West Balcatta Primary School

215 CEDRIC STREET
BALCATTA WA 6021
Telephone: 9260 2500
Email: westbalcatta.ps@education.wa.edu.au

Year of enrolment:____________________
Yr & Teaching Area: __________________
Student Number:______________________

Office Use Only

STUDENT ENROLMENT FORM

Children are not officially enrolled until the first day of the school year. If the address should change before the first day of school the following year, parents must **a)** inform the school of their change of details and **b)** if applicable, make arrangements to enrol in their new local school.

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.

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: ____/____/_______ Gender: ☐ Male ☐ Female

Residential Address: ____

____Postcode: ______________________

Telephone (Home): ______________________________ Student's Mobile (if applicable): ________________________________

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

1. Child's surname: ____________________ Given name:____________________ Year:______
2. Child's surname: ____________________ Given name:____________________ Year:______
3. Child's surname: ____________________ Given name:____________________ Year:______

Student Lives with:

Both parents ☐
Parent/guardian/carer 1 ☐
Parent/guardian/carer 2 ☐

Other……………………………………………………………….☐

Name	**Relationship to student**
______________________	______________________

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 child in the care of the Department for Child Protection and Family Support (CPFS)?

☐ YES ☐ NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

____

Emergency Contacts (Indicate contacts in order of preference)

	Name	Phone No.	Mobile No.	Relationship to student
1.	________________________	__________________	____________________	______________________
2.	________________________	__________________	____________________	______________________
3.	________________________	__________________	____________________	______________________

PARENT / GUARDIAN / CARER DETAILS

Parent / Guardian / Carer 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.

Postal address (if different from child's residential address):

Telephone (Home): Mobile: Email address:

Occupation: Workplace location: Telephone (Work):

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 / Carer 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.

Postal address (if different from child's residential address):

Telephone (Home): Mobile: Email address:

Occupation: Workplace location: Telephone (Work):

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?

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- ☐ 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

Contact 1 Details:

Title: First name: Surname:

Please indicate relationship to the student:

Residential address:

Telephone: Home: Mobile: Email address:

Occupation: Workplace: Work telephone:

Contact 2 Details:

Title: First name: Surname:

Please indicate relationship to the student:

Residential address:

Telephone: Home: Mobile: Email address:

Occupation: Workplace: Work telephone:

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

STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality (optional) ________________________________ Country of Birth: ______________________________

Religion: _________________________

Student's First Language: ______________________________

Is the student's descent:…………………………………………………..Aboriginal ☐ YES ☐ NO
……………………………………………………………………………….Torres Strait Island (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

Does the student speak a language other than English at home? ☐NO, English only
(If more than one language, indicate the one that is spoken most often.) ☐YES, other – please specify________________

Australian Citizenship/Permanent Resident: ☐ YES ☐ NO

Date of Arrival in Australia: _______________ Visa Sub-class No: ________ Visa Sub-class Expiry Date:_____________

Visa Grant No.:__________________________________

International Fee Paying (if known) : ☐ YES ☐ NO

Previous school's name and country: ____

Reason for change of school: ____

If previously registered for home education, please specify the Education Region:________________________________

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (Student Health Care Summary), 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 child have a disability? ☐ YES ☐ NO

If YES, please specify the disability/disabilities:____

☐ Autism Spectrum Disorder (ASD)
☐ Deaf or hard of hearing
☐ Specific speech language impairment
☐ Intellectual disability
☐ Severe mental disorder (SMD)
☐ Global Developmental Delay (GDD) (prior to age 6)
☐ Vision impairment
☐ Physical disability

Please indicate if you have documentation regarding your child's disability *(Copies of this documentation will be required for school records).* ☐ YES ☐ NO

Does the child 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: _______________________Phone:_______________ Permission to call Doctor: ☐ YES ☐ NO

Dental Surgery Practice (if applicable, name and address): _______________________________________

Dentist's Name: _______________________Phone:_______________ Permission to call Dentist: ☐ YES ☐ NO

Permission to administer First Aid ☐ YES ☐ NO

Do you have ambulance cover? ☐ YES ☐ NO
If Yes, please enter Ambulance Cover Insurance Provider: ___________________

(*If there is a medical emergency parents or guardians or carers are expected to meet the cost of the ambulance*)

Medicare No: __ __ __ __ __ __ __ __ __ __ _____ Valid to: ___ / _________

Health Care Card (if applicable): ☐ YES ☐ NO If Yes, please provide no. __________________ Expiry Date: __________

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _________________ Second Name: ________________ Surname: ________________________

Relationship to the student: ________________________________

Signature: ____ Date: ______________________

OFFICE USE ONLY

Previous School: _______________________ Start Date: _____________ Date Sch Transfer Emailed: _______________

AIR Immunisation History Statement (Evidence Provided): ☐ Up to date ☐ Not up to date

Birth Certificate Seen: ☐ YES ☐ NO Date sighted: ________ Passport Seen: ☐ YES ☐ NO Date sighted:_______

Student Health Care Summary: Returned ☐ YES ☐ NO Date entered onto SIS: ___________

Cyber Citizenship Form: Returned ☐ YES ☐ NO Date entered onto SIS: ___________

Entered on School Information system by: _______________________________ Date: ____________

Student Left WBPS (date): ___________ Destination: ______________ Records Sent:_______________date: ________