



CARINE
PRIMARY SCHOOL
OUR BEST ALWAYS

For School Use Only

ENROLMENT FORM

58 Osmaston Road, CARINE WA 6020
Telephone: 9447 4266 Fax: 9447 4796

Student Details

Surname: _____ Legal Surname: _____

1st Name: _____ 2nd Name: _____

Preferred Name: _____

Email Address: _____

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

Residential Address: _____

Postcode: _____

Telephone

Work Telephone

Mobile

Names of brothers and sisters attending this school:

Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer?

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

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

YES NO (If YES, please attach supporting documentation)

Parent / Responsible Person Details

Student lives with:

Both Parents Parent 1
Neither Parent Parent 2

Is this student subject to Access Restriction?

YES NO (If YES, please attach supporting documentation)

Emergency Contact

Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the preferred emergency contact.

Parent / Responsible Person 1

Parent / Responsible Person 2

Other Contacts

Parent / Responsible Person 1 – Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

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

Postcode: _____

Telephone

Work Telephone

Mobile

Email Address: _____

Occupation and Workplace: _____

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

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 on the Carine Primary School website (school/enrolment/WA Public School Student Enrolment Form Information) or from the Admin Office. If you have not been in paid work in the last 12 months, enter '8' above.)

Parent / Responsible Person 2 – Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

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

Postcode: _____

Telephone

Work Telephone

Mobile

Email Address: _____

Occupation and Workplace: _____

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

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 on the Carine Primary School website (school/enrolment/WA Public School Student Enrolment Form Information) or from the Admin Office. If you have not been in paid work in the last 12 months, enter '8' above.)

Other Contact - Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

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

Postcode: _____

Telephone _____ Work Telephone _____ Mobile _____

Email Address: _____

Occupation/Workplace: _____

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

Student Details – Additional Information

Religion: _____ Withdraw student from religious instruction? YES NO

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

Does the student mainly speak English at home? YES NO
 Does the student speak a language other than English at home? NO English only
 YES Other - please specify: _____

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

Citizenship: Australian Other please specify _____

In which country was the child born? Australia Other – please specify: _____

Permanent Resident:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Temporary Resident:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visa Sub Class Number			Visa Sub Class Number		
Visa Expiry Date			Visa Expiry Date		
Date Entered Australia			Date Entered Australia		

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

Office Use: Birth Certificate seen: YES NO Date sighted: ____/____/____
 (or passport or travel documents)

Previous School: _____

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

Movement Reason (if applicable): _____

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"/> Diagnosed migraine / headaches
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizure Disorder (eg epilepsy)	<input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD)
<input type="checkbox"/> Hearing condition (eg otitis media)	<input type="checkbox"/> Intensive Health Care Need (eg tube feeding)
<input type="checkbox"/> Allergy – Other	

Other (*specify*) _____

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: _____ Permission to call Doctor: YES NO

Please provide details of any other information you would like noted.

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)

Computer / Internet Usage

The use of the Internet is for curriculum purposes and the transfer of information relevant for the students. The internet can only be accessed by students under direct supervision of staff. Do you give consent for your child to use the computer / wireless internet facilities at Carine Primary School*.

YES NO

**Please explain and your child to sign the Carine Primary School Computer / Internet Usage Agreement Conditions on the Carine Primary School website under the tab School / Enrolment / Computer Use Agreement K-6 or obtain a copy from the School Office.*

Photo / Artwork Permission

Internet - School website, School App, etc) YES NO
In School - Newsletter, School Year Book, Classroom, etc)
Media - Newspaper, TV, etc)

Signature

Name of person enrolling student: _____

Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Commencement Date: ____/____/____ Transfer Note Sent: Previous School Records Received:

Year _____ Room: _____ House/Faction: _____

Outstanding Documents: _____

Entered on School Information System by: _____ Date: ____/____/____

Leave Date: ____/____/____ Destination: _____ Records Sent: