



STUDENT ENROLMENT FORM (PART B)

STUDENT FULL NAME: _____

DATE OF BIRTH: _____

OFFICE USE ONLY

ENROLMENT

Entry Date: ____/____/____ Transfer Note Sent: ____/____/____
Previous School: Entry Date: _____ Records Received: YES NO
Form/Class: _____ House/Faction: _____
Entered on SIS by: _____ Date: ____/____/____
Birth Certificate Seen: YES NO Date: ____/____/____
Contributions and Charges Billing: PG1 ____% PG2 ____% OTHER ____%
Leave Date: ____/____/____ Destination: _____ Records Sent:

PERMISSION FORMS

Connect	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Consent Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Third Party Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Online Services Acceptable Use Agreement Students K-2 or 3-6	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PARENT/GUARDIAN TO COMPLETE

PLEASE COMPLETE THIS FORM AND RETURN IT TO JARRAHDLE PRIMARY SCHOOL

Family details should include details of parents/caregivers residing at the same address as the student being enrolled. Any details relating to parent/caregivers not residing with the student may be included in the parent/caregivers details section of this form.

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

- Birth certificate
- Identity documents (if applicable)
- Immunisation certificate
- Court order (if applicable)
- Proof of address

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 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);
- 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 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/responsible person if the necessary teaching and learning adjustments 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 us on 9526 7100.

STUDENT DETAILS

* Surname: _____ * Legal Surname: _____

* First Name: _____ * Second Name: _____

* Preferred Name: _____

* Email Address: _____

* Date Of Birth: ____/____/____ * Sex: Male Female Intersex

* Residential Address: _____

Post Code: _____

* Home Number: _____ * Mobile Number: : _____ * Work Number: _____

Name of siblings attending Jarrahdale Primary 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 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 support documentation



PARENT/CAREGIVER DETAILS

Child lives with:

Both Parents Parent 1 Parent 2 Neither Parents

Is this student subject to Access Restriction?

YES (If yes, please attach support documentation) NO

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.

Parent/Caregiver 1 Parent/Caregiver 2 Other Contacts

PARENT/CAREGIVER 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): _____

Post Code: _____

* Home Number: _____ * Mobile Number: : _____ * Work Number: _____

* Email Address: _____ * Occupation/Workplace: _____

* 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: _____

* 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, 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

Non-school qualification

(If you did not attend school, mark 'Year 9, 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 at the back of this booklet. 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, write '8' above.



PARENT/CAREGIVER 2 – DETAILS

* Title _____ * First Name: _____ * Surname: _____

* Please indicate relationship to the student: _____

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

_____ Post Code: _____

* Home Number: _____ * Mobile Number: : _____ * Work Number: _____

* Email Address: _____ * Occupation/Workplace: _____

* 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: _____

* 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, 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

Non-school qualification

(If you did not attend school, mark 'Year 9, 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 at the back of this booklet. 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, write '8' above.

OTHER CONTACT - DETAILS

* Title _____ * First Name: _____ * Surname: _____

* Please indicate relationship to the student: _____

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

_____ Post Code: _____

* Home Number: _____ * Mobile Number: : _____ * Work Number: _____

* Email Address: _____ * Occupation/Workplace: _____

Please advise Jarrahdale Primary 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, Both

YES, Aboriginal

YES, Torres Strait Islander

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

* Does the student speak a language other than English at home? NO, English only

YES , other – please specify: _____

* Out of school intake area: YES NO

* Health Care Card: YES NO

* Citizenship: Australia

other – please specify: _____

* Permanent Resident: YES NO

* Temporary Resident: YES NO

Visa Sub Class Number: _____

Visa Expiry Date: _____

Date Entered Australia: _____

In Receipt of Allowance:

Secondary Assistance Youth Allowance Assistance for Isolated Children Abstudy

In which country was the student born? Australia other – please specify: _____

Previous School (if applicable): _____

If previously enrolled in Home Education, specify the Education District: _____

Movement Reason: _____

Does the student have a Disability: YES NO If YES, please specify: _____

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records.

Autism Spectrum Disorder Deaf or Hard of Hearing Delay (prior to age 6)

Specific Speech Language Impairment Global Developmental Delay (prior to age 6)

Severe Mental Disorder Vision Impairment

Intellectual Disability Physical Disability



Jarrahdale Primary School

Strive for Success

STUDENT DETAILS – MEDICAL/HEALTH

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

If YES, please specify: _____

- | | | | |
|-----------------------|--------------------------|---|--------------------------|
| Allergy – Anaphylaxis | <input type="checkbox"/> | Hearing condition (e.g. otitis media) | <input type="checkbox"/> |
| Allergy – Other _____ | <input type="checkbox"/> | Mental Health or Behavioural (e.g. depression, ADD, ADHD) | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Intensive Health Care Need (e.g. tube feeding) | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Seizure Disorder (e.g. Epilepsy) | <input type="checkbox"/> |
| Diagnosed Migraines | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Medical Practice (Name and Address) _____

Post Code: _____

Doctors Name: _____ Phone Number: _____

Please provide details of any other information you would like noted: _____

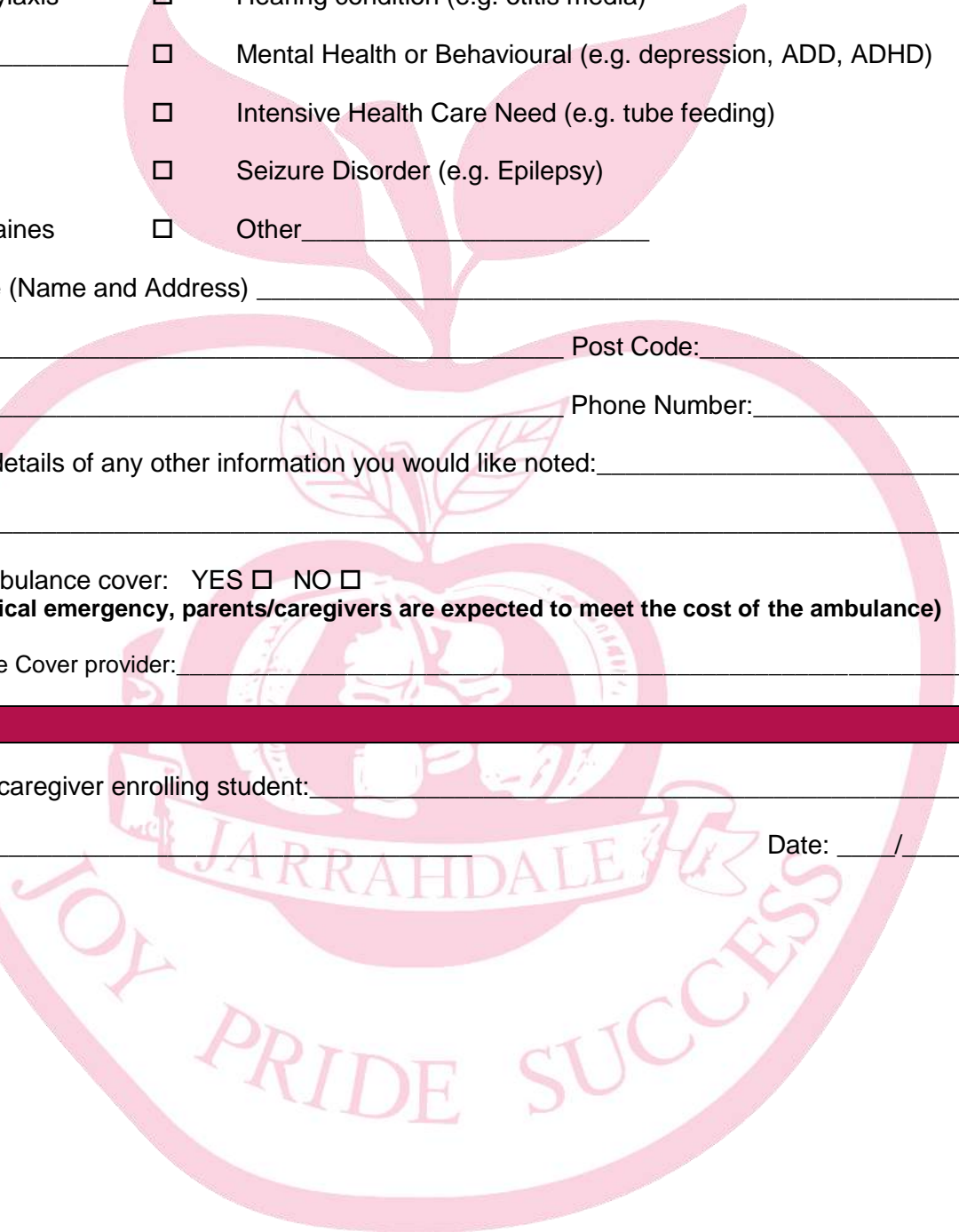
Do you have ambulance cover: YES NO
(If there is a medical emergency, parents/caregivers are expected to meet the cost of the ambulance)

If YES, Ambulance Cover provider: _____

SIGNATURE

Name of parent/caregiver enrolling student: _____

Signature _____ Date: ____/____/____





PARENT OCCUPATION GROUPS (Relates to questions in Parent's/Caregivers Sections)

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/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>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, value]</p> <p>Air/sea transport [aircraft/ship's 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/production/ 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/industrial 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 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