STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

To understand why the school collects personal information at enrolment, how it will be used, and when it may be shared, please see the *Collection notice for enrolment* at the end of the form.

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

BROOME SENIOR HIGH SCHOOL

STUDENT DETAILS

FIRST NAME

SURNAME

SURNAME

LEGAL SURNAME

1ST NAME

2ND NAME

PREFERRED NAME

DATE OF BIRTH

GENDER: ☐ Male ☐ Female ☐ Other

STUDENT LIVES WITH: ☐ Both parents ☐ Parent 01 ☐ Parent 02 ☐ Other

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

POSTAL ADDRESS

P/CODE

Update Sibling(s) to this address? *YES* ☐ *NO* ☐

RESIDENTIAL ADDRESS

P/CODE

Update Sibling(s) to this address? *YES* ☐ *NO* ☐

Full Name/s of siblings attending this school

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:

* Centrelink Health Care Card	☐ NO	☐ YES
* Centrelink Pensioner Conc. Card	☐ NO	☐ YES
* Veterans' Affairs Pensioner Card	☐ NO	☐ YES

Does the student receive any allowances:

Secondary Assistance	☐ NO	☐ YES
Youth Allowance	☐ 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)

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***
Senior executive/ manager / department head in industry, commerce, media or other large organisation. **Public service manager** (section head or above), regional director, health/ education/police/ fire services administrator. **Other administrator** [school Principal, faculty head/dean, library/museum/gallery director, research facility director]. **Defence Forces** Commissioned Officer. **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. **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional. **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]. **Air/sea transport** [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].	**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business. **Specialist manager** [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing]. **Financial services manager** [bank branch manager, finance/ investment/insurance broker, credit/loans officer]. **Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]. **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]. **Associate professionals** generally have diploma/technical qualifications and support managers and professionals. **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional. **Business/administration** [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]. **Defence Forces** senior Non-Commissioned Officer.	**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group. **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]. **Skilled office, sales and service staff** **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]. **Sales** [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]. **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].	**Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]. **Office assistants, sales assistants and other assistants** **Office** [typist, word processing/ data entry/business machine operator, receptionist, office assistant]. **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]. **Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]. **Labourers and related workers** **Defence Forces** ranks below senior NCO not included in other groups. **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]. **Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

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)

Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

Student health care

On enrolment you will be asked to provide your child's health information to help the school meet your child's health needs.

You will be asked to:

- provide your child's Australian Immunisation Register (AIR) immunisation history statement
- complete a Health Care Summary form with details about health care needs and information to use in a medical emergency
- complete Management and Emergency Response Plans where the Health Care Summary indicates your child needs support at school.

If your child's medical needs are complex, you can arrange a meeting with the school.

Management and Emergency Response Plan

A Management and Emergency Response Plan provides your child's school with information they need to respond to specific medical needs. The plan outlines:

- a daily management plan
- an emergency response plan
- staff training requirements
- medication instructions such as dosage, storage and when it needs to be taken
- your authority to act.

Management and Emergency Response Plans may need to have a signature from your child's medical practitioner.

It is important to ensure the plan is in place as soon as possible. You should also review the plan each year or as your child's needs change.

Types of plans

Management and Emergency Response Plan templates are available from your school for common conditions such as:

- severe allergy or anaphylaxis
- mild and moderate allergies
- seizure
- asthma
- activities of daily living
- emergency response plan for students with special needs
- generic health care (for all other conditions).

Plans for students with diabetes are developed using the Diabetes WA templates.

Medication and equipment

If your child needs to be given medication during school hours, you need to provide:

- medication that is labelled with your child's name, in its original packaging and is within expiry
- written authorisation for the school to administer the medication using a standard form from the school.

This applies to medication for long-term and short-term use.

If your child needs medical equipment at school, it is important to ensure you supply the equipment in good working order.

It is important that you maintain communication with your child's school, and advise of any changes or concerns you may have.

TRIMNumber
[Publish Date]

CC BY Exclusions may apply

FORM 1

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.

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 (*Please Specify)*

☐ Vision Impaired ☐ Blindness ☐ Hearing impaired ☐ Deafness

☐ Other Sensory disability (*Please Specify)*

☐ Autism Spectrum Disorder ☐ Down Syndrome

☐ Intellectual DIsability ☐ Fetal Alcohol Spectrum Disorder (FASD)

☐ Other Neurodevelopmental Disability *(Please specify)*

☐ Depression ☐ Anxiety Disorder ☐ Bipolar Disorder ☐ Post Traumatic Stress Disorder (PTSD)

☐ Attention Deficit Hyperactivity Disorder (ADHD) ☐ Dyscalculia ☐ Dyslexia ☐ Dyspraxia

☐ Other Specific Learning Disorder (s) *(Please specify)*

Has your child's Medical Practitioner provided a health care plan and /or diagnostic report(s) for any of the above indicated conditions? These will assist the school to support it's teaching practises, make student assessment adjustments and in general 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

☐ ***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.

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)**

Privacy Policy & Disclaimer - The PERMAH Wellbeing Survey (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)

Terms & Conditions | Pivot (pivotpl.com)

Privacy Policy | Pivot (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:

◯ DO ◯ 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 ☐ Y ☐ N
Immunisation (AIR) Statement ☐ Y ☐ N
Student Health Details ☐ Y ☐ N
Additional Forms (if required) ☐ Y ☐ N
Form (s):

Media Permission Consent ☐ Y ☐ N
Parent Occupation Information Form ☐ Y ☐ N
Entered on SIS by:
Date / /
BSHS Start Date: / /
Transfer Note sent Y N
School

Leave Date / /
School
Leave Date / /
School
Leave Date / /
School

BSHS Re-enrol Date / /
School
BSHS Re-enrol Date / /
School
BSHS Re-enrol Date / /
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Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

Collection notice for enrolment

Purpose of collection

We, the Department of Education Western Australia (WA), collect your child's information to manage student enrolments in public schools. The information supports your child's school and contributes to an Australian education system which is fair for all students. This is done under the *School Education Act 1999* and the School Education Regulations 2000.

Note: In this document, 'parent' and 'you' include a child's parent or carer, the adult responsible for a child's day to day care, or a person enrolling on their own behalf.

Information collected for enrolment

When you enrol your child in a public school, you'll need to provide the following personal details and documents:

Child information

- Full name, date of birth, and gender
- Residential address and family living arrangements
- Whether the child identifies as Aboriginal or Torres Strait Islander
- Language background and languages spoken at home
- Current immunisation status
- Previous schools attended and educational history
- Learning, behavioural or other personal needs
- Health and medical conditions (including Form 1: Student health care summary)
- Australian citizenship or visa details

Parent information

- Name and relationship to your child
- Residential address and contact details
- Languages spoken at home
- Level of education, qualifications and occupation

Additional information

- Name and contact details of people the school can contact in an emergency
- Court or care orders or parenting plans, if applicable

CC BY Exclusions may apply

Why this information is collected for enrolment

Your information is used to:

- assess and manage enrolment applications
- confirm student identity
- communicate with students and families
- support student learning, health and wellbeing, behaviour and safety
- enable students to take part in state, national and international assessments and reporting, including the
  - NAPLAN in Years 3, 5, 7 and 9
  - Pre-primary Australian Early Development Census (AEDC)
  - secondary Online Literacy and Numeracy Assessment (OLNA)
  - Nationally Consistent Collection of Data (NCCD) on school students with disability
  - any other mandated assessments and reporting
- manage student identifiers like the WA Student Number (WASN) and SmartRider cards
- inform educational policy, planning, strategy, and research
- provide support, services, programs and funding to meet your child's needs.

If we do not collect this personal information, it may put a student at risk and make it harder to provide the right education plans and support. It may also mean we cannot meet our legal responsibilities.

How we use and share enrolment information

We only use and share your child's enrolment information for the purpose it is collected and when the law allows or requires it.

We may share your child's enrolment information with:

- another WA public school when your child changes schools, such as when:
  - your child transfers from Year 6 to Year 7
  - they participate in a school-arranged alternative education program
- their new non-government school or interstate school, if you provide permission
- government agencies for health, welfare and/or legal compliance, and child protection laws.

The personal information we collect is stored locally, within Australia, in our Student Information System and follows our Information and Communication Technologies policies.

Personal information is collected, managed, and disposed of following our Records Management policy and the *State Records Act 2000*.

Your rights – access and correcting enrolment information

You can contact your child's school if you:

- want to see or update the enrolment information you provided
- have concerns about how your child's enrolment information is being used or stored.

Updates to personal information provided throughout a student's schooling are considered part of a student enrolment record.

More information

To learn more about how we protect your information, visit our website's page about Privacy.

Exclusions may apply

BROOME SENIOR HIGH SCHOOL

YEAR 7 LANGUAGES SURVEY

Dear parents and carers of Year 6 students

The Languages curriculum for Western Australia has been written on the basis that schools provide a Languages program, in at least one language subject, which is mandated from Year 3 to Year 8.

In Year 9 and Year 10 the study of Languages is optional, making the study of a second language compulsory* for all Year 7 students across the state.

*Exceptions may be made for students whose first language is not English or those on Individual Education Plans.

Please indicate (tick) below which language you would like your child to study in Year 7 at Broome SHS and whether they have any previous experience with the language. Please note, your language selection will be what your child will be committing to for Years 7 AND 8.

☐ Indonesian

- ☐ Beginner – has not previously studied Indonesian
- ☐ Has studied Indonesian previously

☐ Yawuru

- ☐ Beginner - has not previously studied Yawuru
- ☐ Has studied Yawuru previously

☐ For my child, English is a second language or an area of difficulty and I would prefer that they participated in additional English/Literacy lessons instead of Languages.

Please return this survey to your child's classroom teacher as soon as possible.

PRIMARY SCHOOL: _____

STUDENT NAME:_____

PARENT SIGNATURE:_____

☐ Please contact me on the following phone number to discuss this further:

PARENT NAME:_____ PH:_____

Thank you for completing this survey