

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 Update Sibling(s) to this address? YES NO

2ND NAME RESIDENTIAL ADDRESS

PREFERRED NAME P/CODE

DATE OF BIRTH Update Sibling(s) to this address? YES NO

GENDER: Male Female Other Full Name/s of siblings attending this school

STUDENT LIVES WITH: Both parents

Parent 01 Parent 02 Other

If other, please provide name/relationship and contact details overleaf

CONFIDENTIAL: Is this student in Department for Child Protection and Family Services (DCPFS) CARE? YES NO

DCPFS Case Manager name 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

If YES, please specify and attach supporting documentation:

ADDITIONAL STUDENT INFORMATION / RESIDENCY STATUS / LANGUAGES

COUNTRY OF BIRTH RELIGION

Is the student Aboriginal or Torres Strait Islander descent: NO YES - If YES, please specify: Aboriginal

Torres Strait Islander (TSI) Both, Aboriginal/TSI

Please identify the language(s) you speak at home:

Does the student mainly speak: Standard Aust. English Kriol (Kimberley Kriol) Aboriginal English?

Creole Other, eg Yawuru, Nyikina, Walmajarri, Karajarri, Vietnamese, Chinese, Thai, Icelandic etc

(Please indicate the language spoken most at home)

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 |

** If you hold one of these three cards you may be eligible to claim Secondary Assistance for this student*

LAST SCHOOL STUDENT ATTENDED STATE

If last enrolled in Home Schooling, please specify the Education District

Movement reason (if applicable)

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'.)

PARENT OCCUPATION GROUPS

Attachment 1

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

| GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 |
|--|--|---|---|
| Senior management in large business organisation government administration & defence, and qualified professionals | Other business managers, arts/media/sportspersons and associate professionals | Tradesmen/women, clerks and skilled office, sales and service staff | Machine operators, hospitality staff, assistants, labourers and related workers |
| <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: | |
| <i>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</i> | | | | |
| Please list any essential information that could affect your child in an emergency e.g. <i>allergy to penicillin</i> . | | | | |
| | | | | |

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.

IMPORTANT: Does your child have one or more health condition(s)/ Special Considerations/ Exemptions from School assessments (including NAPLAN) 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 MEDICAL CONDITIONS(S) AND CARE SUMMARY

PLEASE INDICATE YOUR CHILD'S MEDICAL 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: *(Please tick if applicable)*

| | | | | |
|-------------------------------|---|----------------|--------------------|--------------------|
| Paraplegia | Quadriplegia | Cerebral Palsy | Muscular Dystrophy | Multiple Sclerosis |
| Rheumatic heart disease (RHD) | Other physical disability <i>(Please Specify)</i> | | | |

| | | | |
|--|-----------|------------------|----------|
| Vision Impaired | Blindness | Hearing impaired | Deafness |
| Other Sensory disability <i>(Please Specify)</i> | | | |

| | |
|---|--|
| Autism Spectrum Disorder | Down Syndrome |
| Intellectual Disability | Fetal Alcohol Spectrum Disorder (FASD) |
| Other Neurodevelopmental Disability <i>(Please specify)</i> | |

| | | | |
|--|------------------|------------------|---------------------------------------|
| Depression | Anxiety Disorder | Bipolar Disorder | Post Traumatic Stress Disorder (PTSD) |
| Attention Deficit Hyperactivity Disorder (ADHD) | Dyscalculia | Dyslexia | Dyspraxia |
| Other Specific Learning Disorder (s) <i>(Please specify)</i> | | | |

Has your child's Medical Practitioner provided a health care plan for any of the above indicated conditions, 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.)

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 |
|---|----|-----|

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 |
|---|----|-----|

(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.

POLICY: STUDENT MOBILE PHONE AND ELECTRONIC DEVICE(S) USE



Definition:

The term “mobile phone” includes all technological devices such as mobile phones, smart watches, iPods, headphones, computers and cameras.

Department of Education Requirement:

The Department of Education does not permit the use of mobile phones in public schools from arrival until departure each day (“Off and Away All Day”).

For full policy wording please contact the school.

School Policy in summary:

- The school strongly recommends students do **not** bring phones.
- If brought, devices must be **switched off, in school bags, and not visible** from the first siren until the end of the school day. Phones may be handed in to Student Services, Broome Clontarf Academy or Stars for safekeeping.
- Devices must remain with their owner and not be shared.
- Other devices (iPods, headphones, computers, cameras etc.) are **not permitted**.
- The school accepts **no responsibility** for loss or damage to any device, on-site or during excursions.

Rationale:

The ban protects student learning, privacy, and wellbeing by:

- Removing distractions and pressures of constant connectivity.
- Preventing cyber-bullying during school hours.
- Protecting privacy from unauthorised photography, video, or recordings.
- Preventing misuse of phones to escalate conflicts or bypass school duty of care.
- Ensuring emergency contact occurs through school administration, not directly via students.

Medical Exceptions:

In exceptional cases, mobile phone use may be authorised as part of an approved health care plan with medical documentation.

Caregiver/Student Contact:

Parents must contact students via the **front office or Student Services**. Students are not to use personal phones for communication during the day.

Student personal laptops:

Year 11 and 12 students may apply for permission to bring a personal laptop to school in accordance with the “Student Use of Personal Laptop” policy (please enquire with the school).

Excursions:

Mobile phones are not to be taken on excursions or camps unless clearly stated in excursion rules. They may only be permitted where staff consider them essential for communication or student safety.

Breaches:

- **First breach:**
Phone confiscated until end of day; parents notified; record entered (Confiscation).
- **Second breach:**
Confiscation; loss of Good Standing (1 week).
- **Third breach:**
Confiscation; 1-week student behaviour contract; loss of Good Standing (2 weeks).
- **Fourth breach:**
Confiscation; 2-week student behaviour contract; loss of Good Standing (5 weeks).
- **Further breaches:**
Confiscation; 2-day suspension; loss of Good Standing (min. 5 weeks); phone ban 10 weeks.

Smart Watches:

Students may wear smart watches provided they are not connected to a phone or device. Stand-alone internet-enabled watches are not permitted. If a breach occurs, only the phone or device will be collected, not the watch.

If a breach occurs during an excursion or camp, the device will be collected by staff and held by the Teacher-in-Charge until the excursion concludes. Students are not permitted to use another student's phone. Serious breaches may result in the student being sent home at the caregiver's expense, as determined by the Principal or Deputy Principal.

User Agreement

I/we acknowledge and agree to follow the Mobile Phone & Electronic Device(s) Policy. We accept that violations may result in loss of privileges and that the school accepts no responsibility for lost, stolen or damaged devices.

Student's Name: _____ **Student's Mobile No:** _____

Parent's Name: _____ **Parent's Phone/Mobile No:** _____

Please tick each box to indicate you have understood the following information:

I confirm that this mobile is for safety, security or emergency purposes only.

We (parent/guardian and student) agree to the conditions set down under the Conditions of Use and understand that violation of the Policy and Conditions of Use may result in a loss of privilege to carry a mobile phone at school.

I acknowledge that the school takes no responsibility for loss, theft or damage to any device in any circumstance, even if confiscated at the time of loss.

Parent's Signature: _____ **Date:** _____

Student's 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.

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 obtains parental permission before using any photos, video footage, or audio recordings of students in the media. As we value celebrating and sharing our students' achievements with the wider community, your child may appear in future articles. These may be published in school newsletters, official social media accounts, the school website and other school-approved publications.

I, (PARENT/CAREGIVER) NAME:

SURNAME:

☐ DO ☐ DO NOT, give permission for Broome Senior High School to collect, use and publish photographs, video or audio recordings of my child (preferred name):

(Surname):

for educational and promotional purposes. I understand that my child's name may be used in connection with these images and recordings, and that all materials will be used in a respectful and appropriate manner.

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.

1. 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>

2. 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>

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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.

3. CLICKVIEW

What 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/>

4. ADOBE CREATIVE CLOUD FOR EDUCATION

What you 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>

5. PERMAH SURVEY

What you need to know:

Purpose: Health and Wellbeing; Quizzes and Surveys

Information disclosed: Student name, Student email, Student date of birth, Class details, School name, Student wellbeing responses, Parent email, Parent name

How the information is used: A student wellbeing survey and reflection tool for schools.

Where is the information stored: Onshore (within Australia)

Further information/Terms of Use/Privacy Policy: [The PERMAH Wellbeing Survey \(permahsurvey.com\)](https://permahsurvey.com)

[Privacy Policy & Disclaimer - The PERMAH Wellbeing Survey \(permahsurvey.com\)](https://permahsurvey.com)

6. PIVOT PROFESSIONAL LEARNING

What you need to know:

Age Restriction: Users under the age of 15 can only use this service with parental consent.

Purpose: Teaching and Learning, School Management

Information disclosed: Student name, Student gender, Student internal ID, Teacher name, Teacher role, Year level setup, Student Wellbeing, Student email, Student photos or videos, School name, Teacher email, House name, Class setup Teacher Wellbeing

How the information is used: Student and Teacher Wellbeing Survey tool.

Where is the information stored: Onshore (within Australia)

Further information/Terms of Use/Privacy Policy:

[School Student Surveys | Pivot \(pivotpl.com\)](https://pivotpl.com)

[Terms & Conditions | Pivot \(pivotpl.com\)](https://pivotpl.com)

[Privacy Policy | Pivot \(pivotpl.com\)](https://pivotpl.com)

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

Parental/caregiver consent is required before disclosure/use of the below services with student information.
Please contact the school if you have any queries.

1. **COMPASS**
2. **OLIVER Library Management System/References & Resources**
3. **CLICKVIEW**
4. **ADOBE CREATIVE CLOUD FOR EDUCATION**
5. **PERMAH SURVEY *Student wellbeing survey and reflection tool for schools***
6. **PIVOT PROFESSIONAL LEARNING *Student and Teacher Wellbeing Survey tool***

| | | | |
|---|--|--------------------------|--|
| I, (PARENT/CAREGIVER) NAME: | | SURNAME: | |
| <input type="checkbox"/> DO <input type="checkbox"/> DO NOT, give permission for Broome Senior High School to share necessary personal information about my | | | |
| child (preferred name): | | (surname): | |
| if required, with the service providers listed above until the end of | | (Insert Year/Year level) | |
| Signature | | Date | |

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 | Media Permission Consent | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | Immunisation (AIR) Statement | <input type="checkbox"/> Y | <input type="checkbox"/> N | Parent Occupation Information Form | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | Student Health Details | <input type="checkbox"/> Y | <input type="checkbox"/> N | Entered on SIS by: | | |
| | Additional Forms (if required) | <input type="checkbox"/> Y | <input type="checkbox"/> N | Date | <input type="text"/> | <input type="text"/> |
| | Form (s): | | | BShS Start Date: | <input type="text"/> | <input type="text"/> |
| | | | | Transfer Note sent | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | | | | School | | |
| | | | | BShS Re-enrol Date | <input type="text"/> | <input type="text"/> |
| | | | | School | | |
| | | | | BShS Re-enrol Date | <input type="text"/> | <input type="text"/> |
| | | | School | | | |
| | | | BShS Re-enrol Date | <input type="text"/> | <input type="text"/> | |
| | | | School | | | |

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.