



ENROLMENT FORM

Please note: This application may take approximately 3 to 5 business days to process.

Please complete all details.

Has this student previously attended Merredin College? Yes No

- * Family details should include the details of the parent/carer residing at the same address as the student.
- * Details relating to parents or other carers not residing with the student may be included in additional contact details.
- * Please complete the form in English. Please contact the school if you require assistance with translation.
- * Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <https://get.adobe.com/uk/reader/>
- * Alternatively a printed form can be used (copies are available from the Merredin College Main Administration Office).

Student's Surname		Student's Date of Birth	
Student's First Name		Enrolling in Year	

Additional information for students enrolling in Kindergarten:

- Did the student attend a Child and Parent Centre, in the past year? YES, regularly (10 times or more) NO
- Did the student attend KindiLink, in the past year? YES, regularly (10 times or more) NO

DOCUMENTS TO BE PROVIDED

Checklist: Tick the boxes below to indicate documents provided with this application.

- 1. Birth Certificate or extract or other identity documents (Registry of Births, Deaths and Marriages 1300 305 021)
- 2. Australian Immunisation Register of History Statement (AIR) [How to get an immunisation history statement - Australian Immunisation Register -Services Australia \(AIR\)](#)

If applicable:

- 3. Copies of Family Court or any other court orders
- 4. Diagnosis/Planning for health or medical condition, disability or additional needs
- 5. Information relating to suspensions at non- government schools
- 6. If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

OFFICE USE ONLY

Principal's approval Enrolment approved YES NO

Signature

Date

SECTION 1: STUDENT DETAILS

Surname			
Legal Surname (If different from above)			
First name			
Middle name(s) (If applicable)			
Preferred name			
Date of Birth			
Gender	Male	Female	Indeterminate/Intersex
Residential Address			
	Suburb/town:	Postcode:	
Student Mobile (if applicable)			
Name(s) of siblings attending this school			

SECTION 2: PARENT/RESPONSIBLE PERSON DETAILS (residing with the student)

	Parent/Guardian 1		Parent/Guardian 2	
Title (Mr, Ms, Miss, Mrs, Dr)				
Surname				
First name				
Preferred name				
Relationship to student				
Responsible for parenting? <small>(Has responsibility for the long term care, or day to day care, welfare and development of the child.)</small>	Yes	No	Yes	No
Student Resident?	Yes	No	Yes	No
Who is responsible for the payment of school fees?	Yes	No	Yes	No
Would like to receive communication, student reports, etc – family mail Marker	Yes	No	Yes	No

SECTION 2: PARENT/RESPONSIBLE PERSON DETAILS cont...

	Parent/Guardian 1	Parent/Guardian 2
Contact Phone Numbers	Mobile:	Mobile:
	Home:	Home:
	Work:	Work:
	Workplace:	Workplace:
Email Address (This is our primary form of communication)		
Postal Address (if different from student's residential address)		
	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
What is your first language?	English Yes No No - please specify	English Yes No No - please specify
Do you mostly speak this language at home?	Yes No If No, please specify language spoken most often at home:	Yes No If No, please specify language spoken most often at home:
Please see Section 1 of the Enrolment Information Booklet		
What is the highest level of school you have completed? (If you did not attend school, mark 'Year 9 or equivalent or below')	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	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 (inc Trade Cert) No no-school qualification	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (inc Trade Cert) No no-school qualification
What is your occupation group? Please select the appropriate parental occupation group. For more information please see Section 1 of the Enrolment Form Information Booklet. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, select '8'	Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals Group 2 Other business managers, arts/media/sports-persons and associate professionals Group 3 Tradesmen/women, clerks and skilled office, sales and service staff Group 4 Machine operators, hospitality staff, assistants, labourers and related workers Group 8 Not in paid work in the last 12 months	Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals Group 2 Other business managers, arts/media/sports-persons and associate professionals Group 3 Tradesmen/women, clerks and skilled office, sales and service staff Group 4 Machine operators, hospitality staff, assistants, labourers and related workers Group 8 Not in paid work in the last 12 months

SECTION 3: ADDITIONAL CONTACT DETAILS

	Additional Contact 1	Additional Contact 2
Title <i>(Mr, Ms, Miss, Mrs, Dr)</i>		
Surname		
First name		
Relationship to student		
Email address		
Responsible for parenting? <small>(Has responsibility for the long-term care, or day to day care welfare and development of the child. The student may or may not live with this contact)</small>	Yes No	Yes No
Student Resident?	Yes No	Yes No
Responsible for school fees?	Yes No	Yes No
Would like to receive communication, student reports, etc?	Yes No	Yes No
Residential Address <small>(if different from student residential address)</small>	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
Contact Phone Number(s)	Mobile:	Mobile:
	Home:	Home:
	Work:	Work:

SECTION 4: ORDER OF CONTACTS

Number the boxes (1, 2, 3, 4) to indicate the order in which people should be contacted for day to day matters.	Parent/Guardian Contact 1	Parent/Guardian Contact 2	Additional Contact 1	Additional Contact 2

SECTION 5: ADDITIONAL STUDENT INFORMATION

Country of Birth	
Religion	
First Language	
Is the student of Aboriginal or Torres Strait Islander origin?	No Yes - Aboriginal Yes - Torres Strait Islander
Does the student mainly speak English at home?	Yes No
Does the student speak a language other than English? <small>(If more than one language, indicate the one that is spoken most often.)</small>	No - only English Yes - please specify

SECTION 5: ADDITIONAL STUDENT INFORMATION cont...

Is this student in the care of a Department for Child Protection and Family Support (CPFS) Chief Executive Officer?	Yes No	If Yes, please specify the name of the CPFS Case Manager and their contact phone number.	
	<i>Name:</i>		<i>Phone:</i>
Is this student subject to any court orders in respect to their care, welfare, development or access restriction.	Yes No	If Yes, please specify below and attach supporting documentation.	
Receipt of Allowance Students must be Independent or listed on a parent's Health Care, Pension or Veterans' Affairs (blue) card (Please provide card details at the end of section 6)	Secondary Assistance Scheme (Health Care, Pension & Veterans' affair blue card holder) Abstudy Supplement Allowance (Healthcare, Pension & Veterans' Affairs card holder) Youth Allowance (For Independent students)		
Citizenship	Australian Citizen / Permanent Resident:		Yes No
	Temporary Resident:		Yes No
	Date entered Australia:		Visa expiry date:
	Visa Grant number:		Visa sub-class number:
Previous school			State, if not WA:
If previously enrolled in Home Education, specify the Education District			
Movement Reason (If applicable)			
Start Date	Start Date is the beginning of the following school year		Yes No
	If no, indicate preferred start date:		
Has your child had a previous suspension, or is currently under suspension from a school?	Yes No	If Yes, please provide details:	
Is the student enrolled at the Residential College?	Yes No		
Will the student be using School Bus Services (SBS) to travel to School?	Yes No		
If yes, please select Bus Route			

SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH

Medical Centre	Medical Practice (Name and Address)	
	Doctor's Name (If applicable)	Phone

SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH cont...

Informed Consent	<p>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 staff to share your child's health care information?</p> <p>(NOTE: If your child is enrolled in TAFE or any other education program, this permission includes the transfer of their health care information to the Principal or Manager of that program.)</p> <p style="text-align: center;">Yes No</p> <p>If No, and the information is to be restricted, who can be informed of your child's health care information?</p>
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<p>Does your child have a health condition(s)?</p> <p>If you have indicated that the student has a health condition you will be given further forms to complete</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">Health Condition</th> <th style="width: 15%;">Yes</th> <th style="width: 15%;">No</th> </tr> </thead> <tbody> <tr> <td>Severe allergy - Anaphylaxis</td> <td></td> <td></td> </tr> <tr> <td>Mild to moderate allergy</td> <td></td> <td></td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> </tr> <tr> <td>Seizures</td> <td></td> <td></td> </tr> <tr> <td>Asthma</td> <td></td> <td></td> </tr> <tr> <td>Activities of Daily Living</td> <td></td> <td></td> </tr> <tr> <td>Other (please specify)</td> <td></td> <td></td> </tr> </tbody> </table> <p>Has your child's Medical Practitioner provided a Health Care Plan to assist the school to manage the condition? Yes No</p> <p>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.</p> <p style="text-align: center;">Yes No (If yes, please attach a photo to the relevant health care plan)</p> <p>Does your child have a Medic Alert bracelet? Yes No</p> <p style="text-align: center;">(If yes, please provide details)</p>	Health Condition	Yes	No	Severe allergy - Anaphylaxis			Mild to moderate allergy			Diabetes			Seizures			Asthma			Activities of Daily Living			Other (please specify)		
Health Condition	Yes	No																							
Severe allergy - Anaphylaxis																									
Mild to moderate allergy																									
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Seizures																									
Asthma																									
Activities of Daily Living																									
Other (please specify)																									

<p>Do you have ambulance cover?</p> <p>If emergency contacts are unavailable, an ambulance will be called in life-threatening emergencies.</p>	<p style="text-align: right;">If Yes, please state the Provider</p> <p style="text-align: center;">Yes No</p> <p>If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance.</p>
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Permission to administer First Aid?	Yes No
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Medicare Card	Number:	Ref:	Expiry:	/ 20
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<p>Is the student listed on a family Health Care or Pension Card?</p> <p>You may be eligible for ASA or SAS payments.</p>	Yes No	<p>Card Number:</p> <p>Card start date:</p> <p>Expiry:</p>
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SECTION 7: STUDENT DETAILS - SPECIAL EDUCATION NEEDS

Please identify if your child has been diagnosed with any of the following conditions? Not applicable

PHYSICAL

Asthma		Juvenile Arthritis	
Cancer		Lupus	
Cerebral Palsy		Muscular Dystrophy	
Diabetes		Spina Bifida	

SOCIAL / EMOTIONAL

Anxiety		Depression	
Bipolar Disorder		Obsessive Compulsive Disorder	
Conduct Disorder		Oppositional Defiance Disorder	

COGNITIVE

ADHD		Foetal Alcohol Syndrome	
ADD		Global Developmental Delay	
Aphasia/Dyspraxia		Intellectual Disability	
Autism Spectrum Disorder		Language Disorder	
Central Auditory Processing Disorder		Multiple Sclerosis	
Down Syndrome		Selective Mutism	
Dyscalculia		Specific Language Impairment	
Dysgraphia		Specific Learning Disability	
Dyslexia		Stuttering	
Epilepsy		Tourette's/Tic Disorder	

SENSORY

Glaucoma		Severe Vision Impairment (not wearing glasses)	
Otitis Media		Oppositional Defiance Disorder	
Sensorineural Hearing Loss			

OTHER

Cognitive	Social/Emotional	Sensory	Physical
Please indicate above category and specify condition:			

SECTION 8: Unique Student Identifier

All **secondary** students are requested to obtain a USI (Unique Student Identifier). The USI is your child's individual number for life. It creates an online record of their Australian training achievements. It will be required to receive the Western Australian of WACE from secondary school and to undertake Nationally recognised training (eg: TAFE, Apprenticeships).

The following link provides additional information on the USI and step by step instructions on how to apply.

<https://www.usi.gov.au/students/get-a-usi>

If your child already has a USI there is no need to apply again.

Creating your USI should take less than 5 minutes. You will need your child's Medicare Card number, Birth Certificate, or Passport Number to register. (Others forms of identification are also available).

Please record your child's 10 digit USI here:

SECTION 9: PERMISSIONS

Please read the Enrolment Form Information Booklet in conjunction with this section

Online Services and Online Acceptable Use Agreement - see section 2 of the Enrolment Form Information Booklet

I have read the *Access to **Online Services*** information and explained the content of the **Online Acceptable Use Agreement**, detailed in Section 2 of the Enrolment Form Information Booklet to my child,

I give permission for my child to have an online services account. Yes No

Mobile Phone Policy - see section 3 of the Enrolment Information Booklet.

I acknowledge the **Student Mobile Phone Policy**, detailed in Section 3 of the Enrolment Form Information Booklet and will support my child to adhere with the Department of Education policy and the school's expectations.

Yes No

Use of Student Images and Work -see section 4 of the Enrolment Form Information Booklet

I agree to the videoing or photographing of my child and my child's schoolwork during school activities for use by the school and the Department of Education for the purposes stated in Section 4 of the Enrolment Form Information Booklet.

Use of student's photographs.	Yes	No
Permission to publish student's work.	Yes	No
Use of SmartRider photograph.	Yes	No

Third Party App Consent see Section 5 of the Enrolment Information Booklet.

I have completed the information via the Third Party Online services link. Yes No

SECTION 9: PERMISSIONS Cont...

Classified Texts See Section 6 of the Enrolment Form Information Booklet

I consent to my child working with texts that have a G classification. Yes No

I consent to my child working with texts that have a PG classification. Yes No

Student Dress Code and Personal Presentation

The Dress Code and Uniform Order Form are available on the website.

I agree to support my child to adhere to the Student Dress Code and Personal Presentation expectations.

Yes No

SECTION 10: EXTRACURRICULAR ACTIVITIES

Is your child currently participating in any GT Online Programs Yes No

If yes please specify

Is your child currently participating in Primary Extension and Challenge (PEAC)? Yes No

Are there any other general comments or further information you would like to share with the school?

PRIVACY AND DECLARATION

Please tick the boxes to confirm.

I understand:

That this student's enrolment is confidential and will be retained as required by the Department of Education's record keeping procedures.

That the information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government department's or agencies. This includes providing the Department of Health with my child's immunisation status if requested.

I declare that

I understand I am required to notify the school if any of the enrolment details for the student change.

I understand that if I give false or misleading information the enrolment may be reconsidered or cancelled.

I have provided all required documentation available to me.

Name of person enrolling student

Title First Name Surname

Relationship to the student

Signature Date

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

If you are completing this form online and are unable to sign this electronic form please tick this box to confirm the above information is true and correct. The email address used to submit this form will act as your signature.

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.

Please return the completed Enrolment Form to Merredin College

Merredin.College@education.wa.edu.au

(08) 9041 7520