

Student Surname: _____

Student First Name: _____

Year _____ Form _____

KALGOORLIE BOULDER COMMUNITY HIGH SCHOOL



ENROLMENT FORM

ABN 79 191 536 970
99 Boomerang Crescent
Kalgoorlie WA 6430

Locked Bag 9
Kalgoorlie WA 6433
Phone: (08) 9092 0300

WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the *Student Enrolment Form* and return it to the school for confirmation of this student's enrolment. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/responsible person details section of this form. Please place X in provided.

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); or
- 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 your school.

STUDENT DETAILS

* Surname: _____ * Legal Surname: _____

* 1st Name: _____ * 2nd Name: _____

Preferred Name: _____

Email Address: _____

* Date of Birth: ____/____/____ Sex: Male Female

* Residential Address: _____

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Names of brothers and sisters attending this 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 phone 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 supporting documentation.**

Parent/Responsible Person Details

Child lives with:

Both Parents Parent 1

Neither Parent Parent 2

Is this student subject to Access Restriction?

YES (If YES, **please attach supporting 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/responsible Person 1

Parent/responsible Person 2

Other Contacts

Parent/Responsible Person 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): _____

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

NO, English only YES, other - please specify: _____

Parent/Responsible Person 2 – Details

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

Please indicate relationship to the student: _____

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

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

NO, English only YES, other - please specify: _____

Other Contact - Details

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

Please indicate relationship to the student: _____

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

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Email Address: _____

Occupation/Workplace: _____

Please advise the 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
(For students of both Aboriginal & Torres Strait Islander origin YES, Aboriginal
Mark both 'YES' boxes) 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? (If more than one language, indicate the one that is spoken most often.)
NO English only
YES Other - please specify: _____

Out of school intake area: YES NO Health Card: YES NO

* Citizenship: Australian Other - please specify _____

* Permanent Resident: YES NO * Temporary Resident: YES NO

Visa Sub Class Number	_____	Visa Sub Class Number	_____
Visa Grant Number	_____	Visa Grant Number	_____
Visa Expiry Date	_____	Visa Expiry Date	_____
Date Entered Australia	_____	Date Entered Australia	_____

(Please supply copies of Visa Documentation)

In Receipt of Allowance: Secondary Assistance Youth Allowance
Assistance for Isolated Children (AIC) Abstudy

Birth Certificate seen: YES NO Date sighted: ____/____/____
(or passport or Travel documents)

In which country was the student born? Australia

Other – please specify: _____

* Previous School: _____ OR

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

Movement Reason (if applicable): _____

Signature

(Please read the following school documents in this booklet and sign below to indicate you have read and understood them)

Name of person enrolling student: _____

Signature: _____ Date: ____/____/____

Parent/Responsible Person 1 – Additional Details

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

(If you did not attend school, mark '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

What is your occupation group? (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page). 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' above¹.

Parent/Responsible Person 2 – Additional Details

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

(If you did not attend school, mark '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

What is your occupation group? (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page). 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.

Parent Occupation Groups

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 2 sections)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</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, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ 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/i ndustrial 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, clerks and skilled office, sales and service staff</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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</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, 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>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</p>			



KALGOORLIE-BOULDER COMMUNITY HIGH SCHOOL

ACCEPTABLE ONLINE USAGE AGREEMENT

Our school has access to the online services provided by the Department of Education. These increase the range of teaching tools available to staff and will enhance the opportunities available to students.

The Department's online services currently provide:

- individual email accounts for all students and staff;
- access to the internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school;
- access to email services from home if the home computer is connected to the Internet;
- access to the Online Teaching and Learning System (OTLS); and
- access to Instant Messaging.

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

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will not give anyone my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- 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 attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will not use or distribute material from another source unless authorised to do so by the copyright owner.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- 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 not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

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 dictated in Schools policy; and
- I may be held legally liable for offences committed using online services.

Parents / responsible persons

Do you give permission for your child to have an online services account? **Yes / No (circle one)**

I agree to and understand the responsibilities my child has using the online services provided at school for educational purposes in accordance with the acceptable usage agreement for school students. I also understand that if my child breaks any of the rules in the agreement, that the principal may take disciplinary action as provided in policies of the school or the Department of Education.

Name of parent or responsible person: _____

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

Note: while every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter Internet content accessed by your child from home or from other locations away from school. The Department recommends the use of appropriate Internet filtering software.

Student

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

I understand that if I am given an online service 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: _____

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



KALGOORLIE-BOULDER COMMUNITY HIGH SCHOOL

PERMISSION TO PUBLISH STUDENTS' WORK OR IMAGES OF STUDENT ON WEB SITES AND PROMOTIONAL MATERIAL/EVENTS

Dear parent or responsible person,

I request your permission for video or photographic images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. I am also seeking your permission for the school to publish images and/or samples of your child's work.

If you give your permission, the school may publish images of your child and/or samples of work done by your child in a variety of ways, including, but not limited to, online and hard copy school newsletters, Department of Education Internet web sites or intranet web sites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

If you sign the attached form it means that you agree to the following:

- The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- Your child's image may be reproduced either in colour or in black and white.
- The school will not use your child's image or samples of your child's work for any purpose other than for the education of students or for the general promotion of public education and the school.
- The school will only publish the first name of the student. Family names will not be revealed.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes 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 image or work.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form below. 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 images or samples of work of (insert child's name) _____ in ways including, but not limited to, web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper, subject to the conditions set out above. I will notify the school if I decide to withdraw this consent.

Name of student: _____ Form / Class: _____

Signature of student: _____ Date: _____

Signature of parent/responsible person: _____ Date: _____

KALGOORLIE–BOULDER COMMUNITY HIGH SCHOOL

Postal Address: Locked Bag 9, Kalgoorlie WA 6433
Street Address: 99 Boomerang Crescent, Kalgoorlie WA 6430
Tel: (08) 9092 0300
KalgoorlieBoulder.CHS@education.wa.edu.au



Dear Parent / Guardian

Health Education Video Resource List

As part of Kalgoorlie-Boulder Community High School's Health Education program, videos can be used as an informative teaching strategy to reinforce the content being taught. The Health and Physical Education Department has access to a wide range of videos that cover many topics taught within the Health Education context. The videos that may be shown over the course of the school year will have the ratings of E- Education, G – Content is very mild, PG – the content is mild and M – the content is moderate in impact.

Typically a video will be shown once or twice a term. We select each video to suit the current teaching and learning program as well as considering the students within the class. The topics the videos will cover are Safety, Wellness, Lifestyle Choices, Drug Education, Growth and Development, Sexual Health and Physical Education.

On occasions videos will also be used in Physical Education and Specialised Sport classes. They are often used when the weather is not suitable for outside activities or when it relates directly to the class focus.

If you have any concerns with the videos on the list please contact the Health and Physical Education Department on 90800700. If you do not have any concerns please return the below permission slip.

Thank you

Head of Physical Education and Health

Parents/responsible persons

Do you give permission for your child to view videos during Health and Physical Education classes?

Yes / No (circle one)

- STUDENT HEALTH CARE SUMMARY -

Section A

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

I give permission for the school to administer First Aid for my child as required . 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

Immunisation Records supplied
(School will photocopy)

Yes No

Medicare No. _____

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 Administration Office

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

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 & 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 you have ticked "Yes" for specific staff training, please discuss the type of training needed with the School Nurse.

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

Entry Date: ____/____/____ Date Transfer Note Sent: ____/____/____
Previous School: _____ Records Received: YES NO
Publications/Internet Permission Form Completed: YES NO
Health Education Video Permission YES NO
Contributions and Charges Billing: PG1 ____% PG2 ____% Other ____%
Immunisation records provided: YES NO
Form/Class: _____ House/Faction: _____
Entered on School Information System by: _____ Date: ____/____/____
Leave Date: ____/____/____ Destination: _____ Records Sent: YES NO

Office Use Only Medical Information

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/ Nurse 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: / /