

Wandina Primary School

Application for Enrolment Form

OFFICE USE ONLY	Accepted	Y / N
Date received: _____		
Birth certificate / other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family Court Order	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname:	Given names:	Date of birth:	Sex (M /F):
Surname of parent/responsible person:	Given names:	Mr/Mrs/Ms:	
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone – Home:	Mobile Phone No:		
Work (if convenient):	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Will there be any brothers or sisters attending this school? Names and year levels: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is your child currently under suspension from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your child ever been excluded from a school? If YES, name of school: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Permanent Resident of Australia Is your child a permanent resident of Australia? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Disability/ Medical Condition Does your child have a disability/medical condition? 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 whether: Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition <input type="checkbox"/> _____ Please outline nature of disability/medical condition (or attach details). Has your child been assessed to be eligible to receive education assistant time? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Preferred start date
Beginning of 2014 school year or

/ /

WANDINA PRIMARY SCHOOL ENROLMENT FORM

STUDENT DETAILS

* Essential information

1. * Surname: _____ 2. * Legal Surname: _____

3. * 1st Name _____ * 2nd Name _____

4. The Class year are you seeking to enrol in: Year _____

5. Preferred Name _____ 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
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
(If you did not attend school, mark 'Year 9 or equivalent or below')
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
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
(If you did not attend school, mark 'Year 9 or equivalent or below')
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 YES, Aboriginal
mark both 'YES' boxes) 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	<input type="checkbox"/>	Severe Mental Disorder	<input type="checkbox"/>
Deaf or Hard of Hearing	<input type="checkbox"/>	Global Developmental Delay	<input type="checkbox"/>
Specific Speech Language Impairment	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Severe Medical/Health Condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
		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.

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 (e.g. tube feeding) |
| <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

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 & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons 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>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>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]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>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]</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>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]</p> <p>Other worker [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		

FAMILY CONTACT DETAIL	MEDICAL DETAILS
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Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
Address:	Doctor 2: Telephone:
Telephone: (W) (H) (M)	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"/>
	Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
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) (M)	Medicare No. (If required – for children requiring regular emergency care):

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 <input type="checkbox"/> NO <input type="checkbox"/> 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.

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: _____