



Wanneroo Secondary College
 56 Quarkum Street, Wanneroo, WA 6065
 Telephone: (08) 9206 6555
 Web: www.wanneroosc.wa.edu.au
 Email: Wanneroo.SC@education.wa.edu.au

SCHOOL USE ONLY	
Home Room _____	TAG _____
Birthdate Checked/Year _____	
Preferred Start Date _____	
Entered on __/__/__ By _____	
Transfer Note __/__/__ via _____	

STUDENT ENROLMENT FORM

Section 1: Student Details	
Legal Surname <small>(as on birth certificate/extract, passport, or family court order)</small>	
1 st Name: (Given name)	
2 nd Name: (Middle name)	
3 rd Name: (if applicable)	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address	Street
	Suburb Postcode
Home Telephone	
Student Mobile Number (if applicable)	
Does the student have any siblings at Wanneroo Secondary College?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Sibling's Name Date of Birth
Is this student subject to any court orders in respect of their care, welfare and development?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please specify and attach supporting documentation.
Is this student subject to any Access Restriction?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please specify and attach supporting documentation.
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please specify the CPFS Case Manager, _____ CPFS District _____ CPFS Contact telephone number. _____
What school did the student previously attend? <small>(If previously enrolled in Home Education, please specify the Education Region).</small>	
Reason for school movement	

Section 2: Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
Title (Mr/Ms/Mrs/Miss)		
First Name:		
Surname:		
Occupation/Workplace		
Relationship to Student (eg mother, father, grandmother etc)		
Lives with student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receive correspondence, reports etc	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Responsible for payment of Contributions & Charges	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Telephone:		
Mobile:		
Other telephone:		
Email:		
Postal Address: No. & Street		
Suburb/Town		
Postcode		

Section 3: Parent/Guardian Background Information

	Parent/Guardian 1	Parent/Guardian 2
Does the parent/guardian speak a language other than English at home? <i>If more than one language, please indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify
What is the highest year of primary or secondary school the parent/guardian has completed? <i>For persons who have never attended school, mark Year 9 or equivalent or below.</i>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the highest qualification the parent/guardian has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification

Section 3 continued: Parent Guardian Background Information

	Parent/Guardian 1	Parent/Guardian 2
<p>What is the occupation group of the parent/guardian? Please select the appropriate parental occupation group</p> <p><i>If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.</i></p>	<input type="checkbox"/> Group 1 Senior management in large business organization, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals. <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff. <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers. <input type="checkbox"/> Other Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organization, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals. <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff. <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers. <input type="checkbox"/> Other Not in paid work in the last 12 months

Section 4: Contact details

Indicate by placing a number in the box (1, 2, 3, 4) the order in which the following people should be contacted in an emergency.	<input type="checkbox"/> Parent/Guardian 1 Preferred Phone	<input type="checkbox"/> Parent/Guardian 2 Preferred Phone
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Additional Emergency Contact (Other than Parent/Guardian): In an emergency, where the parent/guardian cannot be contacted, please provide alternative contact/s. For independent students, this is the 1st point of contact in an emergency.

	Alternative Contact	No <input type="checkbox"/>	Alternative Contact	No <input type="checkbox"/>
Title (Mr/Ms/Mrs/Miss)				
First Name:				
Surname:				
Relationship to student: (eg Grandmother, Aunt, family friend)				
Telephone 1:				
Telephone 2:				

Section 7: ADDITIONAL CONSENTS

Consent for publication of a student's photo and/or work

We request permission for work and/or images of your child to be taken during school activities and published. Work/images would be used for the purposes of educating students, promoting our school and/or promoting public education.

I agree to the school capturing images of my child during school activities and the use of my child's work for the purpose of educating students, promoting the school and promoting public education.

Signature of Parent/Guardian..... Date

School Curriculum & Standards Authority (SCaSA) and Dept of Education (DoE) Release of Information

The School Curriculum & Standards Authority (SCaSA) & Dept of Education ((DoE) are now required by legislation to establish and maintain a record of all High School students. On some occasions it may need to release information to other organisations as follows:

1. Results of studies may warrant the granting of an award. If you **DO NOT** wish the SCaSA and/or DoE to publish or release your student's name or address to an individual or organization, please enter '**N**' in this square.
2. Organisations may request your student's name and address from the SCaSA and/or DoE so that they can send you career information. If you **DO NOT** give the SCaSA and DoE permission to release your student's name and/or address to any such organization, please enter "**N**" in this square.
3. Relevant for students who will be sitting Schools Curriculum & Standards Authority examinations. The SCaSA and/or DoE organisations and/or committees may wish to use your student's answers to examination questions in educational publications. If you **DO NOT** give permission for the SCaSA and/or DoE to use and/or release your student's examination script for such publications, please enter "**N**" in this square. *(Any time your student's work is used in a publication, he or she will be advised and sent a complimentary copy of the relevant publication).*

Signature of Parent/Guardian..... Date

Section 8: Declaration

It is your responsibility to notify Wanneroo Secondary College in writing of any changes to the information provided on this enrolment form.

Name of Parent/Guardian enrolling the student, and providing consents.	(please print clearly)	
Relationship to student:		
	Signature:	Date:

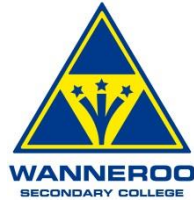
CHECKLIST

PARENT / GUARDIAN HAVE YOU PROVIDED?

OFFICE USE ONLY

	PARENT / GUARDIAN HAVE YOU PROVIDED?	OFFICE USE ONLY
BIRTH CERTIFICATE/PROOF OF IDENTITY		
VISA / VISA GRANT COPY (If applicable)		
IMMUNISATION RECORDS		
COURT ORDERS (If applicable)		

Online Acceptable Use Agreement (COMPUTER USE, INTERNET and EMAIL)



Access to online services (internet and email) is provided for the purposes of educational teaching and learning. A comprehensive copy of the Department of Education's Students Online Policy can be found at <http://www.det.wa.edu.au/policies/detcms/portal/>

Student Agreement

I understand that access to the internet and email services by Wanneroo Secondary College must be in support of educational research, teaching and learning. This agreement includes but is not limited to the points listed below.

I agree that:

- **If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it.**
- **I will not attempt to access inappropriate material online.** This includes material that involves entertainment such as gaming (unless authorised sites) without consent from the teacher.
- **I will not download** software, games, music, graphics, videos or text materials without permission.
- **I will be courteous and use appropriate language.**
- **I will not damage or disable devices or systems** such as computers, computer systems, computer networks, printers, scanners, furniture, hardware and other school or Department of Education resources.
- **I will report any methods or techniques eg hacking, that cause harm or damage** to software, computer systems or hardware.
- **I will not use the Department's online services for personal gain or illegal activity**, to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks. I will report such activities by others to a school administrator or teacher immediately.
- **I will follow the instructions of teachers** and only use online services for purposes which support my learning and educational research.
- **I will not use or distribute material from another source unless authorised to do so by the copyright owner.** I will acknowledge the works of others and source of information inclusive of text, photographs, images, illustrations, drawings or otherwise through referencing, bibliographies, acknowledgements or credits. I will not plagiarise material; see school policy.
- **I will not reveal personal information** including names, addresses, credit card details and telephone numbers of myself or others.
- **I will not use CD/DVDs, flash drives or other storage media unless explicitly authorised by the teacher.**
- **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.

Be Aware – DO NOT ASSUME PRIVACY!

Wanneroo Secondary College will regularly monitor student use accounts/hard drives/email to ensure proper running of computers and network systems.

Acceptance

I agree to abide by the acceptable usage agreement for school students.

Student's Name

Student's Signature

Date

Parent's Name

Parent's Signature

Date

Note: This Policy will be made available through the school website www.wanneroosc.wa.edu.au

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year:	Form:	Teacher:
Student's name:	Date of birth:		
Address:	Gender: Male/Female		

FAMILY CONTACT DETAIL

MEDICAL DETAILS

Name:	Medical practice:		
Relationship to student:	Doctor 1:	Telephone:	
Address:	Doctor 2:	Telephone:	
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance provider:		
Name:	If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.		
Relationship to student:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.		
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care):		
	Card number:	Expiry date:	

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.
Note: *All medication required must be supplied by parents/carers*

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 and 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: / /