



Start Date: _____

SCHOOL USE ONLY		
DOB: _____		Entered into Integris
IN Area <input type="checkbox"/>	Sibling <input type="checkbox"/>	OUT of Area <input type="checkbox"/>
Medical: <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Other <input type="checkbox"/>
Court Order: <input type="checkbox"/>	Kindy Pref Days:	

ENROLMENT FORM

58 Osmaston Road, CARINE WA 6020
T: 9447 4266 E: carine.ps@education.wa.edu.au

Student Details

Surname: _____ Legal Surname: _____

1st Name: _____ 2nd Name: _____

Preferred Name: _____

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

Residential Address: _____

Postcode: _____

Student Mobile Phone Number (if applicable): _____

Student Email Address (if applicable): _____

Names of brothers and sisters attending this school:

Is this student in the care of the Department for Child Protection & Family Support (CPFS)?

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

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

NO YES If YES, please attach court order / supporting documentation.

Parent / Responsible Person Details

Student lives with:

Both Parents Parent 1
Neither Parent Parent 2

Is this student subject to Access Restriction?

NO YES If YES, please attach supporting documentation.

Emergency Contact

Place a number in the box in the order in which the following people should be contacted in an emergency. Telephone numbers must be specified for the *preferred emergency contacts*.

Parent / Responsible Person 1 Parent / Responsible Person 2 Other Contacts

Parent / Responsible Person 1 – Details

Title: _____ First Name: _____ Surname: _____

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: _____

<i>What is the highest year of primary or secondary school you have completed?</i>		<i>What is the level of the highest qualification you have completed?</i>	
<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above
<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Advanced Diploma / Diploma
<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)
<input type="checkbox"/>	Year 9 or equivalent or below	<input type="checkbox"/>	No non-school qualification

Parent Occupation Group

Group	Occupation	Group	Occupation
1	Snr Management/Qualified Professional	2	Business Mgr/Associate Professor
3	Trades / Office / Service	4	Hospitality / Labourers, etc
8	Not in paid work in the last 12 months		

Parent / Responsible Person 2 – Details

Title: _____ First Name: _____ Surname: _____

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: _____

<i>What is the highest year of primary or secondary school you have completed?</i>		<i>What is the level of the highest qualification you have completed?</i>	
<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above
<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Advanced Diploma / Diploma
<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)
<input type="checkbox"/>	Year 9 or equivalent or below	<input type="checkbox"/>	No non-school qualification

Parent Occupation Group

(See above for occupation group descriptions)

Other Contact - Details

Title: _____ First Name: _____ Surname: _____

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

mark both 'YES' boxes)

YES, Aboriginal

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: _____

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"/>
Date Entered Australia		
Visa Grant Number		
Visa Expiry Date		
Visa Sub Class Number		

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

Previous School: _____

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

Movement Reason: _____

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 Form.

Medical Practice (Name and Address): _____

Doctor's Name: _____ Phone: _____ Permission to call Doctor: YES NO

Do you have ambulance cover? YES NO Health Card: YES NO
(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)

Photo / Artwork Permission

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

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 the Computer / Internet Usage Agreement Conditions to your child – see on the Carine Primary School website / School / Enrolments tab, or obtain from the Admin Office.*

Speech & Occupational Therapy Initiative

Speech and Occupational Therapy specialists will screen all Kindy students with a view to provide ongoing small group classes for identified students to assist in their further development. Do you give permission for your child to be screened and if needed, be included in either the Speech Therapy and/or Occupational Therapy initiative? *

YES NO

**Please see the Speech & Occupational Therapy Initiative in more detail on the Carine Primary School website / School / Enrolments tab, or obtain from the Admin Office.*

Signature

Name of person enrolling student: _____

Relationship to Student: _____

Signature: _____ Date: ____/____/____

Please note that any false information will reverse enrolment to the school.

SCHOOL USE ONLY

Year :		Room:	
Documents Received:		Extra Documents (if Required): Passport <input type="checkbox"/>	
Enrolment Form <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Health Information Form <input type="checkbox"/>	Visa Grant Notice <input type="checkbox"/>
Proof of Address <input type="checkbox"/>	Immunisation <input type="checkbox"/>	Court Order <input type="checkbox"/>	Parent Visa Grant Notice <input type="checkbox"/>
Entered by:	Date:	Notes:	
Leave Date:	Destination:		