

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

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



YEAR OF ENROLMENT **YEAR LEVEL** **FORM** **HOUSE**

STUDENT DETAILS

SURNAME		POSTAL ADDRESS		
LEGAL SURNAME		P/CODE		
1ST NAME		RESIDENTIAL ADDRESS		
2ND NAME		P/CODE		
PREFERRED NAME		Full Name/s of siblings attending this school		
DATE OF BIRTH		<input type="text"/>		
GENDER:	Male	Female	Other	
STUDENT LIVES WITH:		Both parents	Parent 01	Parent 02 Other
<i>If other please provide name/relationship and contact details overleaf</i>				

CONFIDENTIAL

Is this student in the care of the Department for Child Protection and Family Services (DCPFS)?	YES	NO
Name of their DCPFS Case Manager	DCPFS District	
Contact Telephone	ACCESS RESTRICTION	NO YES, please attached details
Is this student subject to any court orders in respect of their care, welfare and development?	YES	NO
<i>If YES, please specify and attach supporting documentation:</i>		

ADDITIONAL STUDENT INFORMATION / RESIDENCY STATUS

RELIGION:					
Is the student Aboriginal or Torres Strait Islander descent:	NO	YES - If YES, please specify:			
	Yes, Aboriginal	Yes, Torres Strait Islander (TSI)	Both, Aboriginal/TSI		
Does the student mainly speak English at home?				YES	NO
Does the student speak a language other than English at home?				NO, English only	YES, Other
<i>If YES, Please specify (If more than one language, indicate the one spoken most)</i>					
COUNTRY OF BIRTH					
Is the student an Australian citizen?	YES	NO - If NO, Please specify Country:			
Is the student a permanent resident of Australia?				YES	NO
Visa Sub Class #	Visa Expiry Date	Date entered Australia			
Is the student a temporary resident of Australia?				YES	NO
Visa Sub Class #	Visa Expiry Date	Date entered Australia			
Does the family or student hold a current:		Does the student receive any allowances:			
* Centrelink Health Care Card	NO YES	Secondary Assistance	NO	YES	
* Centrelink Pensioner Conc. Card	NO YES	Youth Allowance	NO	YES	
* Veterans' Affairs Pensioner Card	NO YES	Abstudy	NO	YES	
<i>* If you hold one of these three cards you may be eligible to claim Secondary Assistance for this student</i>					
LAST SCHOOL STUDENT ATTENDED				STATE	
If last enrolled in Home Schooling, please specify the Education District				<input type="text"/>	
Movement reason (if applicable)				<input type="text"/>	

FIRST NAME

SURNAME

01 PARENT / GUARDIAN / CARER DETAILS - Family Mail Marker and 1st Contact in an Emergency

Title First name Surname

Relationship to student

Home address (if different from student)

Postal Address (if different from student)

Email Mobile

Occupation/Workplace Telephone (work)

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Guardian/Carer 01 speak a language other than English at home? NO, English only

YES, Other: (If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or you have completed? (If you did not attend school, mark 'Year 9 or equivalent or below')

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

What is the occupation group for Parent/Carer 01? (Refer to Attachment 1 'Parent Occupation Groupings' for more info)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(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 month, select '8'.)

02 PARENT / GUARDIAN / CARER DETAILS - Please indicate if this person also requires mail**YES NO**

Title First name Surname

Relationship to student

Home address (if different from student)

Postal Address (if different from student)

Email Mobile

Occupation/Workplace Telephone (work)

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Guardian/Carer 02 speak a language other than English at home? NO, English only

YES, Other: (If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or you have completed? (If you did not attend school, mark 'Year 9 or equivalent or below')

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

What is the occupation group for Parent/Carer 01? (Refer to Attachment 1 'Parent Occupation Groupings' for more info)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(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 month, select '8'.)

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</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>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ 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]. or 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/ industrial 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 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/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>Drivers, mobile plant, production/ processing machinery and other machinery operators 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, 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>

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

03 OTHER / EMERGENCY CONTACT DETAILS

Title	First name	Surname
Relationship to student		
Home address (if different from student)		
Email		Mobile
Occupation/Workplace		Telephone (work)
Title	First name	Surname
Relationship to student		
Home address (if different from student)		
Email		Mobile
Occupation/Workplace		Telephone (work)

Please advise the school if there are any other contacts you would like recorded at time of enrolment.

DECLARATION

Please tick to confirm - I UNDERSTAND:

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

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.

Please tick to confirm - I DECLARE:

This is the only enrolment I have made for the student.

I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.

I have provided all documentation available to me.

Full name of person enrolling Student

Relationship to student

Telephone (H):

Telephone (W):

Mobile:

Signature

Date

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

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

IMPORTANT

DOCUMENTS TO BE PROVIDED WITH THIS ENROLMENT

CHECKLIST: Please provide copies to the school of the following documents to support this enrolment

Birth Certificate or extract or other identity documents (Passport - if applicable)

Copies of Family Court or any other court orders (if applicable)

ACIR (Australian Childhood Immunisation Register) immunisation history statement

Most recent school report

Information relating to health or medical condition, disability or additional needs (if applicable)

If your child is not a permanent resident of Australia, please provide copy of current visa subclass and previous visa subclass (if applicable)

STUDENT HEALTH CARE SUMMARY - SECTION A

STUDENT NAME	SURNAME			FORM
DATE OF BIRTH	GENDER:	Male	Female	Other
ADDRESS		POSTAL		
FAMILY CONTACT				
Relationship to student				
Telephone (H):	Telephone (W):		Mobile:	
FAMILY CONTACT				
Relationship to student				
Telephone (H):	Telephone (W):		Mobile:	

MEDICAL DETAILS

MEDICAL PRACTICE (Name/Address)

DOCTOR 01 Telephone:

DOCTOR 02 Telephone:

DENTAL PRACTICE (Name/Address)

DENTIST NAME Telephone:

MEDICARE NUMBER: Individual Ref Number: Exp:

Centrelink Healthcare Card NO YES Card Number: Exp:

DO YOU HAVE AMBULANCE COVER NO YES - If YES, Name of provider:

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

Please list any essential information that could affect your child in an emergency e.g. *allergy to penicillin.*

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 Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

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 seek medical/dental/ambulance attention for my child as required?	NO	YES
For the school to share your child's health care information?	NO	YES

If NO, and the information is to be restricted, who can be informed of your child's health care information?

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

YES - Please complete SECTION B of this form and return to school office. You will be given additional forms to complete.

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 _____

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

SECTION B - STUDENT HEALTH CARE SUMMARY

PLEASE INDICATE BELOW YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.

(In response to the information below, further forms may need to be completed for specific health conditions)

Severe Allergy/Anaphylaxis	NO	YES
Minor and Moderate Allergies	NO	YES
Diabetes	NO	YES
Seizures	NO	YES
Asthma	NO	YES
Activities of Daily Living	NO	YES
Other Conditions or Needs	NO	YES (If YES, please specify below)

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition(s)?

NO YES - If YES, please specify for which condition and advise the principal

If you have ticked YES for specific staff training, please discuss the type of training needed with the Principal.

DISABILITY

Is your child diagnosed with a disability (eg Autism Spectrum Disorder, Intellectual Disability?)	NO	YES
Was your child receiving special education assistance at their previous school?	NO	YES

LEARNING

Is your child diagnosed with a Learning Disability or Specific Learning Disorder (eg Dyslexia, Dysgraphia?)	NO	YES
Does your child have significant learning difficulties?	NO	YES
Did your child have an individual Education Plan at their previous school?	NO	YES

MENTAL HEALTH

Has your child been diagnosed with a mental health disorder by a Psychiatrist (eg anxiety, depression, PTSD?)	NO	YES
Does your child have social and emotional difficulties that impact on their education?	NO	YES

BEHAVIOUR

Does your child have any specific behavioural needs at school?	NO	YES
Did your child have a behaviour support plan at their previous school?	NO	YES

(If YES, please specify)

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?	NO	YES
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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?	NO	YES
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(If YES, please provide details)

Signature

Date

Parent/Carer Name

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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.

CONSENT FORMS

At Broome Senior High School we aim to offer your child the widest range of learning opportunities and celebrate learning wherever possible. This may often require some form of parental consent. This form seeks your permission/consent (or otherwise) for 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 PERMISSION

It is a legal requirement that the school has parental permission for any photo or video footage of children that appears in the media. As we would like to share our students' achievements with the wider community your child may feature in future articles. Articles may feature in the following formats;

- Social/Online media – including Facebook, Instagram, newsletters and websites
- Newspaper/Print media
- Radio and Television

PARENT/CAREGIVER NAME:

STUDENT NAME:

SURNAME:

I, _____ give permission for my child,

to appear in articles in the following formats; Social/Online media (including Facebook, Instagram, newsletters and websites), newspaper/print media, radio and/or television during his/her time at Broome Senior High School.

Signature

Date

THIRD PARTY SERVICES

The following third party services are being used in our school.

Please contact the school if you have any queries.

COMPASS

What do you need to know:

Purpose: School management system platform.

Information disclosed: Student name, date of birth, telephone number, class details, student work/content, student behaviour, gender, grades or performance, parent email, student email, address, school name, school year, student attendance, profile or other photos, medical or health, videos, parent mobile number, parent letters (consent).

How the information is used: School management system

Where is the information stored: Within Australia

Further information/Terms of Use/Privacy Policy:

<https://www.compass.education>

<https://sites.google.com/compass.education/policies/>

<https://sites.google.com/compass.education/policies/privacy>

OLIVER Library Management System/References & Resources

<https://www.softlinkint.com/product/oliver/>

What do I need to know:

Purpose: School library management web-based software.

Information provided: Class details, Student username, School name, Student email and Student photos or videos.

How the information is used: Enables school community to access library resources, including eResources as well as manage loans and reservations.

Where is the information stored: Within Australia

Further information/Terms of Use/Privacy Policy:

<https://www.softlinkint.com/product/oliver/>

<https://softlinkint.com/data-protection-privacy-policy>

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

THIRD PARTY SERVICES CONSENT

The below services require us to share some personal information about your child and require you to provide consent for each service before we do so.

Please contact the school if you have any queries.

CLICKVIEW

What do you need to know:

Purpose: Curriculum-aligned video and interactive content for teachers and students.

Information disclosed: Staff/teacher: name, email. Student: name, email, work/content, photos or videos

How the information is used: Education videos

Where is the information stored: Within Australia and Outside Australia

Further information/Terms of Use/Privacy Policy:

<https://www.clickview.com.au/>

<https://www.clickview.com.au/terms-and-conditions/>

<https://www.clickview.com.au/privacy-policy/>

ADOBE CREATIVE CLOUD FOR EDUCATION

What do I need to know:

Purpose: A suite of over 20 desktop and web-based design applications used for graphic design, video editing, web development, photography, and animation

Information disclosed: Staff/teacher: name and email. Student: name and email. Parent: name and contact information

How the information is used: Includes Creative Cloud "All Apps" Education K-12 2020

Where is the information stored: Outside Australia

Further information/Terms of Use/Privacy Policy: <https://www.adobe.com/au/creativecloud.html>

<https://www.adobe.com/au/legal/terms.html> <https://www.adobe.com/au/privacy/policy.html>

PARENT/CAREGIVER NAME:

STUDENT NAME:

SURNAME:

I, _____ consent for my child's information being provided, if required, to each of the
above service providers until _____ (eg: 2023/end of Year 8) of his/her schooling at Broome Senior High School.

Signature

Date

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

PLEASE RETURN COMPLETED STUDENT E-ENROLMENT TO BROOME SENIOR HIGH SCHOOL

Email: broome.shs@education.wa.edu.au Telephone: (08) 9195 3100
69 Frederick Street (PO Box 1316), BROOME WA 6725

OFFICE USE ONLY	Birth Certificate or Passport	<input type="checkbox"/> Y <input type="checkbox"/> N	Leave Date	<input type="text"/> / <input type="text"/>
	Immunisation (AIR) Statement	<input type="checkbox"/> Y <input type="checkbox"/> N	School	<input type="text"/>
	Student Health Details	<input type="checkbox"/> Y <input type="checkbox"/> N	Leave Date	<input type="text"/> / <input type="text"/>
	Additional Forms (if required)	<input type="checkbox"/> Y <input type="checkbox"/> N	School	<input type="text"/>
	Form		Leave Date	<input type="text"/> / <input type="text"/>
	Form		School	<input type="text"/>
	Form			
	Media Permission Consent	<input type="checkbox"/> Y <input type="checkbox"/> N	BSHS Re-enrol Date	<input type="text"/> / <input type="text"/>
	Parent Occupation Information Form	<input type="checkbox"/> Y <input type="checkbox"/> N	School	<input type="text"/>
	Entered on SIS by		BSHS Re-enrol Date	<input type="text"/> / <input type="text"/>
			School	<input type="text"/>
	Date	<input type="text"/> / <input type="text"/>	BSHS Re-enrol Date	<input type="text"/> / <input type="text"/>
	BSHS Start Date	<input type="text"/> / <input type="text"/>	School	<input type="text"/>