



# Application for Enrolment in a Western Australian Public School (Secondary)

**You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:**

- You are enrolling a child in Year 7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education [website](http://www.education.wa.edu.au/enrolling-in-school):  
[www.education.wa.edu.au/enrolling-in-school](http://www.education.wa.edu.au/enrolling-in-school)

## OFFICE USE ONLY

<b>Year Enrolling:</b>	<b>Year Level:</b>	<b>Start Date:</b>	/	/
<b>Interview Date:</b>	/	/	<b>Interview Time:</b>	<b>Interviewing AP:</b>

## PERSONAL DETAILS (Please complete all details below)

**Child's surname**

**Legal surname** (if different)

**Given names**

<b>Date of birth</b> (dd/mm/yy)	/	/	<b>Gender</b>	Male	Female	Not Specified
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**Parent Surname**

<b>Parent First Name</b>	<b>Title</b>	Mr	Mrs	Ms	Other
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**Residential Address**  
(must be completed)

Postcode

**Postal Address** (if different from residential address)

Postcode

**Telephone (Home)**

**Telephone (Work)**  
(If convenient)

**Mobile Phone No.**

**Email**

## PERSONAL DETAILS (Continued)

Year Level enrolling in

Start date / /

If applicable, year level your child is currently enrolled in (e.g. Year 6)

If applicable, name of school at which your child is currently or was last enrolled

Is the student:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Neither Aboriginal nor Torres Strait Islander

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES NO

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES NO

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

Are you applying to enrol your child in a specialist program at this school? YES NO

Name of specialist program

Will there be any brothers or sisters attending this school? YES NO

Name/s and year levels

Is your child currently under suspension from a school? YES NO

If yes, name of school

Is your child a temporary resident? YES NO If yes, please indicate:

Date entered Australia if born overseas. / /

Visa Sub Class No. Visa expiry date / /

## DISABILITY

Does the student have a disability?

YES NO

If Yes, please specify

**Please tick if you can provide documentation about**

(Supporting diagnostic/medical documentation must be provided along with this application)

Autism

Physical Disability

Deaf or Hard of Hearing

Severe Mental Disorder

Global Developmental Delay (prior to age 6)

Specific Speech and/or Language Impairment

Intellectual Disability

Vision Impairment

Other, please specify

## DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

**Name of person enrolling child**

**Title** Mr Mrs Ms Other

**Relationship to child**

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

**Telephone (Home)**

**Telephone (Work)**

**Mobile Phone No.**

**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.





# Pinjarra Senior High School

## Educational Profile (Private and Confidential)



The School Education Act 1999 requires the provision of: "Details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school".

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

### STUDENT DETAILS (Please complete all details below)

First Name: \_\_\_\_\_ Student Legal Surname: \_\_\_\_\_

On what date and in what year level did your child first commence school in Australia?

Date: \_\_\_\_\_ Year level: \_\_\_\_\_

List all other schools attended (Primary and Secondary)

Name of School

Years of Attendance (eg. Year 4 - 6)

How would you describe your child's current academic progress? Refer to any specific talents or difficulties.

#### PLANNING INFORMATION

Has your child been involved in any specific education or sporting programs? Eg. Academic extension, Sporting achievements. Please give details.

Does your child have, or have they been assessed for:

Giftedness

Difficulties in the basic areas of learning

Other (Please specify)

Acquired brain injury

ESL (English is a second language)

Behaviour disorders

ADD / ADHD

Mental Health Issues

What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school?

Does your child now, or have they previously, had an Individual Education Plan (IEP)?

Yes, Currently

Yes, Previously

No

If Yes, please give details.

## SAFETY AND WELFARE INFORMATION

Are there any circumstances about your child the school should know prior to enrolment? (Behaviour, residential circumstances etc.)

Yes

No

If yes, please give details

To your knowledge is there anything in your child's history or circumstances that might pose a risk of any type to themselves, other students, staff or visitors?

Yes

No

If yes, please give details

Has your child any history of violent or socially unacceptable behaviour?

Yes

No

If yes, please give details

Is your child currently under suspension from a school or have they previously been suspended from a school?

Yes

No

If yes, please give details

Has your child ever been excluded from a school?

Yes

No

If yes, please give details

School Psychologist Informed Consent Required

Yes

No

Parent Name

Parent Signature

Date

## OFFICE USE ONLY

Linked to Connect

Added to SAER Register

Scanned to Compass

Consent2Go

Student email entered on SIS

Diagnosis Document

Entered on SIS

Snr School add to C2Go viewing permissions



# FORM 1 STUDENT HEALTH CARE SUMMARY

## SECTION A

<b>Year</b>	<b>Form</b>	<b>Teacher</b>
<b>Student's name</b>		
<b>Date of birth</b> (dd/mm/yy)	/ /	<b>Gender</b> Male Female Not Specified
<b>Address</b>		
Postcode		

## FAMILY CONTACT DETAILS

**Name**

**Relationship to student**

**Address**

Postcode

**Telephone (Home)** **Telephone (Work)**

**Telephone (Mobile)**

**Name**

**Relationship to student**

**Address**

Postcode

**Telephone (Home)** **Telephone (Work)**

**Telephone (Mobile)**



## MEDICAL DETAILS

### Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

**Do you have ambulance insurance?** YES NO - *If yes, specify insurance provider:*

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

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

Medicare Card number

Medicare Card Individual  
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

## 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 share your child's health care information?** YES NO

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.

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

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

**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.

**YES** - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

**List your child's health condition(s)**

## SECTION B

**IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD’S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.**  
 (In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and Moderate Allergies	YES	NO
Diabetes	YES	NO
Seizures	YES	NO
Asthma	YES	NO
Activities of Daily Living	YES	NO
<b>Other Conditions or Needs</b> (Please specify below)	YES	NO

**Has your child’s Medical Practitioner provided a health care plan to assist the school to manage the condition?**

YES NO - If yes, 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.** YES NO

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?** YES NO - If yes, provide details below:

**Parent/Carer Signature** **Date** / /

**Parent/Carer Name**

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**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.

### OFFICE USE ONLY

**Does the child have an allergy that needs to be flagged on SIS?** YES NO **Date** / /

**Have relevant health care plans been issued to the parent?** YES NO **Date** / /

**Has the Principal been informed if:**  
 specific training is required to support the student? YES NO  
 the student’s health care information is to be restricted? YES NO

**Date** Student Health Care Summary was completed and uploaded on SIS: **Date** / /