



**Orelia**  
PRIMARY SCHOOL

Year of enrolment:

\_\_\_\_\_

Year level :

\_\_\_\_\_

## 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, doubleclick 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): \_\_\_\_\_

1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_

Preferred 1<sup>st</sup> 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 .....	<input type="checkbox"/>	Other .....	<input type="checkbox"/>
Parent/Guardian/Carer 1 .....	<input type="checkbox"/>	<b>Name</b>	<b>Relationship to student</b>
Parent/Guardian/Carer 2 .....	<input type="checkbox"/>	_____	_____
Independent minor .....	<input type="checkbox"/>	_____	_____

(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**

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is  Up to date  Not up to date as at \_\_\_\_\_ (date of Statement)

OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at \_\_\_\_\_ (date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at \_\_\_\_\_ (date of Certificate)

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: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder            | <input type="checkbox"/> Severe Mental Disorder                      |
| <input type="checkbox"/> Deaf or Hard of Hearing             | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment                           |
| <input type="checkbox"/> Intellectual Disability             | <input type="checkbox"/> Physical Disability                         |

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: \_\_\_\_\_

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).

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### 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.**

**PRIVACY AND INFORMATION SHARING**

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

**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)*

**APPROVAL OF PRINCIPAL OR DELEGATE**

\_\_\_\_\_  
Signature  
Approved / Not approved  
Date: \_\_\_\_\_

## Consent Form

At **Orelia 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.oreliaps.wa.edu.au](http://www.oreliaps.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): \_\_\_\_\_

## Parent Occupation Groups

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

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p> <p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> 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><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p> <p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p> <p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p> <p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b> <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p><b>Sales</b> [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><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

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

## 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)

AIR immunisation history statement provided:  YES  NO

Date of issue: \_\_\_\_\_ Vaccination status is  Up to date  Not up to date

If not up to date, additional request/s for documentation on date/s: \_\_\_\_\_

Other immunisation evidence provided: AIR Immunisation History Form  YES  NO

Immunisation Certificate issued by the Chief Health Officer  YES  NO

**Kindergarten students only** Eligibility for immunisation exemption approved: Code

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.**