



For School Use Only

WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

STUDENT DETAILS

The Class year are you seeking to enrol in *(mark one box)*

- K Pre-P 1 2 3 4 5 6**

Preferred start date Beginning of 20 ____ school year or ____ / ____ / ____
Day Month Year

Surname _____

Legal Surname
(if different from above name): _____

1st Name _____ 2nd Name _____

Preferred Name _____

Date of Birth ____ / ____ / ____ Sex Male Female

Residential Address _____

Suburb _____ Postcode _____

Telephone _____

Full names of any brothers and sisters attending this school

Sibling 1 _____ Sibling 2 _____ Sibling 3 _____

Is this student in the care of the Department for Child Protection (DCP) Chief Executive Officer?
YES NO

If YES, please specify the name and contact details of the DCP Case Manager

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.

Relationship with Parent/s

Child lives with

- Both Parents
 Parent 1
 Parent 2

Other – Name _____ Relationship to child _____

Is this student subject to Access Restriction?

YES *(If YES, please attach supporting documentation)* NO

Parent/Responsible Person 1 – Details**Emergency Contact No**

Title: First Name _____ Surname _____

Relationship to the student _____

Postal Address (if different from student's residential address)

_____ Postcode _____

Telephone	Work Telephone	Mobile
_____	_____	_____

Email Address _____

Occupation/Workplace _____

Do you mainly speak English at home? YES NO

If NO, please indicate the language _____

(If more than one language, indicate the one 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 *(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 (incl. 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 of this form). 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/Responsible Person 2 – Details**Emergency Contact No**

Title: First Name: _____ Surname: _____

Relationship to the student: _____

Postal Address (if different from student's residential address):

_____ Postcode _____

Telephone	Work Telephone	Mobile
_____	_____	_____

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES NO

If NO, please indicate the language _____

(If more than one language, indicate the one 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 *(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 (incl. 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 of this form). 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.

Additional Person's Contact Details

Emergency Contact No

Title First Name _____ Surname _____

Relationship to the student _____

Postal Address (if different from student's residential address) _____

_____ Postcode _____

Telephone _____ Work Telephone _____ Mobile _____

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 children of both Aboriginal & Torres Strait Islander origin mark both 'YES' boxes) YES, Aboriginal
 YES, Torres Strait Islander

If the school has a local-intake area, does the student reside outside the area? YES NO

Citizenship: Australian Other nationality _____

Permanent Resident: YES NO Temporary Resident: YES NO
Visa Sub Class Number _____
Visa Expiry Date __/__/__
Date Entered Australia __/__/__
Visa Grant Number _____

Name of previous school _____

Reason for change of school (if applicable) _____

OR

If previously registered for home education, please specify the Education Region in which registration was recorded _____

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
- Other _____
- Severe Mental Disorder
- Global Developmental Delay (prior to age 6)
- Vision Impairment
- Physical Disability

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 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 _____ | <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"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

Medical Practice (Name and Address):

Doctor'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)

Name of person enrolling student: _____

Signature _____ Date _____

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

Signature _____ Date ____ / ____ / ____

****Must be completed by the School OFFICE USE ONLY***

Birth Certificate sighted (or other evidence such as passport or travel documents)

YES NO

Date sighted ____ / ____ / ____ Entry Date ____ / ____ / ____

Date Transfer Note Sent ____ / ____ / ____

Previous School _____ Records Received YES NO

Publications/Internet Permission Form Completed 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

WESTERN AUSTRALIAN PUBLIC SCHOOL.