



STUDENT ENROLMENT FORM – KINDERGARTEN – YEAR 10

STUDENT NAME: _____

YEAR LEVEL: _____

Please complete the Student Enrolment Form and return it to the school for confirmation of this student's enrolment. *Family details should include details of parents, guardians or carers residing at the same address as the student being enrolled.* Any details relating to parents not residing with the student may be included in the Parent/Guardian/Carer details section of this form. Please place **X** in provided.

When you enrol your child at this school, please check that you have the following:

- *Birth certificate
- Identity documents (if applicable)
- *Immunisation certificate
- *Court order (if applicable)
- *Proof of address

If your child was not born in Australia, you must provide:

- *Evidence of the date of entry into Australia;
- *Passport or travel documents; and
- *Current visa and previous visas (if applicable).

In addition, if your child is a temporary visa holder you must provide:

- Confirmation of enrolment or evidence of permission to transfer provided by Education and Training International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

Information to be provided

Where an item is marked with an asterisk (*) the information must be provided.

This information is required by the Western Australian Department of Education and Training to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the Enrolment Form, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/Guardian/Carer.

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

Assistance with completing this form

If you require assistance completing this form, including translation services, please contact your school.

DONNYBROOK DISTRICT HIGH SCHOOL

Student Details

* Surname: _____

* Legal Surname: _____

* 1st Name: _____

* 2nd Name: _____

Preferred Name: _____

*Email Address: _____

* Date of Birth: ____/____/____

*Sex: Male

Female

* Residential Address: _____

Postcode: _____

*Phone: _____

*Year Currently enrolled in. _____

Mobile: _____

Leave Blank if not yet enrolled.

Names of brothers and sisters attending this school:

***Is this student in the care of the Department of Communities, Child Protection and Family Support (DCPFS) Chief Executive Officer?** YES NO

If YES, please specify the name of the DCPFS Case Manager, their DCPFS District and their contact phone number.

***Is this student subject to Access Restriction?** YES NO

If YES, please attach supporting documentation.

***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.

Parent/Guardian/Carer Details

*Child lives with:

Both Parents

Parent/Guardian/Carer 1

Neither Parent

Parent/Guardian/Carer 2

I give permission for my details to be made available to the School Board.

YES NO

I give permission for my contact details to be made available to the School P&C.

YES NO

Emergency Contact

* Indicate contacts in order of preference

Name	Phone Number	Mobile	Relationship to Child
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Parent/Guardian/Carer 1 Details

Title: _____ *First Name: _____ *Surname: _____

Please indicate relationship to the student: _____

*Postal Address (if different from student residential address):

*Phone: _____ Email Address: _____

Occupation/Workplace: _____

*Work Phone: _____ *Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) NO, English only YES, other - please specify: _____

1. 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

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

2. 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

What is your occupation group? Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided on the next page. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

Parent/Guardian/Carer 2 Details

Title: _____ *First Name: _____ *Surname: _____

Please indicate relationship to the student: _____

*Postal Address (if different from student residential address):

*Phone: _____ Email Address: _____

Occupation/Workplace: _____

*Work Phone: _____ *Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) NO, English only YES, other - please specify: _____

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

(If you did not attend school, mark '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

What is your occupation group? Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided on the next page. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

Parental Occupation Groups:
(Relates to questions in Parent/Guardian/Carer 1 and Parent/Guardian/Carer 2 sections)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</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 Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] 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, 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 Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional. Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] 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 Office [secretary, personal assistant, desktop publishing operator, switchboard operator] Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher] 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, kitchen hand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants Office [typist, word processing/data entry/business machine operator, receptionist, office assistant] 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] 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 Defence Forces ranks below senior NCO not included in other groups 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] Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.</p>			

Other Contact(s) Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

_____ Phone: _____

Email Address: _____

Occupation/Workplace: _____

Work Phone: _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

Student Details - Additional Information

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

Is the student of Aboriginal or Torres Strait Islander origin? NO
 YES, Aboriginal
 YES, Torres Strait Islander
(For students of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes.)

Does the student mainly speak English at home? YES NO

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

(If more than one language, indicate the one that is spoken most often.)

NO, English only

YES, other - please specify: _____

Out of school intake area: YES NO Health Care Card: YES NO

Expiry: _____

* Citizenship: Australian Other - please specify _____

* Permanent Resident: YES NO * Visa Expiry Date: _____

* Date entered Australia: ____/____/____ * Visa Sub-class No. _____

* Temporary Resident: YES NO * Visa Expiry Date: _____

* Date entered Australia: ____/____/____ * Visa Sub-class No. _____

In Receipt of Allowance: Secondary Assistance Youth Allowance
Assistance for Isolated Children (AIC) Abstudy

Birth Certificate seen: YES NO Date Sighted: ____/____/____

In which country was the student born? Australia
Other - please specify _____

* Previous School: _____ or

* If previously enrolled in Home Education, specify the Education District: _____

Movement Reason (if applicable) _____

* Does your child need to use Bus Transport to get to and from school? YES NO

If so Name of Bus Route: _____

***Does the student have a disability?** YES NO If YES, please specify.

Disability: _____

*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 (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 |

Student Details – Medical / Health

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 Needs (feeding etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | _____ |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

Medical Practice (Name and Address): _____

Doctor's Name: _____ Phone: _____

Dental Practice (Name and Address): _____

Dentist's Name: _____ Phone: _____

Permission to call Doctor: YES NO **Administer First Aid:** YES NO **Call Dentist:** YES NO

Medicare Number: _____ **Student Number:** _____ **Expiry Date:** _____

Do you have ambulance cover? YES NO Ambulance Cover Provider: _____

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

DONNYBROOK DISTRICT HIGH SCHOOL

PRINCIPAL: James Milne

Email: james.milne@education.wa.edu.au

LOCAL EXCURSIONS

The school undertakes numerous local excursions, most of which are within walking distance or require a short bus trip. Examples of these excursions are walking or bussing to places like, Egan Park, Apple Fun Park, the town site or Donnybrook Recreation Centre etc. Children are under the supervision of a teacher at all times.

To enable your child to participate in these types of local excursions during the school year please complete the below permission

PARENT PERMISSION

Student Name: _____

- Yes**, I give permission for my child to participate in local walking or short bus excursions within Donnybrook.
- No**, I do not give consent

I understand that these excursions are part of the school's educational programme and fall within the Department of Education and Training 'Excursions' guidelines.

Parent/Carer Signature: _____ Date: _____

INFORMATION PRIVACY AND SECURITY

Children's images and/or work are often published to recognise excellence or effort and may appear in newspapers, newsletters, the Yearbook, on the internet via our School Website, Facebook Group or Skoolbag App, or on film or video. Their names may also be included but no contact details will be provided.

We request your permission to use any images and work of your child in some or all of the ways listed above. You are of course at liberty to withdraw your consent at any time by contacting the school in writing.

PARENT PERMISSION

Student Name: _____

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

I note that to withdraw this consent I must inform the school in writing.

Parent/Caregiver name _____

Signature _____ Date _____

These permissions will replace any previously gained by the school.

DONNYBROOK DISTRICT HIGH SCHOOL

PRINCIPAL: James Milne

Email: james.milne@education.wa.edu.au

Dear Parent / Carer,

Donnybrook District High School provides access to online services provided by the Department of Education. These increase the range of teaching tools available to staff and enhance the learning opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services. This will involve the school using the student's full name, preferred name, class and year to access their unique online services account.

The Department's online services currently provide:

- Individual email accounts for all students and staff;
- Access to the Internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school; and
- Access to Portal services from home if the home computer is connected to the Internet.

If you agree to your child making appropriate use of these online services, please complete the permission slip attached to this letter. You will also need to ensure that your child reads or understands the Acceptable Usage Agreement, also attached to this letter, before the permission slip is signed. Both signed documents 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 the Department's 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.

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.

Yours sincerely

James Milne
Principal

ACCEPTABLE USAGE AGREEMENT FOR YEARS K-10

If you use the online services of the Department of Education you must agree to the following rules:

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others when online.
- I will not share my logon password or let others logon and/or use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts without permission from the teacher.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account without permission.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will obtain permission from the copyright owner of any materials inserted into my school work before I subsequently reuse it as a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will not download or play any games, music or video without the permission of a teacher.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online.

I understand that:

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- The misuse of online services may result in the withdrawal of access to services and other consequences dictated in the School's policy; and
- I may be held liable for offences committed using online services.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement it may result in disciplinary action, determined by the Principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of student: _____

Signature of student: _____

Date: _____

Office Use Only

Entry Date: ____/____/____ Date Transfer Note Sent: ____/____/____
Previous School: _____ Records Received: Y / N
Contributions and Charges Billing: PG1 _____% PG2 _____% Other _____%
Immunisation records provided: YES NO
Birth Certificate provided: YES NO
Internet Permission Form Completed: YES NO
Local Excursion Permission Completed: YES NO
Image Authorisation Complete: YES NO
Course Selection Complete: YES NO

Student Number: _____ Form/Class: _____ House/Faction: _____

Entered on School Information System by: _____ Date: ____/____/____
Leave Date: _____ Destination: _____ Records Sent: Y / N