

Karridale Primary School

12612 Bussell Hwy, Karridale WA 6288

P (08) 9781 5150 E Karridale.PS@education.wa.edu.au

www.karridaleps.wa.edu.au



Department of
Education

STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

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 other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms 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/reader/>.

SCHOOL NAME

School name

Year Level entering

STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname
(if applicable)

1st Name

2nd Name

3rd Name

Preferred Name

Date of birth (dd/mm/yy)

Gender

☐ Male

☐ Female

☐ Other

Residential Address

Postcode

Telephone (Home)

Car Registration (if applicable)

Student's Religion
(if applicable)

Is the student to be withdrawn from religious instruction or activities?

☐ YES

☐ NO

STUDENT DETAILS (Continued)

Is the student of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander (TSI) ☐ Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

☐ No, English only ☐ Yes, Aboriginal English ☐ Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home?

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

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

☐ Up to date ☐ Not up to date ☐ The student has an Immunisation Certificate issued by the Chief Health Officer

SIBLING DETAILS

Full Name/s of siblings attending this school

Student lives with:

☐ Both Parents

☐ Parent/Carer 1

Name

Relationship to student

☐ Parent/Carer 2

Name

Relationship to student

☐ Independent minor

Name

Relationship to student

☐ Adult Student

Name

Relationship to student

☐ Other, please specify

Name

Relationship to student

RESIDENCY STATUS

Nationality (optional)

Country of Birth

Is the student an Australian citizen?

☐ YES ☐ NO

If No, Is the student a permanent resident of Australia?

☐ NO ☐ YES - If Yes, Visa Sub Class Number

Is the student a temporary resident of Australia?

☐ YES ☐ NO

If Yes, Date of Arrival in Australia

/ /

Visa Sub Class Number

Visa Expiry Date
(if applicable)

/ /

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

DISABILITY

Does the student have a disability?

☐ YES ☐ NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

☐ Autism

☐ Physical Disability

☐ Deaf or Hard of Hearing

☐ Severe Mental Disorder

☐ Global Developmental Delay (prior to age 6)

☐ Specific Speech and/or Language Impairment

☐ Intellectual Disability

☐ Vision Impairment

☐ Other, please specify

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

☐ YES ☐ NO

If YES, please specify and attach supporting documentation.

Does the family or student have a Health Care Card?

☐ YES ☐ NO

If Yes, please provide card number

Expiry Date

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

☐ NO ☐ YES - If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name

Contact Number

Does the student receive any of the following allowances? (Check the boxes that apply)

☐ Secondary Assistance

☐ Youth Allowance

☐ Assistance for Isolated Children (AIC)

☐ Abstudy

PARENT / CARER 1 DETAILS

Title

First Name

Surname

Relationship to the student

Date of birth (dd/mm/yy)

Gender

☐

Male

☐

Female

☐

Other

Postal Address

(if different from student residential address)

Postcode

Telephone

Mobile Number

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 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 school Parent/Carer 1 has completed?

☐

Year 12 or equivalent

☐

Year 11 or equivalent

☐

Year 10 or equivalent

☐

Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 1 has completed?

☐

Bachelor degree or above

☐

Advanced diploma/Diploma

☐

Certificate I to IV (including trade certificate)

☐

No non-school qualification

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

☐

1. Senior Management in large business organisation, government administration & defence, and qualified professionals

☐

2. Other business managers, arts/media/sportspersons & associate professionals

☐

3. Tradesmen/women, clerks and skilled office, sales & service staff

☐

4. Machine operators, hospitality staff, assistants, labourers and related workers

☐

8. Unemployed, Retired, Student

(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 month, enter '8'.)

PARENT / CARER 2 DETAILS

Title

First Name

Surname

Relationship to the student

Date of birth (dd/mm/yy)

Gender

☐ Male

☐ Female

☐ Other

Postal Address

(if different from student residential address)

Postcode

Telephone

Mobile Number

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 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 school Parent/Carer 2 has completed?

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 2 has completed?

☐ Bachelor degree or above

☐ Advanced diploma/Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

☐ 1. Senior Management in large business organisation, government administration & defence, and qualified professionals

☐ 2. Other business managers, arts/media/sportspersons & associate professionals

☐ 3. Tradesmen/women, clerks and skilled office, sales & service staff

☐ 4. Machine operators, hospitality staff, assistants, labourers and related workers

☐ 8. Unemployed, Retired, Student

(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 month, enter '8'.)

OTHER FAMILY DETAILS

If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

CONTACT 1:

Title

First Name

Surname

Relationship to the student

Postal Address

(if different from student residential address)

Postcode

Telephone (Home)

Mobile Number

Email Address

CONTACT 2:

Title

First Name

Surname

Relationship to the student

Postal Address

(if different from student residential address)

Postcode

Telephone (Home)

Mobile Number

Email Address

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

- ☐ that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- ☐ 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.

I declare:

- ☐ This is the only enrolment I have made for the student.
- ☐ I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- ☐ I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- ☐ I have provided all 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 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.

APPROVAL OF PRINCIPAL OR DELEGATE

Principal's approval

Enrolment approved

☐ YES ☐ NO

Signature

Date

PARENT OCCUPATION GROUPS

Attachment 1

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

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

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

OFFICE USE ONLY

Student's official documentation all sighted

Date

 / / ☐ YES ☐ NO☐ Birth certificate☐ Passport☐ Visa document/s☐ Other, please specify

Year/Form/Class

House Faction

Student's Residency status

☐ Australian citizen☐ Permanent resident☐ Temporary resident

International Fee Paying

☐ YES ☐ NO

Entry Date

 / /

Previous School

LOTE Stage

Records received

☐ YES ☐ NO

Contributions/Charges Billing

 PG1 (%) PG2 (%) Other (%)

School records

(including reports, to be sent to)

 PG1 PG2 Other

AIR Immunisation History Statement provided

☐ YES ☐ NO

Date of issue

 / /

Immunisation status is

 Up to date Not up to date

Date AIR sighted

 / /

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

Immunisation Certificate issued by the Chief Health Officer

☐ YES ☐ NO

Kindergarten eligibility for immunisation exemption:

Code

Enrolment approved by Principal

☐ YES

Date

 / / ☐ NO

Entered on School Information system by

Date

 / /

Student leaves school (Date)

 / /

Advice of Transfer (Date)

 / /

Destination

Records received from transferring school

☐ YES ☐ NO

Date

 / /



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 Parents and Carers

Your permission is sought for Karridale Primary School to **publish video or photographic images** of **your child** and/or **samples** of your child's schoolwork 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 schoolwork 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 OR ☐ I do not 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 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: _____



Permission For Students To Have An Online Services Account

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 Permission (please choose and sign)

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

☐ I give permission for my child to have an online services account. In doing so, 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*.

Parent Name: _____ 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 of Education 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: _____

YEAR: ☐ Kindy ☐ PP ☐ Yr 1 ☐ Yr 2

*Parent Signature: _____

Date: _____

**Parent to sign for Kindy and PP children. Year 1-2 students also to sign below.*

STUDENT to SIGN FROM YR 1-2 (signed on enrolment, re-signed annually from Yr 1)

Year 1 - Student Name (sign) _____

Date: _____

Year 2 - Student Name (sign) _____

Date: _____

Office use only:

Date processed: _____

Processed by: _____

NB Original form is kept with enrolment record. Copy is held on file in Admin. Resigned annually by students in Term 1. Return to Admin.

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 held on file in Admin. Resigned annually by students in Term 1. Return to Admin.

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.