



Year of enrolment: _____

Year level: _____

Karridale Primary School

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, double click the check box ☐ and select the radio button under the heading Default value 'Checked' and click OK. e.g. ☒.

Note: Enrolment is not complete without the Birth Certificate and Immunisation Records provided.

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

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

Preferred 1st Name: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Email Address: _____

Residential Address: _____

Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

Car Registration (if applicable): _____

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

Student lives with:

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

(Reg3. School Education Regulations 2000)

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

Emergency Contacts (indicate contacts in order of preference):

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

STUDENT DETAILS – ADDITIONAL INFORMATION

Evidence of Immunisation Status – please provide either:

- Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is ☐ Up-to-date ☐ Not up-to-date as at _____ (date of Statement)

OR

- AIR Immunisation History Statement, no more than six months and old shows my child is on a catch up schedule as at _____ (date of Form)

OR

- Immunisation Certificate issued by the Chief Health Officer as at _____ (date of Certificate)

Nationality (optional): _____ Country of Birth: _____

Religion: _____ is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

Student's First Language: _____

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

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

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

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

Australian Citizenship/Permanent Resident: ☐ YES ☐ NO

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

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

Does the student receive any of the following allowances?

- | | |
|---|--|
| <input type="checkbox"/> Secondary Assistance | <input type="checkbox"/> Youth Allowance |
| <input type="checkbox"/> Assistance for Isolated Children (AIC) | <input type="checkbox"/> Abstudy |

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

Movement reason (optional): _____

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 (<i>prior to age 6</i>) |
| <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 (<i>eg epilepsy</i>) | |

Medical Practice (*Name and Address*): _____

Doctor's Name: _____ Telephone: _____

Dental Surgery Practice (*if applicable, name and address*): _____

Dentist's Name: _____ Telephone: _____

Medicare No: _____ **Valid to:** ____ / ____

Health Care Card (if applicable): ☐ YES ☐ NO. If Yes, please provide No. _____ Expiry Date: _____

Do you have ambulance cover? ☐ YES ☐ NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Details

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: ☐ Day-to-day care of the student **OR** ☐ Long term care of student

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

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):

Phone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

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.

PRIVACY AND INFORMATION SHARING

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that 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 as requested.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Relationship to the student: _____

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

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

PRINCIPAL'S APPROVAL

Principal's signature

Approved / Not approved
Date: _____

ATTACHMENT 1

Parent Occupation Groups

Table relates to questions in Parent 1 and Parent 2 sections of the **Application for Enrolment form**

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

- These categories have been determined nationally and are designed as broad occupational groupings.
- All Australian states and territories use the same categories.
- If you have not been in paid work in the last 12 months, use '8'.



Consent Form

Viewing and Local Excursions

At **Karridale Primary School** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This form asks you to consent (*or otherwise*) to your child's participation in viewing activities and local excursions.

Student Name: _____

Class: _____ **Date:** _____

Parent/Guardian signing consent form:

1st Name: _____ **Surname:** _____

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require parent consent. Very occasionally something with a 'PG' rating is appropriate for use within class.

- ☐ **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 use the Karridale Hall. As this is not part of the school site it is deemed an excursion under the supervision of the teacher. On all occasions, parents will be notified prior to the activity being conducted.

- ☐ **YES**, I consent to my child participating learning activities in the Karridale Hall.
- ☐ **NO**, I do not give consent.



APPENDIX F

Permission to Publish Students Images and Work for School Purposes

Dear Parent

Your permission is sought for the school to **publish video or photographic images of your child** and/or **samples** of your child's school work to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a **range of formats** such as **hardcopy** and **digital**, including **audio** and **video** file formats, and published to a **range of media** including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. *Facebook, YouTube etc.*), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of your child or child's work; however there will be occasions when your child's name, class and school may be published along with images.

If you agree to this use of your child's image and school work please complete the consent below and return this whole permission form to the school. Once signed, the consent will remain effective until such time as you advise the school otherwise.

Fiona Cormack
Principal

PERMISSION

☐ I agree to the **videoing or photographing** of my child and my child's school work during school activities for use by the school and the Department of Education in the ways stated above.

IMPORTANT: I understand that while the school and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (eg *shared through social media such as Facebook, YouTube, etc.*). I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department in writing; however this will not affect materials that have already been published and disseminated.

Student's full name: _____

Form / Class: _____

Student's signature: _____

Date: _____

Parent's signature: _____

Date: _____



Dear Parents and Carers

Students Online in Public Schools

Our school provides access to Department of Education online services. These enhance the contemporary learning opportunities available to students and the range of teaching tools available to staff to deliver the Western Australian Curriculum.

I am writing to seek approval for your child to be given access to these online services.

The Department's online services currently provide students with access to:

- individual **email** and **calendar** accounts;
- the **internet**, with all reasonable care taken by central office and schools to monitor and control students' access to **websites** while at school;
- **online teaching** and **learning services** such as Connect, web-conferencing and digital resources;
- **online file storage** and **sharing services**; and
- these **online services** at locations **other than school**.

If you agree to your child using these online services, please sign the **Permission Slip** below and the relevant **Acceptable Use Agreement** form on the following pages. **Please explain the content of the Acceptable Use Agreement to your child before the permission slip is signed.**

Both forms 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 Department provided 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. (www.foi.wa.gov.au)

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. Advice on managing internet use at home can found on the Office of the E-Safety Commissioner website (www.esafety.gov.au/iparent).

Yours sincerely

Fiona Cormack
Principal

APPENDIX B

Permission For Students To Have An Online Services Account

Student's full name: _____ Form: _____

Parent

☐

I give permission for my child to have an online services account.

☐

I DO NOT give permission for my child to have an online services account.

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Acceptable Use 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 in accordance with the Department's *Student Behaviour Policy and Procedures*.

Name of parent: _____ Parent signature _____ 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 the school. The Department recommends the use of appropriate internet filtering software at home. Effective: 14 Aug 2019



APPENDIX C.

Online Services Acceptable Use Agreement (KINDY - YEAR 2)

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable or unsafe that I know I should not access or view at school.
- I will say where other people's pictures or words come from if I copy them from the internet.
- I will check with the teacher before giving information about myself or anyone else when using online services.
- I will take care when using the school's computer equipment.
- I will not use any online service to be mean, rude or unkind about other people.

I understand that if I use the internet or my online account in a way that I should not, then I may not be able to use these in the future

Student Name: _____

Parent signature: _____

Date: _____

STUDENT SIGNATURES (signed on enrolment, re-signed annually)

DATE

Kindy _____

Pre-primary _____

Year 1 _____

Year 2 _____

Office use only:

Date processed:

Processed by:

NB Original form is kept with enrolment record. Copy is sent to teacher for management in class. Resign each year.

Students Online in Public Schools Procedures All policy and procedural statements contained within this document are lawful orders for the purposes of section 80(a) of the Public Sector Management Act 1994 (WA) and are therefore to be observed by all Department of Education employees.



APPENDIX D.

Online Services Acceptable Use Agreement (YEAR 3 - 6)

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- If I find any information that is inappropriate or makes me feel upset or confused I will tell a teacher about it.
- I understand the school and the Department of Education can monitor my use of online services.
- I will use appropriate language in all internet communications.
- If I use other people's work taken from the internet as part of my own research and study I will acknowledge them as the owner.
- I will check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- I will take care of the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will not use any online service to be mean, rude or unkind about other people.

I understand that

- I am responsible for my actions while using online services and may be held responsible for any breaches caused if I allow any other person to use my online account;
- If I misuse any online services I may be held liable and the principal may take further action.

Student name: _____

Parent signature: _____

Date: _____

STUDENT SIGNATURES (signed on enrolment, re-signed annually)

DATE

Year 3 _____

Year 4 _____

Year 5 _____

Year 6 _____

Office use only:

Date processed:

Processed by:

NB Original form is kept with enrolment record. Copy is sent to teacher for management in class. Resign each year.

Students Online in Public Schools Procedures All policy and procedural statements contained within this document are lawful orders for the purposes of section 80(a) of the Public Sector Management Act 1994 (WA) and are therefore to be observed by all Department of Education employees.



APPENDIX G.

Notification To Disclose Personal Information To Third Party Services

The following third party services are being used in our school. Please contact the school if you have any queries.

Name of Service	Type of service	What do I need to know	Further information
SmartSuite https://www.functionalsolutions.com.au/SmartSuite	References & resources	Information provided: Student Username, student name, date of birth, school, class details, school year, profile or other photo and gender. How the information is used: Library management system Where the information is stored: Within Australia	https://www.functionalsolutions.com.au/TsandCs

Requesting Consent To Disclose Personal Information To Third Party Services (Bundled Consent)

The following third party services are being used in our school. These services require us to share some personal information about your child and require you to provide consent for each service before we do so. Please contact the school if you have any queries.

Name of Service	Type of service	What do I need to know	Further information
Mathseeds https://mathseeds.com.au	Mathematics Teaching & Learning	Information provided: Student Username and password, student name, student email, school, class details, school year and student work. How the information is used: The program features a variety of lessons and activities. Each lesson is structured to build early mathematical skills. Children can progress at their own level. Where the information is stored: Within Australia	https://readingeggs.com.au/terms https://readingeggs.com.au/privacy/ <i>(This is not an error; Blake eLearning is the vendor for both Mathseeds and Reading Eggs)</i>
Reading Eggs https://readingeggs.com.au	Literacy Teaching & learning.	Information provided: Student Username and password, student name, student email, school, class details, school year and student work. How the information is used: Support child's learning to read with online reading games and activities that are easy to follow, self-paced, and engaging for young children. Where the information is stored: Within Australia	https://readingeggs.com.au/privacy https://readingeggs.com.au/terms
Smiling Mind https://www.smilingmind.com.au	Mental Health	Information provided: Student name, student email, date of birth, school, class details, school year, behaviour and gender. How the information is used: This is a mindfulness meditation to assist in good mental health practices. Where the information is stored: Within Australia	https://www.smilingmind.com.au/privacy-policy https://www.smilingmind.com.au/collecti-on-notice

☐ I consent to my child's information being provided, if required, to each of the above service providers until (date/year eg 2023/end of Year 3) of his/her schooling at Karridale Primary.

Parent/Guardian Name:	Student Name:
Date:	Student Year Level:
Signed:	

Requesting Consent To Disclose Personal Information To Third Party Services (EXPLICIT CONSENT)

The following third party services are being used in our school. These services require us to share some personal information about your child and **require you to provide consent for each service** before we do so. Please contact the school if you have any queries.

Name of Service	Service Type	What do I need to know	Further information	Parent Consent
Fotoworks https://www.fotoworks.com.au	School photography	Information provided: Student name, student email, address (optional), phone number (optional), school, class details, school year and profile or other photos (headshot). How the information is used: To provide class/sibling photographs. Where the information is stored: Within Australia	https://www.fotoworks.com.au/privacy	<input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent

- ☐ I have read the terms of use and privacy policy for each of the websites listed. I understand that my child's personal information, as described above, will be provided to these third party service providers for the purpose of my child's education and that this information may be stored outside of Australia

Parent/Guardian Name:	Student Name:
Date:	Student Year Level:
Signed:	

OFFICE USE ONLY

Student's official documentation all sighted (Date): _____ ☐ YES ☐ NO

☐ Birth certificate ☐ Passport ☐ Travel document/s

Student's Residency status: ☐ Local ☐ Permanent Resident

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

Entry Date: _____

Previous School: _____ Records received: ☐ YES ☐ NO

Publications/Internet Permission Form completed: ☐ YES ☐ NO

Contributions and Charges Billing: ☐ PG1: ____% ☐ PG2: ____% ☐ Other: ____%

Official documentation: ☐ PG1: ____ ☐ PG2: ____ ☐ Other: _____
(including reports, to be sent to)

AIR immunisation history statement provided: ☐ YES ☐ NO

Date of issue: _____ Vaccination status is ☐ Up to date ☐ Not up to date

If not up to date, additional request/s for documentation on date/s: _____

Other immunisation evidence provided: AIR Immunisation History Form ☐ YES ☐ NO

Immunisation Certificate issued by the Chief Health Officer ☐ YES ☐ NO

Kindergarten students only Eligibility for immunisation exemption approved: Code ☐

Form/Class: _____ House Faction: _____

Approved by Principal: ☐ NO ☐ YES on (Date): _____

Entered on School Information system by: _____ on (Date): _____

Student leaves school: (Date) _____ Date Transfer Note Sent: _____

Destination: _____

Records received from transferring school: ☐ NO ☐ YES on (Date): _____

RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

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