Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

# STUDENT ENROLMENT FORM

Bridgetown PRIMARY SCHOOL

**The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.**

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via https://get.adobe.com/reader/.

## SCHOOL NAME

**School name** | **Year Level entering**

## STUDENT DETAILS

**Student surname**

**Legal surname** (if different)

**Previous Surname** (if applicable)

**1st Name** | **2nd Name** | **3rd Name**

**Preferred Name**

**Date of birth** (dd/mm/yy) / /

**Gender** ◯ Male ◯ Female ◯ Other

**Residential Address**

Postcode

**Telephone** (Home) | **Car Registration** (if applicable)

**Student's Religion** (if applicable)

**Is the student to be withdrawn from religious instruction or activities?** ◯ YES ◯ NO

## STUDENT DETAILS (Continued)

**Is the student of Aboriginal or Torres Strait Islander origin?**

◯ No ◯ Yes, Aboriginal ◯ Yes, Torres Strait Islander (TSI) ◯ Yes, both Aboriginal and TSI

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

◯ No, English only ◯ Yes, Aboriginal English ◯ Yes, other language - please specify

*(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)*

**What was the first language spoken at home?**

**Does the student mainly speak English at home?** ◯ YES ◯ NO

**EVIDENCE OF IMMUNISATION STATUS**

**The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:**

◯ Up to date ◯ Not up to date ◯ The student has an Immunisation Certificate issued by the Chief Health Officer

## SIBLING DETAILS

**Full Name/s of siblings attending this school**

**Student lives with:**

☐ Both Parents

| | | | | |
|---|---|---|---|---|
| ☐ Parent/Carer 1 | **Name** | | **Relationship to student** | |
| ☐ Parent/Carer 2 | **Name** | | **Relationship to student** | |
| ☐ Independent minor | **Name** | | **Relationship to student** | |
| ☐ Adult Student | **Name** | | **Relationship to student** | |
| ☐ Other, please specify | **Name** | | **Relationship to student** | |

## RESIDENCY STATUS

**Nationality** (optional) **Country of Birth**

**Is the student an Australian citizen?** ◯ YES ◯ NO

*If No,* **Is the student a permanent resident of Australia?** ◯ NO ◯ YES - *If Yes,* Visa Sub Class Number

**Is the student a temporary resident of Australia?** ◯ YES ◯ NO

*If Yes,* **Date of Arrival in Australia** / / **Visa Sub Class Number**

**Visa Expiry Date** (if applicable) / /

## PREVIOUS SCHOOL

**Previous School**

**If previously enrolled in Home Education, specify the Education Region**

## DISABILITY

**Does the student have a disability?** ◯ YES ◯ NO

*If Yes,* please specify

**Please tick if you can provide documentation about** (The school will request copies of this information)

- ☐ Autism
- ☐ Deaf or Hard of Hearing
- ☐ Global Developmental Delay (prior to age 6)
- ☐ Intellectual Disability
- ☐ Other, please specify
- ☐ Physical Disability
- ☐ Severe Mental Disorder
- ☐ Specific Speech and/or Language Impairment
- ☐ Vision Impairment

## CONFIDENTIAL INFORMATION

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

◯ YES ◯ NO

*If YES,* please specify and attach supporting documentation.

**Does the family or student have a Health Care Card?** ◯ YES ◯ NO

*If Yes,* **please provide card number** **Expiry Date** / /

**Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?**

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

**District**

**Name** **Contact Number**

**Does the student receive any of the following allowances?** (Check the boxes that apply)

☐ Secondary Assistance ☐ Youth Allowance ☐ Assistance for Isolated Children (AIC) ☐ Abstudy

## PARENT / CARER 1 DETAILS

**Title** | **First Name**

**Surname**

**Relationship to the student**

**Date of birth** (dd/mm/yy) / / **Gender** ◯ Male ◯ Female ◯ Other

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

Postcode

**Telephone** | **Mobile Number**

**Email Address**

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

**Does Parent/Carer 1 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 school Parent/Carer 1 has 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 Parent/Carer 1 has completed?**

◯ Bachelor degree or above
◯ Advanced diploma/Diploma
◯ Certificate I to IV (including trade certificate)
◯ No non-school qualification

**What is the occupation group for Parent/Carer 1?**
(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

◯ **1.** Senior Management in large business organisation, government administration & defence, and qualified professionals

◯ **2.** Other business managers, arts/media/sportspersons & associate professionals

◯ **3.** Tradesmen/women, clerks and skilled office, sales & service staff

◯ **4.** Machine operators, hospitality staff, assistants, labourers and related workers

◯ **8.** Unemployed, Retired, Student

*(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 month, enter '8'.)*

## PARENT / CARER 2 DETAILS

**Title** | **First Name**

**Surname**

**Relationship to the student**

**Date of birth** (dd/mm/yy) / / **Gender** ◯ Male ◯ Female ◯ Other

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

Postcode

**Telephone** | **Mobile Number**

**Email Address**

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

**Does Parent/Carer 2 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 school Parent/Carer 2 has 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 Parent/Carer 2 has completed?**

◯ Bachelor degree or above
◯ Advanced diploma/Diploma
◯ Certificate I to IV (including trade certificate)
◯ No non-school qualification

**What is the occupation group for Parent/Carer 2?**
(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

◯ **1.** Senior Management in large business organisation, government administration & defence, and qualified professionals

◯ **2.** Other business managers, arts/media/sportspersons & associate professionals

◯ **3.** Tradesmen/women, clerks and skilled office, sales & service staff

◯ **4.** Machine operators, hospitality staff, assistants, labourers and related workers

◯ **8.** Unemployed, Retired, Student

*(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 month, enter '8'.)*

## OTHER FAMILY DETAILS

**If applicable, please talk to your school about:**

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

## OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

**CONTACT 1:**

| | | | |
|---|---|---|---|
| **Title** | | **First Name** | |
| **Surname** | | | |
| **Relationship to the student** | | | |
| **Postal Address** *(if different from student residential address)* | | | |
| | | Postcode | |
| **Telephone** (Home) | | **Mobile Number** | |
| **Email Address** | | | |

**CONTACT 2:**

| | | | |
|---|---|---|---|
| **Title** | | **First Name** | |
| **Surname** | | | |
| **Relationship to the student** | | | |
| **Postal Address** *(if different from student residential address)* | | | |
| | | Postcode | |
| **Telephone** (Home) | | **Mobile Number** | |
| **Email Address** | | | |

## PRIVACY AND DECLARATION

**Please tick to confirm:**

*I understand:*

- ☐ that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- ☐ 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.

*I declare:*

- ☐ This is the only enrolment I have made for the student.
- ☐ I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- ☐ I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- ☐ I have provided all documentation available to me.

**Name of person enrolling student**

**Title** **First Name**

**Surname**

**Relationship to the student**

**Signature** **Date** / /

*(Independent minors and those aged 18 years or older may sign on their own behalf)*

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

## APPROVAL OF PRINCIPAL OR DELEGATE

**Principal's approval** Enrolment approved ◯ YES ◯ NO

**Signature** **Date** / /

## OFFICE USE ONLY

**Student's official documentation all sighted** **Date** / / ◯ YES ◯ NO

◯ Birth certificate ◯ Passport ◯ Visa document/s

◯ Other, please specify

**Year/Form/Class** **House Faction**

**Student's Residency status** ◯ Australian citizen ◯ Permanent resident ◯ Temporary resident

**International Fee Paying** ◯ YES ◯ NO

**Entry Date** / / **Previous School**

**LOTE Stage** **Records received** ◯ YES ◯ NO

**Contributions/Charges Billing** ☐ PG1 (%) ☐ PG2 (%) ☐ Other (%)

**School records** (including reports, to be sent to) ☐ PG1 ☐ PG2 ☐ Other

**AIR Immunisation History Statement provided** ◯ YES ◯ NO

**Date of issue** / / **Immunisation status is** ☐ Up to date ☐ Not up to date

**Date AIR sighted** / /

If not up to date, additional request/s for documentation on date/s:

**Immunisation Certificate issued by the Chief Health Officer** ◯ YES ◯ NO

**Kindergarten eligibility for immunisation exemption:** Code

**Enrolment approved by Principal** ◯ YES **Date** / / ◯ NO

**Entered on School Information system by** **Date** / /

**Student leaves school (Date)** / / **Advice of Transfer (Date)** / /

**Destination**

**Records received from transferring school** ◯ YES ◯ NO **Date** / /

# PARENT OCCUPATION GROUPS

Attachment 1

*Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form*

| GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 |
|---|---|---|---|
| ***Senior management in large business organisation government administration & defence, and qualified professionals*** | ***Other business managers, arts/media/sportspersons and associate professionals*** | ***Tradesmen/women, clerks and skilled office, sales and service staff*** | ***Machine operators, hospitality staff, assistants, labourers and related workers*** |
| **Senior executive/ manager / department head** in industry, commerce, media or other large organisation.<br><br>**Public service manager** (section head or above), regional director, health/ education/police/ fire services administrator.<br><br>**Other administrator** [school Principal, faculty head/dean, library/museum/gallery director, research facility director].<br><br>**Defence Forces** Commissioned Officer.<br><br>**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.<br><br>**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional.<br><br>**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].<br><br>**Air/sea transport** [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller]. | **Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.<br><br>**Specialist manager** [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].<br><br>**Financial services manager** [bank branch manager, finance/ investment/insurance broker, credit/loans officer].<br><br>**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].<br><br>**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author].<br>*or* media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].<br><br>**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.<br><br>**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional.<br><br>**Business/administration** [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].<br><br>**Defence Forces** senior Non-Commissioned Officer. | **Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.<br><br>**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].<br><br>**Skilled office, sales and service staff**<br><br>**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator].<br><br>**Sales** [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].<br><br>**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]. | **Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].<br><br>**Office assistants, sales assistants and other assistants**<br><br>**Office** [typist, word processing/ data entry/business machine operator, receptionist, office assistant].<br><br>**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].<br><br>**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].<br><br>**Labourers and related workers**<br><br>**Defence Forces** ranks below senior NCO not included in other groups.<br><br>**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].<br><br>**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]. |

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.