



STUDENT ENROLMENT FORM

KIARA COLLEGE

368 Benara Road, KIARA WA 6054

Enquiries: kiara.college@education.wa.edu.au

Website www.kiaracollege.wa.edu.au

Telephone : 9378 0200

SECTION 3 PARENT/RESPONSIBLE PERSON BACKGROUND INFORMATION		
	Parent/Responsible Person 1	Parent/Responsible Person 2
Does the parent/responsible person speak a language other than English at home? <i>(note: if more than one language, indicate the one that is spoken most often)</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes – other (please specify)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes – other (please specify)
What is the highest year of primary/secondary school the parent/responsible person has completed? <i>(note: for persons who have never attended school mark Year 9 or equivalent or below)</i>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent/below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent/below
What is the highest qualification the parent/responsible person has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
What is the occupation group of the parent/responsible person? Please select the appropriate parental occupation group. <i>(NOTE: if the person is not currently in paid work but has had a job/retired in the last 12 months please use the last occupation)</i>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration/qualified professional</i> <input type="checkbox"/> Group 2 <i>Other business manager, art, medical, sportspersons and associate professional</i> <input type="checkbox"/> Group 3 <i>Tradesperson, clerk, skilled office and service staff</i> <input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, trades assistants, shop assistants, labourers and related work</i> <input type="checkbox"/> Other (Group 8) <i>Not in paid work in the last 12 months.</i>	<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Other

SECTION 4 ADDITIONAL EMERGENCY CONTACT

In case of an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. Please note – a telephone number must be supplied for emergency contacts.

	Contact 1	Contact 2
Title (Mr/Ms/Mrs/Miss)		
Last Name		
First Name		
Relationship to student <i>(father/grandmother, neighbour etc)</i>		
Telephone 1		
Telephone 2		

SECTION 5: STUDENT DETAILS – ADDITIONAL INFORMATION

<p>Does the student speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often.)</i></p>	<p><input type="checkbox"/> No, English only <input type="checkbox"/> Yes – other <i>(please specify)</i> _____</p>
<p>Is the student of Aboriginal or Torres Strait Islander origin?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander</p>
<p>Is the student an Australian citizen?</p>	<p><input type="checkbox"/> Yes, Australian Citizen <input type="checkbox"/> No, not Australian Citizen <i>(please specify)</i> _____</p>
<p><i>If now an Australian Citizen please attach copy of Australian Citizen Certificate</i></p>	
<p>In which country was the student born?</p>	<p><input type="checkbox"/> Australia <input type="checkbox"/> Other <i>(please specify)</i> _____</p>
<p>Is the student a permanent resident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes please attach copy of Visa or permanent residence status)</i></p>
<p>Is the student a temporary resident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please attach copy of documentation)</i></p>
<p><input type="checkbox"/> Permanent Resident: Visa Sub Class Number. _____ Visa Grant Number: _____ Visa Expiry Date: _____ Date entered Australia: _____</p>	<p><input type="checkbox"/> Temporary Resident: Visa Sub Class Number: _____ Visa Grant Number: _____ Visa Expiry Date: _____ Date entered Australia: _____</p>
<p>Is this student subject to any Court Orders/Access Restriction in respect of their care, welfare and development?</p>	<p><input type="checkbox"/> Yes <i>(if Yes please attach supporting documentation)</i> <input type="checkbox"/> No</p>
<p>Is this student in the care of Child Protection and Family Services?</p>	<p><input type="checkbox"/> Yes <i>(if Yes please specify DCPFS Case Manager and District)</i> <input type="checkbox"/> No Name: _____ District _____ Contact: _____</p>
<p>Has the student ever been excluded from another school?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please specify)</i></p>
<p>Is the student currently under suspension from another school?</p>	<p><input type="checkbox"/> Yes <i>(please specify name of school)</i> <input type="checkbox"/> No</p>
<p>Are there any siblings attending this College?</p>	<p><input type="checkbox"/> Yes <i>(please specify year level)</i> <input type="checkbox"/> No</p>
<p>Will there be any siblings attending this College in the future?</p>	<p><input type="checkbox"/> Yes <i>(please specify year level)</i> <input type="checkbox"/> No</p>

SECTION 6: MEDICAL HEALTH**Immunisation**

It is an enrolment requirement that a photocopy of the immunisation record of the student is provided to this college.

Medical Practice <i>(name and address)</i>		
Doctor's Name		
Telephone Number		
Permission to call Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student required to take any medications during the course of the school day? Please note the Nurse does not issue medication.	<input type="checkbox"/> Yes <i>(please specify)</i> <input type="checkbox"/> No	
Do you have ambulance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If there is a medical emergency parent/responsible person is expected to meet the cost of ambulance expenses.</i>	
Medicare Number		Expiry Date :
Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No Number :	Expiry Date :
Does the student have any of the following specified disabilities, medical conditions or intensive health care needs? (Tick all boxes that apply)	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Diagnosed migraine/headaches <input type="checkbox"/> Hearing condition <i>(eg Otis Media)</i> <input type="checkbox"/> Intellectual/learning impairment <i>(eg Dyslexia)</i> <input type="checkbox"/> Mental health or behavioural issues <i>(eg depression)</i>	<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Speech Impediment <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Severe mental disorder <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Vision impairment <input type="checkbox"/> Seizure disorder <i>(eg Epilepsy)</i>
Medic Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <i>(please specify)</i>		
If you have ticked ANY of the boxes above please provide further information	<ul style="list-style-type: none"> • If the student has a medical condition, intensive health care need or psychological condition that requires an Emergency Action Plan you will need to complete separate documentation. Please contact the College Nurse for details. • Please attach copies of documentation that exists in relation to the disability listed. Copies of the documents are required for college records. 	

Please provide details in the space below if the student has any special needs or requires support in school (including details of previous special needs assessments).

SECTION 7: POLICY AGREEMENTS	
Digital Release Permissions	
Consent for publication of a student's photo and work	
Photographs of students involved in activities and work are published to enable parents and others to be informed about the work of the college. This does not mean that the student loses ownership of the work.	
I give permission for Kiara College to use images of my child in publications and digital formats to promote the College.	
Use of student photographs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of student work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acceptable Usage Agreement for Online Services	
All students at Kiara College must accept responsibility for knowing the contents of the Computer Usage Policy and must agree to abide by this Policy.	
Failure to follow the rules will result in loss of network privileges.	
We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Acceptable Usage Agreement for Online Services Policy.	
PLEASE TICK HERE	<input type="checkbox"/> Yes
Parent Access to Connect	
I understand that Connect is an online learning environment where I can communicate easily with teachers, stay informed about my child's learning, securely access information about my child and engage in my child's learning. I give my consent for my email account to be used to give me access to Connect.	
PLEASE TICK HERE	<input type="checkbox"/> Yes
Mobile Phones and Portable Devices Policy	
We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Mobile Phones and Portable Devices Policy.	
PLEASE TICK HERE	<input type="checkbox"/> Yes
Student Uniform Policy	
As a condition of enrolment, students agree to wear the College uniform at all times	
We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Student Uniform Policy.	
PLEASE TICK HERE	<input type="checkbox"/> Yes
Smart Rider Permission with Student Photograph	
We acknowledge that parent/responsible person and student agree that the student can be issued with a Smart Rider Card which includes photo identification.	
PLEASE TICK HERE	<input type="checkbox"/> Yes
Good Standing Policy	
We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Good Standing Policy.	
PLEASE TICK HERE	<input type="checkbox"/> Yes

SECTION 8: DECLARATION	
<ol style="list-style-type: none"> All students will adhere to all the policies and processes of Kiara College. All students will wear appropriate uniform All students will attend school regularly All students will behave according to the Code of Conduct 	
We acknowledge that parent/responsible person will notify Kiara College in writing of any changes to the information provided on this enrolment form.	
PLEASE TICK HERE	<input type="checkbox"/> Yes
Name of parent/responsible person enrolling the student and providing consents:	(please print)
Relationship to student.	
Signature of parent/responsible person :	
Date :	
Signature of student :	
Date :	

OFFICE USE ONLY

Is this an International Student? If Yes – information is to be given to Manager Corporate Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous School	
Previous School Report	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of address provided	<input type="checkbox"/> No <input type="checkbox"/> Yes
Immunisation records provided	<input type="checkbox"/> No <input type="checkbox"/> Yes
School Health Form completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Birth certificate provided	<input type="checkbox"/> No <input type="checkbox"/> Yes
Copy of Passport provided	<input type="checkbox"/> No <input type="checkbox"/> Yes
Photo/media permission granted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acceptable Usage Computer Agreement signed by student and parent/responsible person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa Grant Number and other paperwork provided	<input type="checkbox"/> No <input type="checkbox"/> Yes
House (Centaurus, Orion, Phoenix)	
Start Date at Kiara College	
Previous school notified (transfer note sent)	<input type="checkbox"/> No <input type="checkbox"/> Yes

