



## ENROLMENT FORM

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

**Has this student previously attended Merredin College?** Yes No

**Please complete all details.**

- \* 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).

Students Surname		Students Date of Birth	
Student's First Name		Enrolling in Year level	
Preferred Start Date		Commencing 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)
7. Third Party App Consent

### OFFICE USE ONLY

#### Principal's approval

Signature	<input type="text"/>	Date	<input type="text"/>	Enrolment approved
				YES NO

## 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				
Preferred House/Faction	Growden	Kelly	Law	Mitchell
	Preference given to sibling of current students.			

## 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? (Has responsibility for the long term care, or day day care, welfare and development of the child.	Yes	No	Yes	No
Student resides with parent/guardian (Please select)	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:
<b>Please see Appendix A of the Enrolment Information Booklet</b>		
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'	<b>Group 1</b> Senior management in large business organisation, government administration & defence, and qualified professionals <b>Group 2</b> Other business managers, arts/media/sports-persons and associate professionals <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers <b>Group 8</b> Not in paid work in the last 12 months	<b>Group 1</b> Senior management in large business organisation, government administration & defence, and qualified professionals <b>Group 2</b> Other business managers, arts/media/sports-persons and associate professionals <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers <b>Group 8</b> 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
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### 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?	<p>Yes      No</p> <p>If Yes, please specify the name of the CPFS Case Manager and their contact phone number.</p>	
	<p>Name: _____ Phone: _____</p>	
Is this student subject to any court orders in respect to their care, welfare, development or access restriction.	<p>Yes      No      If Yes, please specify below and attach supporting documentation.</p>	
<p>Receipt of Allowance</p> <p>Students must be Independent or listed on a parent's Health Care, Pension or Veterans' Affairs (blue) card</p> <p>(Please provide card details at the end of section 6)</p>	<p>Secondary Assistance Scheme (Health Care, Pension &amp; Veterans' affair blue card holder)</p> <p>Youth Allowance (For Independent students)</p>	
Citizenship	<p>Australian Citizen / Permanent Resident:      Yes      No</p>	
	<p>Temporary Resident:      Yes      No</p>	
	Date entered Australia:	Visa expiry date:
	Visa Grant number:	Visa sub-class number:
Previous school	<p>State, if not WA:</p>	
If previously enrolled in Home Education, specify the Education District		
Movement Reason (If applicable)		
Has your child had a previous suspension, or is currently under suspension from a school?	<p>Yes      No</p> <p>If Yes, please provide details:</p>	
Is the student enrolled at the Residential College?	<p>Yes      No</p>	
Will the student be using School Bus Services (SBS) to travel to School?	<p>Yes      No</p>	
If yes, please select Bus Route		

## SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH

Medical Centre	<p>Medical Practice (Name and Address)</p>	
	<p>Doctor's Name (If applicable)</p>	<p>Phone</p>

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

<b>Informed Consent</b>	<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;"><b>Yes                  No</b></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><b>Does your child have a health condition(s)?</b></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? <span style="float: right;"><b>Yes                  No</b></span></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;"><b>Yes                  No</b>      (If yes, please attach a photo to the relevant health care plan)</p> <p>Does your child have a Medic Alert bracelet? <span style="float: right;"><b>Yes                  No</b></span></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																									
Diabetes																									
Seizures																									
Asthma																									
Activities of Daily Living																									
Other (please specify)																									

<p><b>Do you have ambulance cover?</b></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;"><b>Yes                  No</b></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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<b>Permission to administer First Aid?</b>	<b>Yes                  No</b>
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<b>Medicare Card</b>	Number: _____	Ref: _____	Expiry: _____ / 20____
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<p><b>Is the student listed on a family Health Care or Pension Card?</b></p> <p>You may be eligible for ASA or SAS payments.</p>	<p style="text-align: center;"><b>Yes                  No</b></p> <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:			

Australian schools participate in the Nationally Consistent Collection of Data on School Students with Disability (NCCD). Information provided about students to the Australian Government for the NCCD Includes:

- year of schooling
- category of disability: physical, cognitive, sensory or social/emotional
- level of adjustment provided: support provided within quality differentiated teaching practice, supplementary, substantial, or extensive.

The NCCD will have no direct impact on your child and your child will not be involved in any testing process. The school will provide data to the Australian Government such a way that no individual student will be able to be identified - the privacy and confidentiality of all students is ensured. All information is protected by privacy laws that regulate the collection, storage and disclosure of personal information.

## 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 Appendix B of the Enrolment Form Information Booklet.

I have read the **Access to Online Services** information provided in Appendix B of the Enrolment Form Information Booklet.

I give permission for my child to have a Department of Education online services account. Yes No

I have read and explained the content of the **Acceptable Use Agreement** to my child as detailed in Appendix B of the Enrolment Form Information Booklet.

My child agrees to the Acceptable Use Agreement Yes No

**Use of Student Images and Work** - see Appendix C 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

**Mobile Phone Policy** - see Appendix D 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

**Third Party App Consent** - see Appendix E of the Enrolment Information Booklet.

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

Link:

[Third Party Online Services Consent Forms](#)



SCAN ME



## SECTION 9: PERMISSIONS Cont...

**Classified Texts** See Appendix F 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

**Connect For Parents** See Appendix G of the Enrolment Form Information Booklet

I agree to use Connect in accordance with Department of Education's policies. Yes No

Email Login 1

Email Login 2

## 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 departments 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](mailto:Merredin.College@education.wa.edu.au)

(08) 9041 7520



# 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>	



# Bring Your Own Device Acceptable Usage Agreement

## Years 4-12

### **The following rules must be agreed to when using the Department of Education online services and BYOD program:**

- 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.

### **"Bring Your Own Device" (BYOD) Program 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 will provide my device MAC address and device name to Merredin College.
- I will advise Merredin College of any change to my device ie: new Laptop or device so the new MAC address and device name can be recorded.

### **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.

## Student

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

I understand any breach of the Department of Education online services / BYOD Program agreement and rules may result in disciplinary action, as determined by the Principal.

Name of Student:

Year group: 4 5 6 7 8 9 10 11 12

I agree to the Department of Education online services and BYOD agreement and

☐ YES

Student signature:

Date:

### 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.**

## Parent / Guardian

Do you give permission for your child to have an online services account?

☐ YES ☐ NO

**Do you give permission for your child to participate in the BYOD Program**

☐ YES ☐ NO

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.

Device Name: \_\_\_\_\_ Device Address: \_\_\_\_\_

**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*

*content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter Internet content accessed by your child from home or from other locations away from school. The Department recommends the use of appropriate Internet filtering software.*

## LOCATING DEVICE NUMBER



To locate device name and address click the arrow on the bottom left side of your toolbar and hover the mouse over the icon **OR** Go to: Settings, System, About to find Device Name & Device ID / Address