



MANJIMUP SENIOR HIGH SCHOOL



Department of
Education

STUDENT ENROLMENT FORM

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 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.

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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>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</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>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]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>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</p> <p>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]</p> <p>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>			



MANJIMUP SENIOR HIGH SCHOOL

STUDENT ENROLMENT FORM

Office Use:

Entered by: _____

Date: _____

ALL ITEMS MUST BE COMPLETED

Student Details

Enrolling into Year: _____	In 20_____
Legal Surname _____	Other Surnames: _____
1 st Name: _____	2 nd Name: _____
Date of Birth: _____ / _____ / _____	Sex: Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]
Parent/Guardian Email Address: _____	
Street No: _____ Lot No: _____ Street Name: _____	
Town _____	Postcode: _____
Postal Address: _____ Town: _____	Postcode: _____
Home Phone: _____	Student's Mobile: _____
Mobile: _____	Fax: _____

Birth Certificate: Yes [] No [] Date Sighted: _____ / _____ / _____

Please note: Sight of Birth Certificate is compulsory

Names of brothers and sisters attending this school: _____

Is this student in the care of the Department of Child Protection (DCP) Chief Executive Officer?
 Yes [] No []

If YES, please specify the name of the DCP Case Manager, their DCP 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 specify and attach supporting documentation.

Parent/Guardian/Carer Details

Child lives with:

Both Parents [<input type="checkbox"/>]	Parent/Guardian/Carer 1 [<input type="checkbox"/>]
Neither Parent [<input type="checkbox"/>]	Parent/Guardian/Carer 2 [<input type="checkbox"/>]

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/Guardian/Carer 1 [] Parent/Guardian/Carer 2 [] Other contacts []

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: _____

Work Phone: _____ Mobile No: _____

Occupation/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

[]

What is the level of the highest qualification you have completed?

Bachelor degree or above

[]

Year 11 or equivalent

[]

Advanced diploma/Diploma

[]

Year 10 or equivalent

[]

Certificate I to IV (including trade certificate)

[]

Year 9 or equivalent or below

[]

No non-school qualification

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

What is your occupation group? [] (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. 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: _____

Work Phone: _____ Mobile No: _____

Occupation/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

[]

What is the level of the highest qualification you have completed?

Bachelor degree or above

[]

Year 11 or equivalent

[]

Advanced diploma/Diploma

[]

Year 10 or equivalent

[]

Certificate I to IV (including trade certificate)

[]

Year 9 or equivalent or below

[]

No non-school qualification

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

What is your occupation group? [] (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided (last 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

Other Contact(s)

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 []

In which country was the student born? Australia []

Other - please specify _____

Citizenship: Australian [] Other - please specify _____

Permanent 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 []

Previous School: _____

Movement Reason (if applicable) _____

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

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"/> Severe Medical/Health Condition	<input type="checkbox"/> Other, Please specify

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

Outline any action required: _____

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 []

Permission to call dentist? YES [] NO [] Name of Dentist: _____

Permission to administer first aid YES [] NO []

Do you have ambulance cover? YES [] NO [] Health Insurance Provider: _____

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

Health Card No: _____ YES [] NO [] Expiry Date: _____

Medicare Card Number: _____ Expiry Date: _____

***** Please supply an AIR Immunisation History Statement *****

Name of person enrolling student: _____

Signature: _____ Date: _____

FORM 1 – STUDENT HEALTH CARE SUMMARY - REVISED

SECTION A

School:	Year:
Student's Name:	Date of Birth:
Address:	Gender:

FAMILY CONTACT DETAIL	MEDICAL DETAILS
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Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
Address:	Doctor 2: Telephone:
Telephone: (W) (H) (M)	I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to student:	If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
Address:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Telephone: (W) (H) (M)	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Medicare No. (If required – for children requiring regular emergency care):

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.
Long term medication – Complete the *Medication* section of the relevant health care plan – see below.
Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.
 Do you give permission for the school to share your child's health care information? Yes No
Note: *If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.*
 If no, and the information is to be restricted, who can be informed of your child's health care information? _____

Does your child have one or more health condition(s) that will **require support** from school staff?
 No - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.
 Signature: _____ Date: _____
 Yes - complete the remainder of this form and return to the school office. You will be given additional forms to complete.
 List your child's health condition(s): _____

SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Conditions or Needs (Please specify)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise the Principal
If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.		

Name:

Date of Birth:

School:

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes No

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No

If yes, provide details: _____

Signature:

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date:

Have relevant health care plans been issued to the parent? Yes No Date:

Has the Principal been informed if:

• specific training is required to support the student? Yes No

• the student's health care information is to be restricted? Yes No

Date *Student Health Care Summary* was completed and uploaded on SIS: / /

**MANJIMUP SENIOR HIGH SCHOOL
INTERNET AND LEARNING TECHNOLOGY
STUDENT CODE OF CONDUCT**

We at Manjimup SHS believe student access to Internet AND Learning Technology resources is a privilege. All students using these resources must be aware of the uses, which are acceptable and agree to only use the resources in this manner.

Breaking any rules listed below may lead to the privilege of using the computers and Internet access being removed.

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.
- I will not give anyone my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- 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.
- 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 not use or distribute material from another source unless authorised to do so by the copyright owner.
- 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, 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 legally liable for offences committed using online services.
-

Internet and Learning Technology Code of Conduct Agreement

I _____ agree to follow all these rules and am aware that staff has access to all my files and that breaking these rules will result in my access to computer and Internet resources being suspended.

Student's Signature

Year

Date

I _____ agree to my child being allowed Internet access under the stated conditions and will take full responsibility if my child breaks the rules.

Parent/Guardian's Signature

Date

PERMISSION TO PUBLISH WORK/IMAGES OF STUDENTS

Parents/responsible persons

We request permission for work and/or images of your child to be taken during school activities and published. Work/images would be used for the purposes of educating students, promoting our school and/or promoting public education.

If you give your permission, we may publish images of your child and/or samples of work done by your child a variety of ways including, but not limited to, online and printed school newsletters, magazines, reports and other materials; school websites; Department of Education/Government of Western Australia online and printed information; and online and printed external media. If published, third parties would be able to view the photographs and work.

Signing the consent form means you agree to:

- images of your child and samples of your child's work being published as many times as required in the ways mentioned above; and
- your child's first name and surname being published.

Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

If you agree to permit the school to capture images of your child, publish images of your child and publish samples of your child's work, please complete the consent form below and return it to the school with your enrolment package.

This consent will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the school capturing images of my child during school activities for use in educating students, promoting the school and promoting public education. I also agree to the publication (electronic and/or print) of images and/or samples of my child's work in a range of ways including, but not limited to, websites, intranet sites, school newsletters (print and online), magazines and the electronic and print external media subject to the conditions set out above.

I will notify the school in writing if I wish to withdraw this consent.

Name of student: _____ **Year:** _____

Signature of student: _____

Signature of parent/guardian: _____ **Date:** _____