



# MERREDIN COLLEGE

A Wheatbelt Independent Public School

*learning close to home*

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## ENROLMENT PACK (PART B)

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

*Parent information about Enrolment in a Western Australian public school* (below) provides important information to read before lodging the Enrolment Form with the school.

**The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website: <http://det.wa.edu.au/curriculumssupport/eald/detcms/portal/>**

## Parent information about Enrolment in a Western Australian public school

### INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

A copy of the students Birth Certificate and Immunisation Record is required at time of enrolment.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s. Copies of Family Court or any other court orders must be provided.

### Disclosure of information

#### **For parents of students with disability**

In order to provide an appropriate education program the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

#### **Suspensions and exclusions**

Information on any suspensions and exclusions needs to be provided to the school at the time of applying to enrol. This information will help the school to provide your child with any support that may be required.

Children currently under suspension from a public school cannot be enrolled at another public school until the suspension period expires. Children who have previously been suspended or excluded from a public school may be required to enter into a behaviour agreement with the school if enrolment is accepted.

## TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email [enquire@pta.wa.gov.au](mailto:enquire@pta.wa.gov.au) or telephone 136213. Some special programs include transfer arrangements.

## CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

## INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21<sup>st</sup> Century state that 'the learning outcomes of educationally disadvantaged students '..... should.....' improve and, over time, match those of other students'.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

## CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Local Excursions:	Agreement to minor excursions, not including excursions which require individual agreement.

## STUDENT HEALTH CARE

The Department's *Student Health Care policy* clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.



# MERREDIN COLLEGE

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## STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

**This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students.** For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

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

Note: If you are typing the information into this form, doubleclick the check box  and select the radio button under the heading Default value 'Checked' and click OK. e.g. .

### STUDENT DETAILS

Have you attended Merredin College before? YES  NO

Year (Date) of Enrolment: \_\_\_\_\_ Year Level: \_\_\_\_\_

Surname: \_\_\_\_\_ Legal Surname (if different): \_\_\_\_\_

Previous Surname (if applicable): \_\_\_\_\_

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

Preferred 1<sup>st</sup> Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Student's Mobile (if applicable): \_\_\_\_\_

USI : \_\_\_\_\_ (secondary students)

Car Registration (if applicable): \_\_\_\_\_

Full Name/s of brothers and sisters attending this school:

\_\_\_\_\_

### Student lives with:

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

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

### Emergency Contacts (Indicate contacts in order of preference):

	Name	Phone No.	Mobile No.	Relationship to student
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**STUDENT DETAILS – ADDITIONAL INFORMATION**

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Australian Citizenship/Permanent Resident: .....  YES  NO

If your child was not born in Australia, you must provide evidence of Passport or travel documents,

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

International Fee Paying (if known): .....  YES  NO

Religion: \_\_\_\_\_. Is the student to be withdrawn from religious instruction?  YES  NO

Student's First Language: \_\_\_\_\_

Is the student's descent: .....Aboriginal  YES  NO  
.....Torres Strait Islander (TSI)  YES  NO  
.....Both Aboriginal and TSI  YES  NO

Does the student speak a language other than English at home?.....  YES  NO

Does the student mainly speak English at home? .....  YES  NO

(If more than one language, indicate the one that is  NO, English only  
spoken most often.)  YES, other - please specify: \_\_\_\_\_

Does the student receive any of the following allowances:

- Secondary Assistance  Youth Allowance
- Assistance for Isolated Children (AIC)  Abstudy

Previous School: \_\_\_\_\_

Is your child currently under suspension from a school?  YES  NO  
If YES, name of school: \_\_\_\_\_

Reason for change of school (optional): \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

Movement reason (optional): \_\_\_\_\_

Hostel Resident: Yes  No

Bus Route: \_\_\_\_\_

**CONFIDENTIAL**

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? .....  YES  NO

If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? .....  YES  NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

## CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

### STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

*Note:* For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability?  YES  NO If YES, please specify the disability/s:

\_\_\_\_\_

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records

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

Does the student have a medical condition or intensive health care need? YES  NO

If YES, please specify.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis          | <input type="checkbox"/> Hearing condition (eg otitis media)                    |
| <input type="checkbox"/> Allergy – Other _____          | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding)           |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Diagnosed migraine/headaches   | _____   |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | _____   |

Medical Practice (Name and Address): \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dental Surgery Practice (if applicable, name and address): \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref No: \_\_\_\_\_ Valid to: \_\_\_\_\_ / \_\_\_\_\_ Card Colour \_\_\_\_\_

Permission to call Doctor :  YES  NO

Permission to administer First Aid:  YES  NO

Permission to call an Ambulance:  YES  NO Do you have Ambulance cover?  YES  NO

Ambulance Cover Provider: \_\_\_\_\_

**(If there is a medical emergency and an ambulance needs to be called, parents or guardians will be expected to meet the cost of the ambulance regardless of the permission indicated above)**

## PARENT / GUARDIAN DETAILS

### Parent/Guardian 1 Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the:  Day to day care of the student **or**  Long term care of student.

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Do you mainly speak English at home? .....  YES  NO

Do you speak a language other than English at home?  NO, English only  YES, other - please specify:  
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

### Parent/Guardian 2 Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the:  Day to day care of the student **or**  Long term care of student.

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you mainly speak English at home? .....  YES  NO

Do you speak a language other than English at home?  NO, English only  YES, other - please specify:  
(If more than one language, indicate the one that is spoken most often)

\_\_\_\_\_

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**OTHER CONTACT(S) DETAILS**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Please advise the school if there are any other contacts you would like recorded.**

**SIGNATURE**

Name of person enrolling student:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PRINCIPAL'S APPROVAL**

\_\_\_\_\_

Principal's signature

Approved / Not approved

Date: \_\_\_\_\_



## Consent Form

At **Merredin College** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

### MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see Appendix F of the Student's online policy.

### INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the Student's online policy.

### VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

### LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

The school also has the Newsletter accessible on the Website. Please subscribe to [merredincollege.wa.edu.au](http://merredincollege.wa.edu.au)

Name of student: \_\_\_\_\_ Year/Class/Room: \_\_\_\_\_

Name of person signing the consent form:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student (e.g. parent/guardian/responsible person): \_\_\_\_\_



## OFFICE USE ONLY

Student's official documentation all sighted (Date): \_\_\_\_\_  YES  NO

Birth certificate       Passport       Travel document/s

Student's Residency status:                       Local                       Permanent Resident

Overseas Student: If yes, International fee paying: .....  YES  NO

Entry Date: \_\_\_\_\_

Immunisation records provided:                       YES       NO

Publications/Internet Permission Form completed: .....  YES       NO

Previous School: \_\_\_\_\_

Records received:  YES                       NO SIS Import  YES  NO

Contributions and Charges Billing:  PG1: \_\_\_\_%       PG2: \_\_\_\_%  Other: \_\_\_\_%

Official documentation:       PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_\_  
(including reports, to be sent to)

Commencement Date: \_\_\_\_\_

Form/Class: \_\_\_\_\_      House Faction: \_\_\_\_\_

Approved by Principal:       NO       YES on (Date): \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

Student leaves school: (Date) \_\_\_\_\_      Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school:  NO       YES on (Date): \_\_\_\_\_

### **RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:**

- 1. Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
- 2. Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
- 3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 4. Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 5. Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**

## Parent Occupation Groups

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

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

These categories have been determined nationally and are designed as broad occupational groupings.

All Australian states and territories use the same categories.

**Primary School Health Record**

**Particulars of child**

Boy  Girl

School: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Child's date of birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Weight at birth: \_\_\_\_\_

Country/state of birth: \_\_\_\_\_

Child's Medicare no:  Child's reference no:

Is your child of Aboriginal origin?  Yes  No

Child's brothers or sisters:

1. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

2. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

3. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

4. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

5. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

**Parent or guardian for contact**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Phone no.: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's country of birth: \_\_\_\_\_ Father's country of birth: \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_ Interpreter needed?  Yes  No

Has your child attended another school previously?  Yes  No

If yes, name/s of previous schools: \_\_\_\_\_

**Immunisation**

**Australian Childhood Immunisation Register (ACIR)**

You are reminded that it is an enrolment requirement that you provide a current copy of your child's ACIR Immunisation History Statement to the school. You can obtain this information by contacting ACIR on 1800 653 809 or email [acir@humanservices.gov.au](mailto:acir@humanservices.gov.au)

**Has your child had the 4 year old immunisation? Did you know your child can have their 4 year old immunisation from 3 ½ years of age?**

**Primary School Health Record**

**Vision**

Is there a history of vision problems during childhood in other family members on either side of the family?

Yes  No If yes, please indicate \_\_\_\_\_

Do you have any concerns regarding your child's eyes or eyesight?  Yes  No

If yes, please indicate \_\_\_\_\_

Has your child had any of the following? (mark all that apply)

Poor sight  Squint/turned eye  Eye injury  Operation on eyes

Has your child been prescribed with glasses?  Yes  No

If yes, when should they be worn? \_\_\_\_\_

Has your child received or is she/he receiving medical care for his/her eyes or eyesight?

Yes  No

If yes please describe \_\_\_\_\_ Date of last appointment (month/year) \_\_\_\_/\_\_\_\_

**Hearing**

Do you have any concerns with your child's hearing and/or ears?  Yes  No

If yes, please indicate \_\_\_\_\_

Has your child had any of the following? (mark all that apply)

Repeated ear infections  Discharging ears  Hearing loss  Grommets

Other ear operation \_\_\_\_\_

Has your child received or are they receiving medical care for his/her ears/hearing?

Yes  No

If yes please describe \_\_\_\_\_ Date of last appointment (month/year) \_\_\_\_/\_\_\_\_

**General health**

Does your child have any ongoing health or physical problems?  Yes  No

If yes, please indicate \_\_\_\_\_

Has this condition been attended to by a health professional?  Yes  No

If yes please indicate \_\_\_\_\_

Have you completed a student health care plan?  Yes  No

Would you like the Community Health Nurse to measure your child's height and weight to see if s/he is within a healthy weight range?  Yes  No

Is there any other information you feel would be helpful for the Community Health Nurse (for example, changes or major events in the family)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary School Health Record



Government of Western Australia  
Department of Health

School Entry Health Assessment



Parents' Evaluation of Developmental Status (PEDS)

1. Please list any concerns about your child's learning, development and behaviour.  
\_\_\_\_\_
2. Do you have any concerns about how your child talks and makes speech sounds?  
Circle one: No Yes A little Comments: \_\_\_\_\_
3. Do you have any concerns about how your child understands what you say?  
Circle one: No Yes A little Comments: \_\_\_\_\_
4. Do you have any concerns about how your child uses his or her hand and fingers to do things?  
Circle one: No Yes A little Comments: \_\_\_\_\_
5. Do you have any concerns about how your child uses his or her arms or legs?  
Circle one: No Yes A little Comments: \_\_\_\_\_
6. Do you have any concerns about how your child behaves?  
Circle one: No Yes A little Comments: \_\_\_\_\_
7. Do you have any concerns about how your child gets along with others?  
Circle one: No Yes A little Comments: \_\_\_\_\_
8. Do you have any concerns about how your child is learning to do things for himself/herself?  
Circle one: No Yes A little Comments: \_\_\_\_\_
9. Do you have any concerns about how your child is learning preschool and school skills?  
Circle one: No Yes A little Comments: \_\_\_\_\_
10. Please list any other concerns: \_\_\_\_\_  
\_\_\_\_\_

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Have any of these issues been assessed/addressed previously?  Yes  No

If yes, when and by whom? \_\_\_\_\_

Office use only 

PEDS score	A	B	C	D	E
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Progress Notes		Office use only:
Child's name: _____		DOB: ____/____/____
Date, time and location	Comment	Name, signature and designation

Confidential Record

**Office use only**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_

UMRN: \_\_\_\_\_

Retain Until: 20\_\_\_\_

Academic year	K	P	1	2	3	4	5	6
Calendar year								
Form/class								

Dear Parent/Guardian

The School Health Service is pleased to offer health assessments for your child. With your permission, the following will be carried out by a Community Health Nurse at your child's school:

- **Vision assessment** (this includes testing your child's distance vision and using a small light to look into the eye and watching the movements of the eye);
- **Hearing assessment** (this includes testing your child's hearing and looking into the ear canal);
- **General developmental health assessment** (this is a brief assessment of any health related concerns based on the information provided by you on this questionnaire or concerns noted by the teacher or nurse).

The Community Health Nurse will contact you if any further action is needed. This may include a follow-up assessment, or a referral to other services if needed.

**If you agree to your child being assessed by the Community Health Nurse, please complete the inside of this form and sign below. Please return it to your child's school as soon as possible.**

**Important**

I have read and understand the above letter and consent to:

- A health assessment of my child by the Community Health Nurse as described above; and
- A copy of the assessment results being kept with my child's academic record; and
- Sharing of information about my child between the Community Health Nurse and relevant school and health staff where it helps in the management of my child's learning, health or wellbeing.

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

If you would like help completing this form, please contact the Community Health Nurse at your child's school.

(Please tick if you would you like a copy of this letter translated into Chinese/Arabic/Vietnamese)

如果你想看本函的中文译本，请在方框上打钩。  (Chinese)

إذا كنت ترغب في الحصول على نسخة من هذه الرسالة باللغة العربية، يرجى وضع علامة في  (Arabic)

Xin vui lòng đánh dấu vào ô vuông nếu bạn cần lá thư này bằng tiếng Việt  (Vietnamese)

CHS409-1  
12/13

Confidential Record

Please complete details inside