



<b>Office Use Only</b>	
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.**

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 \_\_\_\_\_

1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

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

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

Telephone (Home): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Student's Mobile (if applicable): \_\_\_\_\_

<p>I agree to abide by the School Dress Code by wearing school uniform.</p> <p>Student Sign: _____</p> <p>Parent Sign: _____</p>
--

Full Name/s of brothers and sisters attending this school:

**Student lives with:**

Both Parents ..... <input type="checkbox"/>	Other ..... <input type="checkbox"/>
Parent/Guardian/Carer 1 ..... <input type="checkbox"/>	<b>Name</b> _____ <b>Relationship to student</b> _____
Parent/Guardian/Carer 2 ..... <input type="checkbox"/>	_____

**Emergency Contacts** (Indicate contacts in order of preference):

	Name	Phone No.	Mobile No.	Relationship to student
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**PARENT / GUARDIAN DETAILS**

**Parent/Guardian 1 Details**

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

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

Please indicate whether you have the:  Day to day care of the student **or**  Long term care of student.

Postal Address (if different from student residential address do you require mail sent to this address?):

Yes  No \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email 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 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 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

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')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**Parent/Guardian 2 Details**

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

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

Please indicate whether you have the:  Day to day care of the student **or**  Long term care of student.

Postal Address (if different from student residential address do you require mail sent to this address?):

Yes  No \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email 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 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 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

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')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**OTHER CONTACT(S) DETAILS**

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

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

Postal Address (if different from student residential address):

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

**STUDENT DETAILS – ADDITIONAL INFORMATION**

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

Student's First Language: \_\_\_\_\_

Is the student's descent: .....Aboriginal  YES  NO  
 .....Torres Strait Islander (TSI)  YES  NO  
 .....Both Aboriginal and TSI  YES  NO

Does the student speak a language other than English at home? .....  YES  NO

Does the student mainly speak English at home? .....  YES  NO

(If more than one language, indicate the one that is spoken most often.)  NO, English only

YES, other - please specify: \_\_\_\_\_

Australian Citizenship/Permanent Resident: .....  YES  NO

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Sub-class No Expiry Date: \_\_\_\_\_

International Fee Paying (if known): .....  YES  NO

Does the student receive any of the following allowances:

- Secondary Assistance  Youth Allowance
- Assistance for Isolated Children (AIC)  Abstudy

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? .....  YES  NO  
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

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

**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?  YES  NO If YES, please specify the disability/s:

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                         |

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

If YES, please specify.

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

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

Doctor'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? .....  YES  NO

(If Yes, please provide your Ambulance Cover Insurance Provider.) \_\_\_\_\_

**Please Note:** If there is a medical emergency and you do not have Ambulance Cover, parents or guardians are expected to meet the cost of the ambulance.

## CONSENT FORMS

At Warwick Senior High 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

Student'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](#).

### VIEWING CONSENT

Students 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

Students occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities eg Warwick Leisure Centre, Warwick Open Space bushland or Warwick Centro 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.

Name of person signing the consent form:

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

Signature: \_\_\_\_\_

Please indicate relationship to the student (e.g. parent/guardian/responsible person): \_\_\_\_\_

## SIGNATURE

Name of person enrolling student:

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

Relationship to the student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(independent minors and those aged 18 years or older may sign on their own behalf)

## OFFICE USE ONLY

Student's official documentation all sighted (Date): \_\_\_\_\_  YES  NO

Birth certificate  Passport  Travel document/s

Student's Residency status: ..  Local  Permanent Resident

Overseas Student: If yes, International fee paying: .....  YES  NO

Entry Date: \_\_\_\_\_

Previous School: \_\_\_\_\_ Records received:  YES  NO

Publications/Internet Permission Form completed: .....  YES  NO

Contributions and Charges Billing:  PG1: \_\_\_\_%  PG2: \_\_\_\_%  Other: \_\_\_\_%

Official documentation:  PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_  
(including reports, to be sent to)

Immunisation records provided:  YES  NO

Form/Class: \_\_\_\_\_ House Faction: \_\_\_\_\_

Approved by Principal:  NO  YES on (Date): \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

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 destroy.
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.

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><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.</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].</p> <p>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 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

School: Warwick Senior High School  
 Student's Name:  
 Address:

Year: \_\_\_\_\_ Form: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: \_\_\_\_\_

### FAMILY CONTACT DETAIL

Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (W) \_\_\_\_\_  
 (H) \_\_\_\_\_  
 (M) \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (W) \_\_\_\_\_  
 (H) \_\_\_\_\_  
 (M) \_\_\_\_\_

### MEDICAL DETAILS

Medical Practice: \_\_\_\_\_  
 Doctor 1: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Doctor 2: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes  No   
 Do you have ambulance cover? Yes  No   
**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. \_\_\_\_\_  
 Health care card: Yes  No   
 Medicare No. (If required – for children requiring regular emergency care): \_\_\_\_\_

### ADMINISTRATION OF MEDICATION INFORMATION

If at any time your child requires short term medication to be given at school, please request an *Administration of Medication* form to complete and return to your principal or class teacher. The school requires written authorisation from you to administer any form of medication

### 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 a health condition or need that **requires support** from school staff while he or she is in their care?  
 Yes  - complete the remainder of this form and return to the school office. You will be given additional forms to complete.  
 No  - sign and return to the school office. If your child's requirements change, please notify the school immediately.

List your child's health condition(s): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION WHICH REQUIRES 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)

\_\_\_\_\_  YES  NO

\_\_\_\_\_  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 with the Principal.

Name:

Date of Birth:

School: Warwick Senior High 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/Carer 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 a 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:    /    /





**NAME OF STUDENT** \_\_\_\_\_

- Student Enrolment Form
- Copy of your child's most recent School Report
- Birth Certificate (or copy) or other evidence of birth date
- Evidence of residence within Warwick SHS Contributory area
- Passport and Visa for students born overseas
- Documents relating to custody and/or access

**HEALTH**

- Form 1 – Student Health Care Summary
- Copy of your Child's Immunisation Certificate. A **NEW** immunisation statement is required for all student enrolments. These can be obtained from the Medicare app or via my.gov.au
- Any additional relevant records relating to the student's health