



MERREDIN COLLEGE

A Wheatbelt Independent Public School

learning close to home

Woolgar Avenue · Merredin WA 6415
Ph: 08 9041 0900 · Fax: 08 9041 2008
E: merredin.college@education.wa.edu.au
W: merredincollege.wa.edu.au

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 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 21st 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

A Wheatbelt Independent Public School

learning close to home

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): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st 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"/>	Name	Relationship to student
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

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>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ 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].</p> <p>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/indus trial 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</p> <p>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.

HIGH SCHOOL HEALTH RECORD

Student Health Status

Tick current health issues and give details of care required, including any ongoing medication:

- Anaphylaxis risk: _____
- Asthma: _____
- Allergies: _____
- Diabetes: _____
- Diagnosed migraine or other headaches: _____
- Epilepsy: _____
- Hearing impairment: _____
- Mental health and wellbeing: _____
- Visual impairment: _____
- Other condition: _____

Please note any other information which would be helpful for the Community Health Nurse:

Immunisation

It is an enrolment requirement that a photocopy of each student's immunisation record is provided to the school. **Parents are reminded to ensure this has been done.**

The Australian Childhood Immunisation Register (ACIR) records the immunisation history of children up until they turn 7 years old. If parents do not have a copy of their child's early childhood immunisation history they can call ACIR on 1800 653 809, present their Medicare number, and gain access to their child's record. NOTE: This record will not list immunisations the child may have received after turning 7 years of age.

This form was completed by:

Name: _____
(Parent/Guardian/Student)

Signed: _____ Date: ____ / ____ /20 ____

If you would like assistance completing this form or require it in an alternative format, please contact the Community Health Nurse at your child's school.

The information on this form remains confidential, accessible only by authorised Health Service staff. Consent to provide service and/or share information will be sought from parent, guardian or student as appropriate.

CONFIDENTIAL RECORD

HIGH SCHOOL HEALTH RECORD PROGRESS NOTES

Student's full name:	Date & Time	Date of birth: ____/____/____													Name, signature & designation									
		Comment																						

CONFIDENTIAL RECORD

