



KIARA COLLEGE

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

Year of enrolment: _____
Year level : _____

A separate copy of this form must be completed for each student wishing to enrol at Kiara College. Submitting this form does not guarantee you will receive a place at the school, particularly if you do not live in the local intake area. You may be requested to attend an enrolment interview. Applicants will be notified in writing of the outcome.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the College.

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. .

STUDENT DETAILS

Last Name: _____ Legal Last Name (if different): _____

Previous Last Name (if applicable): _____

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

Date of Birth: ____/____/____ Indeterminate/Intersex Sex: Male Female

Residential Address: _____
 _____ Postcode: _____

Telephone (Home): _____ Parent Mobile: _____

Student Mobile (if applicable): _____

Full Name/s of brothers/sisters attending this College (if any):

Student lives with:

Both Parents Other
 Parent/Guardian/Carer 1 **Name** _____ **Relationship to student** _____
 Parent/Guardian/Carer 2 _____
 Independent minor

(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

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 that is not more than six months 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: _____

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

NO, English only

YES, other - please specify: _____

If more than one language, indicate the one that is spoken most often _____

Australian Citizen/Permanent Resident: YES NO

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

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

Visa Grant Number (13 numbers) _____

Does the student receive any of the following allowances?

Secondary Assistance Youth Allowance

Assistance for Isolated Children (AIC) Abstudy

Previous School: _____

Has the student ever been excluded from another school? No Yes (please specify name of school)

Is the student currently under suspension from another school? Yes No

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 College related activities.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, the separate form (Student Health Care Summary) is to be completed for all students.

Note: For students identified as having health conditions requiring support at College, additional form/s will be provided by the College.

Does the student have a disability? YES NO If YES, please specify the disability/s:

Please indicate if you have documentation about your child's disability in any of the following areas. (Copies of this documentation will be required for College 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 (prior to age 6) |
| <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 (eg epilepsy) | |

Is the student required to take any medications during the course of the school day?

Please note the Nurse does not issue medication.

Yes (please specify) No

Medic Alert YES NO

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. Number: _____ Expiry Date: _____

Do you have ambulance cover?..... YES NO

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

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: ____ First Name: _____ Second Name: _____ Last Name: _____

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: _____

Receive correspondence: YES NO

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation: _____

Workplace (name/address): _____

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: _____ Last Name: _____

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 (name/address) _____

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 DETAILS

Title: _____ First Name: _____ Second Name: _____ Last Name: _____

Please indicate relationship to the student: _____

Address (if different from student address):

Telephone (Home): _____ Email Address: _____

Telephone (Work): _____ Mobile No: _____

Please advise the College 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.

Has your child previously been enrolled at Kiara College? YES NO

Does your previous school have a psychological file for your child? YES NO

Has your child ever been in Learning Support? YES NO

Has your child ever qualified for in-school education assistant support time? YES NO

How often was your child away from school **last** year?
OFTEN OCCASIONALLY NOT OFTEN

How often has your child been away from school **this** year
OFTEN OCCASIONALLY NOT OFTEN

Has your child ever participated in an alternative or extra-curricular education program eg sport, learning support, academic extension, specialist education or behaviour?

YES NO

If, Yes please explain.

Has your child had any involvement with any of the following?

	YES	NO	Name of Contact
Department of Child Protection			_____
Juvenile Justice Officer			_____
Youth Therapy Service/Youth Link			_____
Child & Adolescent Mental Health Services			_____

SIGNATURE

A Statutory Declaration needs to be completed if a person other than the biological parent/s is enrolling the child.

Person enrolling child is: _____

Biological Parent/Grandparent/Other Relative (*please circle one*)

Title: ____ First Name: _____ Second Name: _____ Last Name: _____

Relationship to the student: _____

Signature: _____ Date: _____

ATTACHMENT 1

Parent Occupation Groups

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/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].</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 /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, 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 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

CONSENT FORM

At Kiara College we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the College program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

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 Yes

MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the College will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

INTERNET ACCESS

Student access to the internet is provided in accordance with the College policy (available from the office or College website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with College policy.
- No, I do not give consent.

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and College administration.
- No, I do not give consent.

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 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 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 **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 **Yes**

The College has a newsletter (ENews) accessible on the Website.

Please subscribe to www.kiaracollege.wa.edu.au

NAME OF STUDENT: _____ YEAR: _____

Name of person signing the Consent Form:

Title: ____ First Name: _____ Second Name: _____ Last Name: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____



OFFICE USE ONLY

Birth certificate

Passport

Student's Residency status:

Permanent Resident

Overseas Student: **If yes**, International fee paying:

YES

NO

Visa Sub Class _____

Visa Grant Number: _____

Country of Origin : _____

Date of Arrival in Australia _____

Visa Expiry Date _____

Previous School: _____

Publications/Internet Permission Form completed: YES NO

Computer Agreement: YES NO

USI Form Completed YES NO

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

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

Immunisation history statement provided: YES NO

Vaccination status is Up to date Not up to date

Form/Class: _____ House Faction: _____

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