



DALMAIN PRIMARY SCHOOL

64 Dalmain Street, Kingsley WA 6026



SCHOOL ENROLMENT FORM

STUDENT DETAILS

Essential Information

SURNAME _____

Legal Surname _____

1st NAME _____

2nd Name _____

Preferred Name _____

Email Address _____

ADDRESS _____

Date of Birth

____ / ____ / ____

—

[] Male

[] Female

Suburb _____

Postcode _____

The Class year you are seeking to enrol in -

YEAR LEVEL _____

Preferred start date –

Beginning of 20 ____ school year.

OR ____ / ____ / ____
Day Month Year

PHONE (Home) _____

Mobile _____

Work _____

Names of brothers and/or sisters attending this school

Sibling 1 _____ Sibling 2 _____ Sibling 3 _____

STUDENT LIVES WITH

Both Parents.....

Parent/Guardian/Carer 1.....

Parent/Guardian/Carer 2.....

Other.....

Name: _____

Relationship to student: _____

EMERGENCY CONTACT

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

	Name	Phone	Mobile Number	Relationship to Student
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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Religion: _____ Is the student to be withdrawn from religious instruction YES NO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

Out of School local intake area YES NO

Does the student mainly speak English at home? YES NO

STUDENT DETAILS- ADDITIONAL INFORMATION CONT.....

Does the student speak a language other than 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 Temporary 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

PREVIOUS SCHOOL: _____

Reason for change of school (optional) _____

Movement reason (optional) _____

CONFIDENTIAL

Access Restriction –

Is the 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 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 (please specify)
_____ | <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"/> Seizure Disorder (eg epilepsy) | <input type="checkbox"/> Other: _____ |

STUDENT DETAILS – MEDICAL/HEALTH CONT.....**MEDICAL PRACTICE** (Name & Address) _____

Doctor's Name _____ Phone _____

DENTIST PRACTICE (Name & Address) _____

Dentist's Name _____ Phone _____

Medicare No: _____ Valid to: ____/____

Health Card (if applicable) YES NO If YES, please provide no. _____ Expiry Date: _____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.)**

Name of Health Insurance Company Ambulance Cover is with: _____

PERMISSION TO CALL DOCTOR DENTIST ADMINISTER FIRST AID **PARENT/RESPONSIBLE PERSON 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 studentFees and charges billing YES NO If no, who is responsible _____

Postal Address (If different from student residential address) _____

Phone (home) _____ Email Address _____

Occupation/Workplace _____ Work Ph _____ Mobile No _____

Do you mainly speak English at home? YES NODo you speak a language other than English at Home? NO English Only YES, other*(If more than one language, indicate the one that is spoken most often)* YES, other – please specify: _____ Year 12 or equivalent Bachelor degree or above Year 11 or equivalent Advanced diploma/Diploma Year 10 or equivalent Certificate I to IV (including trade certificate) Year 9 or equivalent 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, 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. . (Refer to Parental Occupation Groups Sheet on back page)*

PARENT/RESPONSIBLE PERSON 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

Fees and charges billing YES NO If no, who is responsible _____

Postal Address (If different from student residential address) _____

Phone (home) _____ Email Address _____

Occupation/Workplace _____ Work Ph _____ 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

(If more than one language, indicate the one that is spoken most often) YES, other – please specify: _____

Year 12 or equivalent

Bachelor degree or above

Year 11 or equivalent

Advanced diploma/Diploma

Year 10 or equivalent

Certificate I to IV (including trade certificate)

Year 9 or equivalent

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, 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. (Refer to Parental Occupation Groups Sheet back page)

ADDITIONAL PERSON'S CONTACT - DETAILS

TITLE _____ First Name _____ SURNAME _____

Please indicate relationship to the student: _____

Postal Address (If different from student residential address) _____

Email Address _____ Phone _____ Mobile No _____

Occupation/Workplace Location _____ Work Ph _____

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

ACCEPTABLE USAGE OF ONLINE SERVICES AGREEMENT FOR STUDENTS YEARS - K-2

Online Rules

If you use the online services of the Department of Education you must agree to the following rules:

- I will ask the teacher first before using the school computer or tablet.
- I will not give my password out to others.
- I will not let other people logon and/or use my account without checking with the teacher first.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable or that I know I should not access or view at school.
- I will only use material from the Internet if I have asked the teacher.
- If I download material or pictures from the Internet I will say where it comes from.
- I will not give out my name, phone number, address, name of the school, photographs or other details about myself or others when online without checking with the teacher first.
- I will take care when using the computer equipment and will not change the computer settings.
- I will not use the school computers to be mean, rude or unkind about other people.

I understand that:

- If I use the Internet or my online account in a way that I should not, then I may not be able to use these in the future.
- I may be liable for misuse of the computer and the police may be contacted.

ACCEPTABLE USAGE OF ONLINE SERVICES AGREEMENT FOR STUDENTS YEARS - 3-6

Online Rules

If you use the online services of the Department of Education you must agree to the following rules:

- I will use the school computer only with the permission of a teacher.
- I will follow all instructions from teachers when using school computers.
- I will not let anybody else know my password.
- I will not let others logon and/ or use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I know that I am responsible for anything that happens when my online services account is used.
- I will tell my teacher if I think someone is using my online services account.
- I know that the school and the Department of Education may see anything I send or receive using email or online file storage services.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written, well presented and is not harmful to other students (i.e. it does not contain material that is pornographic, racist, sexist, inflammatory, hateful, obscene or abusive nature or which promotes illegal activities or violence).
- If I use other people's work (including items taken from the Internet) as part of my own research and study I will always acknowledge them.
- I will obtain permission from the copyright owner for the use of their works if I included them as part of a portfolio for employment, entry for a competition or any other uses other than for private research and study.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online, and for sharing other people's copyright online e.g. music and video files.

I understand that

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences outlined in the School's policy; and
- I may be held liable for offences committed using online services.

CONSENT FOR – ACCEPTABLE USAGE AGREEMENT FOR PRIMARY STUDENTS

I give permission for my child to use online services for educational purposes.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of student: _____ TA: _____

Signature of student: (Year 3 – Year 6) _____

Signature of Parent/Carer: _____ Date: _____

PERMISSION TO PUBLISH WORK/IMAGES OF STUDENTS

Dear Parent / Caregiver

Your permission is sought for the school to publish video or photographic images and/or samples of your child's work taken during school activities.

If you give permission, the school may publish the images internally on Department of Education intranet sites, in online and hard copy school newsletters, Department of Education public Internet websites, school annual magazines and local newspapers. If published externally to an open website or publication, third parties would be able to view the photographs and work.

By signing the below consent form you agree to the following:

- The images or work samples would be used for the purpose of educating students, promoting the school, or promoting public education.
- The images or work samples may be reproduced as many times as required for these purposes.

Any video or photograph captured by the school will be kept for no longer than is necessary and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Department of Education cannot guarantee that your child will not be able to be identified from the video, photograph or work sample.

Please complete the consent form below and submit with your child's School's Application Form. This consent, if signed, will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of these images or samples of work of (insert child's name) _____ in ways including, but not limited to, public web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper. I will notify the school if I decide to withdraw this consent.

Name of student: _____ **TA / Class:** _____

Signature of student: _____ **Date:** _____

Signature of parent/responsible person: _____ **Date:** _____

VIEWING "PG" CONSENT

Dear Parent / Caregiver

From time to time our students are required to watch video's/DVD's/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 need parental permission. The content of the "PG" video/DVD/television documentary is deemed suitable by the teacher and the School Administration.

Please complete the consent form below and submit with your child's School's Application Form. This consent, if signed, will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to my child _____ viewing items that are "PG" rated as deemed suitable by the teacher and school administration.

Name of student: _____ **TA / Class:** _____

Signature of student (if applicable): _____ **Date:** _____

Signature of parent/responsible person: _____ **Date:** _____

SIGNATURE**NAME OF PERSON ENROLLING STUDENT**

Title _____ First Name _____ Surname _____

Relationship to the student: _____

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

SIGNATURE _____ DATE ____/____/____

PRINCIPAL'S APPROVAL

PRINCIPAL/AUTHORISED PERSON'S SIGNATURE _____

APPROVED NOT APPROVED DATE: _____**SCHOOL OFFICE USE ONLY**Student's official documentation all sighted (Date): _____ YES NO Birth Certificate Passport Travel document/sStudent's Residency status: Local Permanent Resident Overseas Student: If yes, International fee paying: YES NO

Entry Date: _____

Previous School: _____ Records received YES NOPublications/Internet Permission Form completed: YES NOContributions 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: _____

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:*****Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroyed.******Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroyed.******Enrolment Register (Register of Admissions/Enrolment Forms used prior to the School Information System) – The School to retain for 7 years after last action and then archived and transferred to State Records Office only when advised by Corporate Information Services.******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 archived and transferred to State Records Office on when advised by Corporate Information Services.******Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.***

Parental 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 organization.</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/ 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, sport 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</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.</p> <p>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.