

## 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 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/responsible person details section of this form. Please place X in  provided.

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

- |                                    |                          |
|------------------------------------|--------------------------|
| Birth certificate                  | <input type="checkbox"/> |
| Identity documents (if applicable) | <input type="checkbox"/> |
| Immunisation certificate           | <input type="checkbox"/> |
| Court order (if applicable)        | <input type="checkbox"/> |
| Proof of address                   | <input type="checkbox"/> |

Student Surname: _____ _____ First Name: _____ Enrolling in Year: _____
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*If your child was not born in Australia, you must provide:*

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- 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. For a student with a disability who has significant and complex support needs the principal will negotiate to delay the first day of attendance with the parent/carer if the necessary teaching and learning adjustment are not currently available at the school;
- 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/Responsible person.**

### 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<sup>1</sup>.

**WA PUBLIC SCHOOL STUDENT ENROLMENT FORM**

**Student Details**

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

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

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

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

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

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

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male

Female

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

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

<b>For School Use Only</b>
Year Level: _____
Form/Class: _____

Names of brothers and sisters attending this school:

\_\_\_\_\_

\*Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer? YES  NO

If YES, please specify the name of the DCD Case Manager, their DCD District and their contact phone number.

\_\_\_\_\_

\*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.

Contributions and Charges Billing: PG1 <input type="checkbox"/> _____ % PG2 <input type="checkbox"/> _____ % Other <input type="checkbox"/> _____ %
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**Parent/Responsible Person Details**

Child lives with:

Both Parents

Parent/Responsible Person 1

Neither Parent

Parent/Responsible Person 2

Is this student subject to Access Restriction? YES  NO

If YES, please attach supporting documentation.

**Emergency Contact**

\* Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the *preferred emergency contact*.<sup>1</sup>

Parent/Responsible Person 1  Parent/Responsible Person 2  Other contacts

\_\_\_\_\_

**Parent/Responsible Person 1 Details (This should be the most available SMS contact)**

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

Please indicate relationship to the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):  
\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO   
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) NO, English only  YES, other - please specify: \_\_\_\_\_

What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
Year 12 or equivalent <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Year 11 or equivalent <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>
Year 10 or equivalent <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>
Year 9 or equivalent or below <input type="checkbox"/>	No non-school qualification <input type="checkbox"/>

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group?  (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. 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**

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

Please indicate relationship to the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):  
\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO   
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) NO, English only  YES, other - please specify: \_\_\_\_\_

What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
Year 12 or equivalent <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Year 11 or equivalent <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>
Year 10 or equivalent <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>
Year 9 or equivalent or below <input type="checkbox"/>	No non-school qualification <input type="checkbox"/>

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group?  (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. 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.<sup>1</sup>

## Other Contact(s) Details

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

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):

\_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

## Student Details - Additional Information

Religion: \_\_\_\_\_ Is the student to be withdrawn from religious instruction? YES   
NO

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 the student mainly speak English at home? YES  NO

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

Out of school intake area: YES  NO  Health Card: YES  NO

\* Citizenship: Australian  Other - please specify \_\_\_\_\_

\* Permanent Resident: YES  NO  \* Temporary Resident: YES  NO

\* Visa Expiry Date: \_\_\_\_\_ \* Visa Expiry Date: \_\_\_\_\_

\* Visa Sub-class No. \_\_\_\_\_ \* Visa Sub-class No. \_\_\_\_\_

\* Date entered Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Date entered Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_

In Receipt of Allowance: Secondary Assistance  Youth Allowance   
Assistance for Isolated Children (AIC)  Abstudy

Birth Certificate seen: YES  NO  Date Sighted: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(or passport or Travel documents)

In which country was the student born? Australia   
Other - please specify \_\_\_\_\_

\* Previous School: \_\_\_\_\_ or

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

Movement Reason (if applicable)<sup>1</sup> \_\_\_\_\_  
\_\_\_\_\_

\*Does the student have a disability? YES  NO

If YES, please specify.

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

- |  |  |
|--|--|
| <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                         |

**Student Details – Medical / Health**

Medicare Number: \_\_\_\_\_

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

If YES, please specify.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis (4)                | <input type="checkbox"/> Hearing condition (eg otitis media)                    |
| <input type="checkbox"/> Allergy – Other _____ (5)                | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma (8)                               | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding)           |
| <input type="checkbox"/> Diabetes (6)                             | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Diagnosed migraine/headaches             |   |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) (7) _____ |   |

If you have indicated that the student has a medical condition or intensive health care need you will be required to complete a separate Health Care Authorisation which will be forwarded to you by mail.

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

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

Please provide details of any other information you would like noted.

Do you have ambulance cover? YES  NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)<sup>1</sup>

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

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

I/We understand this is a legal document and certify all details given are accurate. Under the *School Education Act*, enrolment can be denied if false information is given.

I/We understand that acceptance of enrolment assumes the student will conform to the school Code of conduct and the school dress code.

Parent/Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Both parents/guardians to sign if possible.*

<b>Office Use Only</b>	
Entry Date: ____/____/____	Date Transfer Note Sent: ____/____/____
Previous School: _____	Records Received: Y / N
Publications/Internet Permission Form Completed: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Contributions and Charges Billing: PG1 <input type="checkbox"/> _____% PG2 <input type="checkbox"/> _____% Other <input type="checkbox"/> _____%	
Immunisation records provided: YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Form/Class: _____
	House/Faction: _____
Entered on School Information System by: _____	Date: ____/____/____
Leave Date: _____	Destination: _____ Records Sent: Y / N

**Parental Occupation Groups:**

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 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 <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional. <b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] <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 <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional. <b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] <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> <b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator] <b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher] <b>Service</b> [aged/disabled/refugee/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> <b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant] <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] <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> <b>Defence Forces</b> ranks below senior NCO not included in other groups <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] <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>			

# ECC Student Computer Network User Agreement (Refer to Student Computer Network Use Policy)

I agree to the following computer usage conditions:

1. I will not download and install software onto the computers;
2. I will not reconfigure any settings on the computer;
3. I will respect the equipment as if it was mine;
4. I will not use the computers for financial gain;
5. I will not disclose or let other students use my login details;
6. I will not hack the computer network or delete files that do not belong to me;
7. I will not download or distribute any offensive material;
8. I will not engage into activities which contravene the laws of Australia or its states and territories, or of the destination country in the case of data being transmitted abroad;
9. I acknowledge that my computer usage is monitored including: sites I have visited on the Internet, pictures I might download, and other material in my documents folder;
10. I understand that any Internet browsing costs money, and any large downloads may be charged to me.

I understand that if I misuse/abuse computing resources, depending on the severity of the situation, the discipline process may include combinations of the following consequences:

1. Warning.
2. Loss of privilege to use computing resources.
3. Financial charges for damage and/or excessive download usage.
4. Referral to administration for discipline.
5. Referral to authorities for legal processing.

## Parent/Guardian Consent:

I would like my child ..... to have access to the following  
(please tick choice/s):

- Computer Network
- Internet

I have read and understood the ECC Student Computer Network User Agreement and have been provided with the Student Computer Network Use Policy. I am aware of the consequences should I choose to disregard any or all of the points in the agreement.

Student Name:

Signed:

Date:

I have read and understood the ECC Student Computer Network User Agreement and have been provided with the Student Computer Network Use Policy. I am aware of the consequences should my child choose to disregard any or all of the points in the agreement.

Parent/Guardian Name:

Signed:

Date:



Department of Education and Training



Encouraging, Caring, Challenging

INFORMATION PRIVACY AND SECURITY
PERMISSION TO USE STUDENT PHOTOGRAPHS, VIDEO FOOTAGE, DIGITAL IMAGES

Dear Parents/Caregivers

At Eaton Community College we intend to promote the great work and achievement of our students and staff. This may involve the publication of student names, pictures and work samples in the College Newsletter, Yearbook, Website, Local and State newspapers, television as well as on any CDs produced by the College.

We are sensitive to the fact that some parents/caregivers may not wish for their child to be published in this way. We also have a legal obligation to protect the rights of students and their work, and parents/caregivers to make this choice.

We are asking all parents/caregivers to complete the form below to let us know your wishes. Please complete the following permission slip and return it to the College as soon as possible.

If at any stage your family circumstances alter and your permissions change, please notify the College of those changes as soon as possible.

The College will renew this permission on an annual basis.

Your Sincerely

Alan Brown
Principal

Return Slip - Permission to use Student Photographs, Video Footage, Digital Image, Student Work for publication.

Name of Student 1) \_\_\_\_\_ Year \_\_\_\_\_

Name of Student 2) \_\_\_\_\_ Year \_\_\_\_\_

Name of Student 3) \_\_\_\_\_ Year \_\_\_\_\_

Please Tick the appropriate box to indicate if permission is given or not

Table with 2 columns: Yes, No. Rows include: College newsletter, Local Bunbury newspapers, State wide newspapers, Eaton CC web site, College produced CD ROMs, Television/video, Release of information for Individual Awards.

Parent/Caregiver name \_\_\_\_\_

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