ENROLMENT PACK
(for enrolment in a Western Australian public school)

The Enrolment Pack comprises:

Part A – Application for Enrolment
(includes information about applying for Enrolment in a Western Australian public school and the Application for Enrolment Form)
Documents which need to be supplied or sighted by the school are listed on the form.

Part B – Enrolment
(includes Parent information about enrolment in a Western Australian public school and the Enrolment Form)
ENROLMENT PACK (PART B)

ENROLMENT FORM

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website: http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/

ENROLMENT

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child’s legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the Parent/Guardian Details section of the form.

The school needs to be advised of any court orders or any changes in relation to the child’s name, usual place of residence and/or name and usual place of residence of parent/s.

TRANSPORT

In most cases, transporting your child to school is the parents’ responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the School Education Act 1999).
INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21st Century state that ‘the learning outcomes of educationally disadvantaged students ‘…… should…..’ improve and, over time, match those of other students’.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

- Media Consent: Publication of images of the student and their work.
- Internet Access: Appropriate use of internet services by students.
- Viewing Consent: For ‘Parental Guidance (PG)’ items deemed suitable by the teacher and school administration.
- Local Excursions: Agreement to minor excursions, not including excursions which require individual agreement.

STUDENT HEALTH CARE

The Department’s Student Health Care policy clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.
PART B - STUDENT ENROLMENT FORM

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying Parent information about Enrolment in a Western Australian public school before lodging the Enrolment Form with the school.

Note: If you are typing the information into this form, double-click the check box and select the radio button under the heading Default value ‘Checked’ and click OK. e.g. □.

STUDENT DETAILS

Surname: ________________________________ Legal Surname (if different): ____________________

Previous Surname (if applicable): ________________________________

1st Name: _________________________ 2nd Name: ______________ 3rd Name: ________________

Preferred 1st Name: ____________________________________________

Email Address: ________________________________________________

Date of Birth: _____/_____/_________  Sex: □ Male □ Female

Residential Address: ________________________________________________________________________________

____________________________________________________________________________________ Postcode: ______________

Telephone (Home): ___________________________ Student’s Mobile (if applicable): _________________

Car Registration (if applicable): ___________________________

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

____________________________________________________________________________________

Student lives with:

Both Parents ................................................................. □ Other ........................................................................... □

Parent/Guardian/Carer 1 ............................................. □ Name ____________________________________________ Relationship to student ______________

Parent/Guardian/Carer 2 ............................................. □ ____________________________________________ ________

Independent minor........................................................ □ (Reg3. School Education Regulations 2000)

For information on access restriction, see Confidential section of this form.

Emergency Contacts (Indicate contacts in order of preference):

Name Phone No. Mobile No. 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

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: ____________

Visa Grant Number: ____________

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.

_____________________________________________________________________________________

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
# 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:

- Autism Spectrum Disorder
- Deaf or Hard of Hearing
- Specific Speech Language Impairment
- Intellectual Disability
- Severe Mental Disorder
- Global Developmental Delay (prior to age 6)
- Vision Impairment
- Physical Disability

Does the student have a medical condition or intensive health care need? YES □ NO □
If YES, please specify.

- Allergy – Anaphylaxis
- Allergy – Other ____________________
- Asthma
- Diabetes
- Diagnosed migraine/headaches
- Seizure Disorder (eg epilepsy)
- Hearing condition (eg otitis media)
- Mental health or behavioural (eg depression, ADD/ADHD)
- Intensive Health Care Need (eg tube feeding)
- Other: ________________________________

Medical Practice (Name and Address): _______________________________________

_____________________________________________________________________

Doctor’s Name: ___________________________ Telephone: _______________
Dental Surgery Practice (if applicable, name and address): _________________________
Dentist’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 there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

# Parent / Guardian Details

Parent/Guardian 1 Details

Title: __________ First Name: ___________________ Second 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):

______________________________________________________________________________________

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: _______________ Second 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):

______________________________________________________________________________________

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.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _______________ Second Name: ______________ Surname: _______________

Relationship to the student: ____________________________________________________________

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

Signature: ____________________________ Date: ____________________________

*(independent minors and those aged 18 years or older may sign on their own behalf)*

PRINCIPAL’S APPROVAL

_______________________________
Principal’s signature

Approved / Not approved

Date: ____________________________
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.
## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management in large business organisation government administration &amp; defence, and qualified professionals</td>
<td>Other business managers, arts/media/sportspersons and associate professionals</td>
<td>Tradesmen/women, clerks and skilled office, sales and service staff</td>
<td>Machine operators, hospitality staff, assistants, labours and related workers</td>
</tr>
<tr>
<td>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</td>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</td>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td>Drivers, mobile plant, production/processing machinery and other machinery operators</td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/police/fire services administrator.</td>
<td>Specialist manager [finance/engineering/productive n/ personnel/ industrial relations/sales/marketing].</td>
<td>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].</td>
<td>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</td>
</tr>
<tr>
<td>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</td>
<td>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer].</td>
<td>Skilled office, sales and service staff</td>
<td>Office assistants, sales assistants and other assistants</td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer.</td>
<td>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</td>
<td>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</td>
<td>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</td>
</tr>
<tr>
<td>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.</td>
<td>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</td>
<td>Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher].</td>
<td>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].</td>
</tr>
<tr>
<td>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</td>
<td>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</td>
<td>Labourers and related workers</td>
<td>Labourers and related workers</td>
</tr>
<tr>
<td></td>
<td>Business/administration [recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</td>
<td>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].</td>
<td>Agriculture, horticulture, forestry, fishing, mining worker</td>
</tr>
<tr>
<td></td>
<td>Defence Forces senior Non-Commissioned Officer.</td>
<td>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</td>
<td>Other worker</td>
</tr>
</tbody>
</table>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.
# Consent Form

At Bertram Primary 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
Children’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
Children 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
Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or 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.

The school also has the Newsletter accessible on the Website. Please subscribe to [www.bertramps.wa.edu.au](http://www.bertramps.wa.edu.au)

Name of student: ________________________________  Year/Class/Room: _________________

Name of person signing the consent form:

Title: ____  First Name: _____________  Second Name: ____________  Surname: _______________

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