



KUNUNURRA DISTRICT HIGH SCHOOL

WA PUBLIC SCHOOL 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 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/responsible person 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 | <input type="checkbox"/> |
| Identity documents (if applicable) | <input type="checkbox"/> |
| ACIR(Australian Childhood Immunisation Register) History Statement-refer to attached flyer | <input type="checkbox"/> |
| Court order (if applicable) | <input type="checkbox"/> |
| Proof of address | <input type="checkbox"/> |

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 and Training 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. For a student with a disability who has significant and complex support needs the principal will negotiate to delay the first day of attendance with the parent/carer if the necessary teaching and learning adjustments are not currently available at the school;
- 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/responsible person.

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 school¹.

¹ Valid as of 22.8.2006

Parent Occupation Groups

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 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/ship's 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/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 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>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.</p>			

Student Details

Surname: _____ Residential Address: _____
Legal Surname: _____
1st Name: _____ Kununurra WA 6743
2nd Name: _____ Home Phone: _____
Preferred Name: _____ Mobile: _____
Date of Birth: _____ Email Address for School & P&C Contact: _____
Sex: Male Female _____
Names of siblings attending this school: _____
Previous School: _____
Or if previously enrolled in Home Education, specify the Education District: _____
Previous Community (if applicable): _____
Previous Community Parent Centre – eg One Tree (if applicable): _____

Is the student in the care of the Department for 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/Responsible Person Details

Child lives with:
Both parents Parent 1 Parent 2 Other (please specify): _____
(See next page to determine who is Parent/Responsible Person 1 & who is Parent/Responsible Person 2)
Is this student subject to Access Restrictions? YES NO
If YES, please attach supporting documentation.
Please indicate Salutation for mailing purposes: _____
(ie Mr & Mrs, Ms Miss Mr OR Mr Smith & Miss Jones)

Date for student to commence at KDHS: _____
Year: _____ Form: _____ Faction: _____

Parent/Responsible Person 1 Details (This should be the most available contact)

Title: _____ First Name: _____ What is the highest year of primary or secondary school you have completed?

Surname: _____ Year 12 or equivalent

Relationship to student: _____ Year 11 or equivalent

Postal address: _____ Year 10 or equivalent

_____ Year 9 or equivalent or below (if you did not attend school, mark this option)

Home Ph: _____

What is the highest qualification you have completed?

Mobile Ph: _____ Bachelor degree or above

Occupation/Workplace: _____ Advanced diploma/Diploma

Work phone: _____ Certificate I to IV (including trade certificate)

Do you mainly speak English at home? YES NO No non-school qualification

Do you speak a language other than English at home? What is your occupation group? _____
YES NO (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.)

If YES, please specify: _____

Parent/Responsible Person 2 Details (This should be the second-most available contact)

Title: _____ First Name: _____ What is the highest year of primary or secondary school you have completed?

Surname: _____ Year 12 or equivalent

Relationship to student: _____ Year 11 or equivalent

Postal address: _____ Year 10 or equivalent

_____ Year 9 or equivalent or below (if you did not attend school, mark this option)

Home Ph: _____

What is the highest qualification you have completed?

Mobile Ph: _____ Bachelor degree or above

Occupation/Workplace: _____ Advanced diploma/Diploma

Work phone: _____ Certificate I to IV (including trade certificate)

Do you mainly speak English at home? YES NO No non-school qualification

Do you speak a language other than English at home? What is your occupation group? _____
YES NO (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.)

If YES, please specify: _____

Emergency Contacts

Other Contact Details

Title: _____ First Name: _____

Surname: _____

Relationship to student: _____

Home Address: _____

Home Ph: _____ Mobile: _____

Occupation/ Workplace: _____

Work Phone: _____

Other Contact Details

Title: _____ First Name: _____

Surname: _____

Relationship to student: _____

Home Address: _____

Home Ph: _____ Mobile: _____

Occupation/ Workplace: _____

Work Phone: _____

Student Details – Additional Information

Religion: _____ (if applicable)

Do you give permission for your child's photo to be used in publication?
(e.g. school newsletter, videos, newspaper, website etc.) YES NO

Do you give consent for Release of Information regarding:

- Individual Award? YES NO
- Career Information (to Industry Group)? YES NO
- Exam Answers for inclusion in Education Publications? YES NO

Is the student of Aboriginal or Torres Strait Islander origin? YES NO

If YES: Aboriginal Torres Strait Islander Both

Does the student mainly speak English at home? YES NO

Does the student speak a language other than English at home? (eg. Aboriginal English, Kriol)

NO, English only YES, other – please specify _____

Health Card? YES NO Medicare Number: _____ Expiry Date: _____

Do you receive ABSTUDY? YES NO

In which country was the student born? Australia Other – please specify _____

Permanent Resident YES NO

Visa Sub Class Number: _____

Visa Expiry Date: _____

Date Entered Australia: _____

Temporary Resident YES NO

Visa Sub Class Number: _____

Visa Expiry Date: _____

Date Entered Australia: _____

Student Details – Medical / Health

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

If YES, please specify:

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| Allergy – Anaphylaxis | <input type="checkbox"/> | Hearing Condition (eg Otis media) | <input type="checkbox"/> |
| Allergy – Other | <input type="checkbox"/> | Mental health or behavioural (eg depression, ADD/ADHD) | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Intensive Health Care Need (eg tube feeding) | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Other _____ | |
| Diagnosed migraine/headaches | <input type="checkbox"/> | _____ | |
| Seizure Disorder (eg epilepsy) | <input type="checkbox"/> | | |

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 area. Copies of this documentation will be required for school records.

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| 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"/> |

Medical Practice: OVAHS Kununurra District Hospital Kununurra Medical Clinic

Do you give the school permission to: Administer First Aid Call a Doctor Call a Dentist

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.)

Name of person enrolling student: _____

Signature: _____ Date: _____

Office Use Only

Entry Date: ___/___/_____ Birth Certificate Sighted: YES NO (or passport or travel documents)

Immunisation Records Provided: YES NO Previous School: _____

Publication/Internet Permission from completed: YES NO Student No.: _____

Date Transfer Note Sent: ___/___/_____ Entered on Integris by: _____