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><i>Skilled office, sales and service staff</i></p> <p><i>Office</i> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><i>Sales</i> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><i>Service</i> [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><i>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff</i> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><i>Office assistants, sales assistants and other assistants</i></p> <p><i>Office</i> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><i>Sales</i> [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><i>Assistant/aide</i> [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><i>Defence Forces</i> 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><i>Other worker</i> [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 - REVISED

## SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

<b>FAMILY CONTACT DETAIL</b>	<b>MEDICAL DETAILS</b>
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Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
Address:	Doctor 2: Telephone:
Telephone: (W)	I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes <input type="checkbox"/> No <input type="checkbox"/>
(H)	Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/>
(M)	<b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W)	Medicare No. (If required – for children requiring regular emergency care):
(H)	

## 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.

## 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	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Conditions or Needs (Please specify)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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.

Name:

Date of Birth:

School:

**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: / /



# Wandina Primary School

## **PERMISSION TO PUBLISH STUDENT PHOTOGRAPHS AND SCHOOL WORK**

We request permission for student work or images of your child to be taken during school activities, to be published. Student work or images will be used for the purposes of educating students, promoting the school and promoting public education.

Student work and photographs may be published in a variety of ways, but not limited to, online and printed school newsletters, magazines, reports and other materials, school websites, Department of Education online and printed information; and online and printed external media.

Signing the consent form means you agree to:

- Images of your child and samples of your child's work being published
- Your child's first name only, being published. Family names will not be published.

This consent form will remain effective until such time as you advise the school otherwise.

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### Consent Form

I agree to the school capturing images of my child during school activities for use in educating students, promoting the school and promoting public education. I also agree to the publication (electronic or print) of images and/or samples of my child's work in a range of ways including, but not limited to, websites, school intranet sites, school newsletters (print and online), magazines and the electronic and print external media.

I will notify the school in writing if I wish to withdraw this consent.

Student Name \_\_\_\_\_

Form/class: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# Wandina Primary School Internet User Agreement

Student Name \_\_\_\_\_ Room \_\_\_\_\_

The internet allows students to search world wide data bases, access bulletin boards and exchange messages via email, throughout the world. Its use has significant educational benefits for students and their learning at school.

It is the policy of Wandina Primary School to mandate and expect that students will use the internet in a responsible manner. It is important that parents/guardians read and discuss the rules governing the behaviour of students who access the computer system at school, with their child. Both parents/guardians and student are to sign the user agreement form.

Students who do not adhere to any part of this agreement may lose the privilege to use the system and further disciplinary action may be taken.

## Student agreement

Students MUST adhere to all student conditions listed below

1. I will not access the internet unless under the direction of the teacher or staff member.
2. I will not look for any information which is any way unacceptable.
3. If I find a site that I think is not suitable, I will report it immediately to a school staff member.
4. Before copying anything from the internet, I will seek permission from a staff member.
5. I will not give out anyone's name, address or phone number unless I have the approval of a staff member.
6. I will not use the Internet service to upset or be rude to someone.
7. I have read and understood the Internet User Agreement. I understand there will be consequences that may affect my learning if I do not adhere to the agreement.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Agreement (signing on behalf of students in K-2)

I approve of my son/daughter using the Wandina Primary School Network under the above conditions and acknowledge the importance of following the agreement.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_