



Year Level/Year: \_\_\_\_\_

Start Date: \_\_\_\_\_

Dept of Education - 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: _____	
Docs: <input type="checkbox"/> OK / <input type="checkbox"/> Outstanding:		

## ENROLMENT FORM

58 Osmaston Road, CARINE WA 6020  
T: 9378 5600 E: carine.ps@education.wa.edu.au

### Student Details

Surname: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

1st Name: \_\_\_\_\_ 2nd Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female  Other

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name/s of siblings attending this school: \_\_\_\_\_

Student Mobile Phone Number (if applicable): \_\_\_\_\_

Student Email Address (if applicable): \_\_\_\_\_

### 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.

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.

Is this student in the care of the Department of Communities - 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.

### 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   
\_\_\_\_\_  
\_\_\_\_\_

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## Parent / Responsible Person 1 – Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address): \_\_\_\_\_

Postcode: \_\_\_\_\_

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		

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## 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)

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## 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: \_\_\_\_\_

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

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## Student Details – Additional Information

Religion: \_\_\_\_\_ Withdraw student from religious instruction? YES  NO

Is the student of Aboriginal or Torres Strait Islander origin?

*(For students of both Aboriginal & Torres Strait Islander origin mark both 'YES' boxes)*

NO

YES, Aboriginal

YES, Torres Strait Islander

YES, both Aboriginal and TSI

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: \_\_\_\_\_

First language student spoke at home \_\_\_\_\_

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
<input type="checkbox"/>	Other, (specify):		

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## 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	<input type="checkbox"/> Other ( <i>specify</i> )

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

**EVIDENCE OF IMMUNISATION STATUS : AIR History Statement**  Up to date  Not up to date  
(printed document dated within 2 months of enrolment)

Medical Practice (Name and Address): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Permission to call Doctor: YES  NO

Medicare Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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)		
In School	-	Newsletter, School Yearbook, Classroom, etc)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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? \*

\* Please explain the Computer / Internet Usage Agreement Conditions to your child – see the Carine PS website / Enrolments tab. YES  NO

## Mobile/Smart Phone Electronic Device Policy

To ensure that the school's safe learning environment is not disrupted by the inappropriate use of mobile phones and smart electronic devices (eg smart watch, Fitbit, etc), usage of these items is prohibited during school hours.

Do you acknowledge that your child is aware of the Mobile/Smart Phone Electronic Device Policy? \*

\* Please explain the Mobile/Smart Phone Electronic Device Policy to your child – see the Carine PS website / Our School / Policies. YES

## Speech & Occupational Therapy Initiative – Kindy students

Speech and Occupational Therapy specialists will screen all Kindy students with a view to provide ongoing small group classes in speech therapy 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 Occupational Therapy screening? \*

\* Please see the Speech & OT Permission Form in more detail on the Carine PS website / Enrolment tab. YES  NO

## Signature

Name of person enrolling student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

I understand the enrolment form is confidential and kept by the Dept of Education records keeping procedures and the information will be used to meet reporting requirements to other Government department or agencies, including Dept of Health.

I declare this is the only enrolment I have made for the student; I am required to notify the school if student enrolment details change; if I provide false or misleading information the student's enrolment may be reconsidered or cancelled; I have provided all documentation available to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SCHOOL USE ONLY

<b>Documents Received:</b>		<b>Extra Documents (if Required):</b> 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"/>
<b>Entered by:</b>	<b>Date:</b>	<b>Notes:</b>	
<b>Leave Date:</b>		<b>Destination:</b>	