

OFFICE USE ONLY	
Date received	
Current Year Level	
Year Level Attending	
Date commencing	
Birth Certificate/ Passport/ Travel Documents	
Visa sighted	
Diagnosis papers	
Family Court Orders	



## ENROLMENT FORM (For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at this school in the previous year and all Pre-primary students.

For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

The attached *Parent information about enrolment in a Western Australian public school* provides important information to read before lodging the form with the school.

**Spencer Park Education Support Centre**  
26 Hardie Road  
Spencer Park WA 6330  
P: 08 - 9841 1537  
F: 08 - 9841 6943  
E: spencerpark.ESC@education.wa.edu.au

### STUDENT DETAILS

Surname \_\_\_\_\_ Legal Surname *(if different)*: \_\_\_\_\_

1st Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_

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

Email Address \_\_\_\_\_

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

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

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Student Mobile *(if applicable)*: \_\_\_\_\_

Year group are you seeking to enrol in *(mark one box)*

**K Pre-P 1 2 3 4 5 6**

Preferred start date Beginning of 20 \_\_\_\_\_ school year

Or \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Day Month Year**

Full names of any brothers and sisters attending this school

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## RELATIONSHIP WITH PARENT/S

Child lives with:

Both Parents

Parent / Carer1

Parent / Carer2

Other Person Responsible

Relationship to child \_\_\_\_\_

## EMERGENCY CONTACT

Persons to be contacted in an emergency ranked in order of preference (*Telephone numbers must be specified*).

Name:	Phone No:	Mobile No:	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## 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Is the student to be withdrawn from religious instruction?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?

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

NO

YES, Aboriginal

YES, Torres Strait Islander

Citizenship  Australian

Other nationality

Date Entered Australia \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Visa Sub Class Number: \_\_\_\_\_ Visa Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does the student receive any of the following allowances?

Secondary Assistance Allowance

Youth Allowance

Assistance for Isolated Children (AIC)

ABSTUDY

Name of previous school \_\_\_\_\_

Reason for change of school (if applicable) \_\_\_\_\_

OR

If previously registered for home school education, please specify the Education Region in which registration was recorded

\_\_\_\_\_

**CONFIDENTIAL**

Is this student subject to Access Restriction?

YES  NO

Is this student in the care of the Department for Child Protection (DCP) Chief Executive Officer?

YES  NO

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

YES  NO

*(If you answered YES to any of these questions, please attach supporting documentation, name of CPFS Case Manger, their CPFS District and contact phone)*

**CONSENT FORMS**

Parent consent is sought in ATTACHMENT 2 and 3 for a variety of school related activities.

**STUDENT DETAILS - MEDICAL/HEALTH**

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all the students.

*Note:* For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability  YES  NO If YES, please specify the disability/s:

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

- Physical Disability
- Autism Spectrum Disorder
- Deaf or Hard of Hearing
- Specific Speech Language Impairment
- Intellectual Disability
- Severe Mental Disorder
- Global Developmental Delay (prior to age 6)
- Vision Impairment

Does the student have a medical condition or intensive health care need? YES NO

If YES, please specify.

- Allergy - Anaphylaxis
- Allergy - Other
- Asthma
- Diabetes
- Diagnosed migraine/headaches
- Other: \_\_\_\_\_
- Hearing condition (eg otitis media)
- Mental health or behavioural (eg depression, ADD/ADHD)
- Intensive Health Care Need (eg tube feeding)
- Seizure Disorder (eg epilepsy)

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

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dental Surgery Practice (if applicable, name and address): \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Valid to: \_\_\_\_ / \_\_\_\_

Health Care Card (if applicable):  YES  NO. If Yes, please provide no. \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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)*

## PARENT/GUARDIAN DETAILS

### Parent/Guardian 1 Details

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

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the:  Day to day care of the student or  Long term care of student.

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home?  YES  NO

Do you speak a language other than English at home?  YES  NO

other – please specify: \_\_\_\_\_

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

What is the highest year of primary or secondary you have 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 you have completed?

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

What is your occupation group? \_\_\_\_\_

*(Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).*

### Parent/Guardian 2 Details

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

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the:  Day to day care of the student or  Long term care of student.

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home?  YES  NO

Do you speak a language other than English at home?  YES  NO

other – please specify: \_\_\_\_\_

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

What is the highest year of primary or secondary have 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 you have you completed?

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

What is your occupation group? \_\_\_\_\_

(Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**OTHER CONTACT DETAILS**

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

Please indicate relationship to the student: \_\_\_\_\_

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

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

**SIGNATURE**

Name of person enrolling student:

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

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

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

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

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

**PRINCIPAL APPROVAL**

\_\_\_\_\_  
Rebecca Wheatley, Principal

Approved / Not approved

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

**OFFICE USE ONLY**

Student's official documentation all sighted (Date):  YES  NO

Birth certificate  Passport  Travel document/s

Student's Residency status:  Local  Permanent Resident

Overseas Student: If yes, International fee paying:  YES  NO

Entry Date: \_\_\_ / \_\_\_ / \_\_\_

Previous School: \_\_\_\_\_ Records received:  YES  NO

Publications/Internet Permission Form completed:  YES  NO

Contributions and Charges Billing:  PGI: \_\_\_ %  PG2: \_\_\_ %  Other: \_\_\_ %

Official documentation:  PGI: \_\_\_  PG2: \_\_\_  Other: \_\_\_  
(including reports, to be sent to)

Immunisation records provided:  YES  NO

Form/Class: \_\_\_\_\_ House Faction: \_\_\_\_\_

Approved by Principal:  YES  NO  
on (Date): \_\_\_ / \_\_\_ / \_\_\_

Entered on School Information system by: \_\_\_\_\_

on (Date): \_\_\_ / \_\_\_ / \_\_\_

Student leaves school: (Date) : \_\_\_ / \_\_\_ / \_\_\_

Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school:  YES  NO  
on (Date): \_\_\_ / \_\_\_ / \_\_\_

**RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:**

1. Enrolment Applications (successful) — The School to retain for 5 years after last action and then destroy.
2. Enrolment Applications (unsuccessful) — The School to retain for 2 years after last action and then destroy.
3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) — The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.
4. Enrolment Records (managed in the School Information System) — The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.
5. Student files — The School must negotiate with the previous school at the local level the transfer within 5 school days.

# ATTACHMENT 1

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></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, valued.</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 n/ 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].</p> <p>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 4year 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/refugee/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</p> <p>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>



## Consent to Release of Information

<b>Student Name</b>	<b>DOB</b>	<b>Year</b>
<b>Parent/Guardian</b>		
<b>Address</b>		
<b>Phone 1</b>	<b>Phone 2</b>	

Spencer Park Education Support Centre safeguards the confidentiality of information obtained during the provision of student services. It also respects the privacy of information held or obtained by others. For this reason, the school requires consent to release or obtain information about its students.

**The school has discussed with me the nature of the information it wants to access or release. As the parent/caregiver of the above student, I/we give permission for Spencer Park Education Support Centre staff to:**

<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	Child Development Service <input type="checkbox"/> Speech <input type="checkbox"/> OT <input type="checkbox"/> Physio <input type="checkbox"/> Audio
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	School Psychologist <input type="checkbox"/> Spencer Park Education Support Centre
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	School of Special Education Needs (SSEN) <input type="checkbox"/> Disability <input type="checkbox"/> Sensory
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	Child and Adolescent Mental Health
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	Disability Services Commission
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	Transition Team at (please provide details)
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	GP (please provide details)
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	Other (please provide details)
<input type="checkbox"/> provide information to <input type="checkbox"/> receive information from	Other (please provide details)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Address (if different from above)

\_\_\_\_\_ Phone (if different from above) \_\_\_\_\_





# Spencer Park

## Education Support Centre

### Consent Form

At **Spencer Park Education Support Centre**, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require parental consent. This form asks for your consent (or otherwise) for your child's participation / use / access to several aspects of our school programs. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

### MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in state and local newspapers, on the internet, in newsletters or on film or video. We publish only first names in the newsletter which is updated on to the web. Full names are used in publications in the local and state newspapers. Work and 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.

Please tick the appropriate box in **each** section.

Students Photos/Video/Work		Yes	No
For use on social media (SPESC Facebook	<i>Photographs, videos, first name</i>		
For use in the local press	<i>Photographs, videos, full name</i>		
For use in the state press	<i>Photographs, videos, full name</i>		
For use on the school's internet website	<i>Photographs, videos, first name</i>		
For school related promotional and public rela-	<i>Photographs, videos, first name</i>		
For us in the school and/or Department of Edu-	<i>Photographs, videos, first name</i>		
For use in the school's publications such as	<i>Photographs, videos, first name</i>		

### VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

## School Internet Policy

1. Spencer Park Education Support Centre Internet account exists to provide access to curriculum related information. He/she will not use this account to look for material which is unrelated to the school curriculum.
2. Publications dealing with illegal activities, pornography, extreme violence or material consider inappropriate to the school ethos are not permitted at the Spencer Park Education Support Centre.
3. Information published on the Internet may be inaccurate or may misrepresent a person or situation, thus he/she will consider this in his/her use of the Internet information.
4. He/she will not break copyright law by copying and/or redistributing another's work, and he/she will not use another person's work without correctly acknowledging them.
5. Section 82ZE of the Commonwealth Crimes Act states that a person shall not *knowingly* or *recklessly*:
  - Use a telecommunications service supplied by a carrier to *menace* or *harass* another person; or
  - Use a telecommunications service supplied by a carrier in such a way as would be regarded by reasonable persons as being, in all circumstances, *offensive*.
6. He/she will be courteous and use appropriate language. Therefore, he/she will refrain from swearing, or using any forms of obscene, harassing, or abusive language. If he/she is a victim of such harassment, he/she will report the abuse immediately to the system administrator or a teacher.
7. He/she will not reveal personal information, including addresses and telephone numbers, about him/herself and/or others.
8. In fairness to others, he/she will make their Internet use as efficient as possible
9. He/she understands that WORLD WIDE WEB access ONLY is offered to students. He/she will not undertake MAIL, FTP, CHAT, INTERACTIVE GAMES, or other activities on the Internet.

### INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

### LOCAL EXCURSIONS FOR COMMUNITY ACCESS

As part of the focus of the school's inclusion policy providing programs that include learning life skills for independence and being included in the wider community. Children occasionally travel within the local area for minor excursions under the supervision of the teacher and may attend activities in local parks, nature reserves, another school, town council library or shopping area.

All care and provision is made for students when on community access as though attending an general excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks, bus rides or rides in staff cars or taxis to and from the school only.
- No, I do not give consent.

Name of student: \_\_\_\_\_ Year/Class/Room: \_\_\_\_\_

Name of person signing the consent form:

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

Please indicate relationship to the student

(e.g. parent/guardian/responsible person): \_\_\_\_\_

Signature: \_\_\_\_\_

