



# 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

Has the student previously attended Merredin College? YES  NO

Year Level of Enrolment: \_\_\_\_\_

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**

Australian Citizenship/Permanent Resident:  YES  NO Nationality (optional): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Town of Birth \_\_\_\_\_

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 Aboriginal English at home? .....  YES  NO

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

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

*If Yes, please indicate the language(s) that are spoken and the one that is spoken most often*

.....

Does the student receive any of the following allowances:

Secondary Assistance

Youth Allowance

Assistance for Isolated Children (AIC)

Abstudy

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

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

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

If YES, name of school: \_\_\_\_\_

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

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

Hostel Resident: Yes  No

School bus student 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: \_\_\_\_\_

\_\_\_\_\_

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

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

Permission to call Doctor :  YES  NO

Permission to administer First Aid:  YES  NO

**(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)**

#### Medicare Details:

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

Student's name exactly as it appears on card: \_\_\_\_\_  
*(Include middle name initial)*

\_\_\_\_\_

**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): \_\_\_\_\_

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

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

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

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): \_\_\_\_\_

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

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

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

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).

### 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

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

Approved / Not approved



## 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): \_\_\_\_\_





## 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>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>Other business managers, arts/media/sportspersons and associate professionals</b></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, clerks and skilled office, sales and service staff</b></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>Machine operators, hospitality staff, assistants, labourers and related workers</b></p> <p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b> <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.



# 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

<b>Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	
Postcode	
<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>Telephone (Mobile)</b>	
<b>Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	
Postcode	
<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>Telephone (Mobile)</b>	

## 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**

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.

## 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**      /      /



# Request for immunisation support from the Department of Health

Please complete this form if you would like assistance in meeting immunisation requirements for your child's enrolment.

Please print in BLOCK LETTERS

<b>Parent / carer full name:</b>	
<input type="checkbox"/> I understand my child's information will be provided to the Department of Health.	
<input type="checkbox"/> I understand I will be contacted by the Department of Health to discuss my child's immunisation status.	
Please select from the following options:	
<input type="checkbox"/> I'm unsure about my child's immunisation status.	
<input type="checkbox"/> I need help accessing my child's AIR Immunisation History Statement.	
<input type="checkbox"/> I consent to the Department of Health providing a copy of my child's AIR Immunisation History Statement directly to the child care/school.	
<input type="checkbox"/> I'd like more information about immunisation.	
<b>Child's name:</b>	
<b>Child's date of birth:</b>	
<b>Child's Medicare number:</b>	<b>Reference number:</b>
<b>Residential address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Parent / carer signature:</b>	<b>Date:</b>

## School use only:

Scan and send this form to: [immunisation@health.wa.gov.au](mailto:immunisation@health.wa.gov.au)

<b>Principal or delegate signature:</b>	<b>Date:</b>
<b>School name:</b>	
<b>School contact email:</b>	



## STUDENT INFORMATION TECHNOLOGY AGREEMENT PACK (SECONDARY STUDENTS)

Dear parent / responsible person

Our school provides access to online services provided by the Department of Education. These increase the range of teaching tools available to staff and enhance the learning opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services. This will involve the school using the student's full name, preferred name, class and year to access their unique online services account.

The Department's online services currently provide:

- individual email accounts for all students and staff;
- access to the Internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school;
- access to the online teaching and learning services such as web-conferencing, digital resources and online learning activities;
- access to online file storage and sharing services; and
- access to Portal services from home if the home computer is connected to the Internet.

If you agree to your child making appropriate use of these online services, please complete the permission slip attached to this letter. You will also need to ensure that your child reads or understands the Acceptable Usage Agreement, also attached to this letter, before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's online services, it is not possible to completely eliminate the risk of such exposure.

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and Internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and Internet access records are discoverable in the event of legal action and are subject to provisions of the *Freedom of Information Act 1992*.

You should also be aware that general Internet browsing not conducted via the Department's network is **not** monitored or filtered by the Department. The Department encourages close family supervision of all Internet use by children in locations other than school, and strongly recommends the use of appropriate Internet filtering software.

Please return the attached forms to ensure your child has online access at Merredin College.

Yours sincerely

PRINCIPAL







## ACCEPTABLE USAGE AGREEMENT (SECONDARY STUDENTS)

Return to Merredin College with enrolment forms.

If you use the online services of the Department of Education you must agree to the following rules:

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others when online.
- I will not give anyone my logon password.
- I will not let others logon and / or use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts without permission from the teacher.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account without permission.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will obtain permission from the copyright owner of any materials inserted into my school work before I subsequently reuse it as a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online.

I understand that:

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences dictated in the School's policy; and
- I may be held liable for offences committed using online services.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* policy.

**Name of student:** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_

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



7 September 2020



Dear Parent/Carers,

**USE OF THIRD PARTY WEB BASED EDUCATIONAL SERVICES – PERMISSION TO ACCESS GOOGLE SUITE**

At Merredin College, Year 1-12 students use G Suite EDU for students for collaborative learning in an online space. The Google suite of tools is designed to empower educators and students as they learn and innovate together.

Upon enrolling your child at Merredin College you may have given permission for them to access the school network and the Internet. If you have not provided these permissions, you will be provided with an additional note requesting permission before your child can access Google. Please note that to allow your child access to the G Suite for EDU through the school we are required to seek your written permission after notifying you about the provider's privacy terms and conditions. Please read the information below carefully and return the signed form to the school if you agree to the service providers conditions and give permission for your child to access this service.

***Please note*** – A separate form will need to be completed for each student.

As our school wishes to register with a web based service provider that requires some personal information about a student in your care, we are obliged under the Commonwealth Privacy Act (1988) to advise you of the reasons for collecting the information, what will be done with it and who else may have access to it.

**Name of Provider:** Google  
**Type of Service:** Publication and management tools  
**Website:** [www.google.com](http://www.google.com)

**Summary Terms and Conditions:**

Within G Suite for Education, Schools own their data. Merredin College has its own Google Domain and the school manages the users as well as their access to elements of G Suite. Google's responsibility is to keep the data secure.

**Google's Privacy Policy:**

Please see visit [here](#) for full information about the *Google's* privacy policy.

Google for Education gives teachers the freedom to spend more time personalizing the learning experience, and less time managing it. Students can learn 21st-century problem-solving and the skills they'll use in their future careers, with accessibility features that help every student do their best work. G suite includes a range of tools designed to empower educators and students to learn and innovate together. Google Classroom allows teachers to distribute work to students and enables them to individualise work and enable collaboration. Teachers can provide instant feedback and track a student's progress to improve performance. At Merredin College we use a range of applications within G Suite including Classroom, Drive, Docs, Sheets and Slides. These allow for students to work online and offline but also access their work at school and at home.

**Please complete and return the permission slip below to the front office.**

Upon receipt of the completed permission slip, your child will be provided with their Google account for Merredin College.

Yours sincerely,

**Lynne Herbert**  
**Deputy Principal**



Student's name: \_\_\_\_\_ Class: \_\_\_\_\_

**USE OF THIRD PARTY WEB BASED EDUCATIONAL SERVICES -  
MERREDIN COLLEGE PERMISSION TO ACCESS G SUITE FOR SCHOOLS**

- I **consent** to my child having a Google account in the Merredin College domain
- I **do not consent** to my child having a Google account in the Merredin College domain  
for the purpose of:

Parent/Guardian's Name: (please print): \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

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



# MERREDIN COLLEGE

A Wheatbelt Independent Public School

Woolgar Avenue · Merredin WA 6415  
Phone: 08 9041 7520  
E: [merredin.college@education.wa.edu.au](mailto:merredin.college@education.wa.edu.au)  
W: [merredincollege.wa.edu.au](http://merredincollege.wa.edu.au)

Dear Parent,

All students at Merredin College are required to register for a USI (Unique Student Identifier) to enable them to enrol in certain courses. More information about USI's can be found at <https://www.usi.gov.au/about>.

**What do I need to do?**

Log on to <https://www.usi.gov.au/students/create-your-usi> and follow the prompts to create a USI (you will need Medicare card details, passport or Birth Certificate). Please either provide a print out of the USI making sure your child's name is on the sheet or write the USI below making sure every digit is clear.

**Or**

If you do not have access to a computer complete the information slip attached and return with enrolment forms.

## Student USI Application

**Student Details:**

Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

My USI is

--	--	--	--	--	--	--	--	--	--

**OR if you DO NOT have internet access please complete the following details:**

*(information MUST be exactly what is stated on your Medicare card and Birth Certificate)*

Card No:

--	--	--	--	--	--	--	--	--	--

Reference No:

--

Your Name:

\_\_\_\_\_

**(Exactly as it is on the card)**

Expiry / Validity date:

		/				
--	--	---	--	--	--	--

Month

Year

Medicare Card Colour: \_\_\_\_\_

Student email address: \_\_\_\_\_

**Place of Birth**

**(As stated on Birth Certificate)**

Town/Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_



## **Connect Conditions of Use for Parents**

1. Only parents or responsible persons as defined in the *School Education Act 1999* and verified by the school will be given access to Connect.
2. The person signing up for the service understands his/her responsibility for keeping the service access details (username and password) confidential.
3. The Department of Education does not accept responsibility for any event arising from unauthorised access or use of Connect.
4. Parents agree to use Connect in accordance with Department of Education’s policies regarding *Appropriate Use of Online Services*. These policies can be accessed from the Connect Sign In screen. Parents are required to accept that they have read and understood these policies before access to Connect is provided.

### **Limits of the Service**

Connect is an initiative by the Department of Education to improve communication between schools and parents/guardians on matters impacting student education. It is an optional communication channel and the Department of Education does not undertake to provide all student-related information via Connect. The Department of Education is providing Connect as a trial and reserves the right to modify or withdraw the service at any time.

### **When using Connect, I agree that:**

1. The information contained in Connect is personal and private information.
2. The parent username and password is only shared between the child’s legal parents or guardians.
3. I will not interfere with network security, the data of another user, or attempt to log into the network with a user name and/or password of another user.
4. If I become aware of unauthorised access to my parent account I will immediately inform the school.
5. I consent to the logging, monitoring, auditing and disclosure of my use of Connect.
6. Any breach of these conditions for which I am responsible will result in my access to Connect being suspended or revoked.
7. I agree to use Connect in accordance with Department of Education’s policies regarding *Appropriate Use of Online Services*. These policies can be accessed from the Connect Login screen.

Parent Signature: ..... (Type name here)

Date: .....

**Please return this form to the school in order to receive login information for Connect.**



## Connect Registration for Parents

Dear Parents/Guardians

The Department of Education provides secure online access for parents or responsible persons such as guardians to teaching and learning information about their children via Connect.

By signing up for the service, a parent or guardian understands and accepts the attached Conditions of Use.

Please read this form carefully, complete the following details and return both pages to Merredin College.

Once this information is confirmed in the system and you have been processed to access Connect you will be provided with an user name and a password as well as details on how to access the service.

**Student Details:**

Student First

Name: Student Last

Name: Teacher

Name: Class Code

**Parent Details:**

Parent First Name:

Parent Last Name:

Optional Information to be completed by School

**Office Use Only**

Provisioning Status	
Registered	
P-Number	
Associated	
Connect Validation	
Email sent	
Password	

Email: Please print your full email address clearly in the boxes below (including and full stops) and check that it is correct. Any errors in your email address will result in delays in setting up your access to Connect.




# MERREDIN COLLEGE

A Wheatbelt Independent Public School

## Bring Your Own Device Acceptable Usage Agreement Years 7-12

If you use the online services of the Department of Education you must agree to the following rules:

- I have read and agree to abide by the Merredin College "Bring Your Own Device" Guidelines which has been outlined in recent school newsletters and is available from the front office.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others, nor will I post photos, videos etc without the person's permission.
- I will not give anyone my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will not use or distribute material from another source unless authorised to do so by the copyright owner.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity, to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

If you use the "Bring Your Own Device" (BYOD) Program you must agree to the following rules:

I will bring my device fully charged. It cannot be charged at school.

- I will not use a device belonging to another student.
- I will display my BYOD registration sticker at all times.
- I understand that the care and maintenance of my device is my responsibility.
- I understand that Merredin College staff are not responsible for providing IT support for my device.
- I understand that teachers are not obligated to provide opportunities for me to use my own device in every class. Some teachers may choose not to use BYOD devices in their classes at all.

I understand that

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account.
- The misuse of online services may result in the withdrawal of access to online services and/or the BYOD Program.
- The use of someone else's device may result in the withdrawal of access to the BYOD Program.
- I may be held legally liable for offences committed using online services.



I agree to abide by the Merredin College "Bring Your Own Device" (BYOD) Acceptable Usage Agreement for school students.

I understand that if I am to use the BYOD Program and break any of the rules in the agreement, it may result in disciplinary action, determined by the Principal in accordance with the Department's *Behaviour Management in Schools* policy.

**Name of student:** \_\_\_\_\_ **Year group** 7 8 9 10 11 12

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only: Date processed: / / Processed by (initials):

## Permission for students to have an online services account/BYOD Program Participation

The Department of Education's online services currently provide:

- individual email accounts for all students and staff;
- access to the internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school.
- access to the online teaching and learning services such as web-conferencing, digital resources and online learning activities;
- access to online file storage and sharing services; and
- access to Portal services from home if the home computer is connected to the Internet.

**These services under the BYOD Program will be accessed from your child's own device through the school Wi-fi.**

If you agree to your son or daughter making use of these online services using their own device, please complete the permission slip attached to this letter. You will also need to ensure that your son or daughter reads or understands the acceptable usage agreement, also attached to this letter, before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. You should also be aware that general Internet browsing by your child from home or locations other than school is **not** monitored or filtered by the Department since it is not conducted via the Department's online

## Parents / responsible persons

Do you give permission for your child to have an online services account? **Yes / No (circle one)**

**Do you give permission for your child to participate in the BYOD Program** **Yes / No (circle one)**

I agree to and understand the responsibilities my child has in using the online services provided at school for educational purposes in accordance with the acceptable usage agreement for school students. I also understand that if my child breaks any of the rules in the agreement, that the Principal may take disciplinary action as provided in policies of the school or the Department of Education.

I understand that under the BYOD program, Merredin College is not responsible for the maintenance or security of the device that my child brings to school.

**Name of parent or responsible person:** \_\_\_\_\_

**Signature of parent or responsible person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: while every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online*