



# KIARA COLLEGE

## STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

Year of enrolment: _____
Year level : _____

**A separate copy of this form must be completed for each student wishing to enrol at Kiara College. Submitting this form does not guarantee you will receive a place at the school, particularly if you do not live in the local intake area. You may be requested to attend an enrolment interview. Applicants will be notified in writing of the outcome.**

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the College.

*Note: If you are typing the information into this form, double click the check box  and select the radio button under the heading Default value 'Checked' and click OK. e.g. .*

### STUDENT DETAILS

Last Name: \_\_\_\_\_ Legal Last Name (if different): \_\_\_\_\_

Previous Last Name (if applicable): \_\_\_\_\_

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

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

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

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

Telephone (Home): \_\_\_\_\_ Parent Mobile: \_\_\_\_\_

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

Full Name/s of brothers/sisters attending this College (if any): \_\_\_\_\_

#### Student lives with:

Both Parents .....  Other .....

Parent/Guardian/Carer 1 .....  **Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

Parent/Guardian/Carer 2 .....  \_\_\_\_\_

Independent minor .....

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

#### Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STUDENT DETAILS – ADDITIONAL INFORMATION**

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child's vaccination status is  Up to date  Not up to date as at \_\_\_\_\_ (date of Statement)

OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at \_\_\_\_\_ (date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at \_\_\_\_\_ (date of Certificate)

Nationality: (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Student's First Language: \_\_\_\_\_

Is the student's descent:.....Aboriginal .  YES  NO

.....Torres Strait Islander (TSI)  YES  NO

.....Both Aboriginal and TSI  YES  NO

Does the student speak a language other than English at home? ..... YES  NO

Does the student mainly speak English at home? ..... YES  NO

NO, English only

YES, other - please specify: \_\_\_\_\_

*If more than one language, indicate the one that is spoken most often* \_\_\_\_\_

Australian Citizen/Permanent Resident: ..... YES  NO

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_

International Fee Paying (if known):..... YES  NO

Visa Grant Number (13 numbers) \_\_\_\_\_

Does the student receive any of the following allowances?

Secondary Assistance  Youth Allowance

Assistance for Isolated Children (AIC)  Abstudy

Previous School: \_\_\_\_\_

Has the student ever been excluded from another school?  No  Yes (please specify name of school)

\_\_\_\_\_

Is the student currently under suspension from another school?  Yes  No

Are there any siblings attending this College?  Yes  No

Reason for change of school (optional): \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

Movement reason (optional): \_\_\_\_\_

**CONFIDENTIAL**

Access Restriction - 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.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? .....  YES  NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

**CONSENT FORMS**

Parent consent is sought in ATTACHMENT 2 for a variety of College related activities.

**STUDENT DETAILS – MEDICAL / HEALTH**

In addition to the information below, the separate form (Student Health Care Summary) is to be completed for all students.

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

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

Please indicate if you have documentation about your child's disability in any of the following areas. (Copies of this documentation will be required for College 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                         |

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"/> 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: _____   |
| <input type="checkbox"/> Diagnosed migraine/headaches   |   |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) |   |

Is the student required to take any medications during the course of the school day?

**Please note the Nurse does not issue medication.**

Yes (please specify)  No

Medic Alert YES  NO

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. Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have ambulance cover?..... YES  NO

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

### **PARENT / GUARDIAN DETAILS**

#### **Parent/Guardian 1 Details**

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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: \_\_\_\_\_

Receive correspondence:  YES  NO

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

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

Occupation: \_\_\_\_\_

Workplace (name/address): \_\_\_\_\_

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

Do you mainly speak English at home? ..... YES  NO

Do you 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 primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- 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 certificate)
- No non-school qualification

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

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: \_\_\_\_\_ Last Name: \_\_\_\_\_

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 (name/address) \_\_\_\_\_

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

Do you mainly speak English at home? .....  YES  NO

Do you 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 primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
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- 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 certificate)
- No non-school qualification

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

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: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

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

**PRIVACY AND INFORMATION SHARING**

I understand that my child’s enrolment information is confidential and will be kept as required by the Department of Education’s record keeping procedures.

I understand 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.

Has your child previously been enrolled at Kiara College? YES NO

Does your previous school have a psychological file for your child? YES NO

Has your child ever been in Learning Support? YES NO

Has your child ever qualified for in-school education assistant support time? YES NO

How often was your child away from school **last** year?  
OFTEN OCCASIONALLY NOT OFTEN

How often has your child been away from school **this** year  
OFTEN OCCASIONALLY NOT OFTEN

Has your child ever participated in an alternative or extra-curricular education program eg sport, learning support, academic extension, specialist education or behaviour?

YES NO

If, Yes please explain.

**Has your child had any involvement with any of the following?**

	YES	NO	<b>Name of Contact</b>
Department of Child Protection			_____
Juvenile Justice Officer			_____
Youth Therapy Service/Youth Link			_____
Child & Adolescent Mental Health Services			_____

**SIGNATURE**

Person enrolling child is: \_\_\_\_\_

Biological Parent/Grandparent/Other Relative (*please circle one*)

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

**A Statutory Declaration needs to be completed if a person other than the biological parent/s is enrolling the child**

## ATTACHMENT 1

### Parent Occupation Groups

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

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

## CONSENT FORM

At Kiara College we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the College program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

### PARENT ACCESS TO CONNECT

I understand that **Connect** is an online learning environment where I can communicate easily with teachers, stay informed about my child's learning, securely access information about my child and engage in my child's learning. I give my consent for my email account to be used to give me access to Connect.

PLEASE TICK HERE  Yes

### MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the College will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

### INTERNET ACCESS

Student access to the internet is provided in accordance with the College policy (available from the office or College 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 College policy.
- No, I do not give consent.

### 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 College administration.
- No, I do not give consent.

### SMART RIDER PERMISSION WITH STUDENT PHOTOGRAPH

We acknowledge that parent/responsible person and student agree that the student can be issued with a Smart Rider Card which includes photo identification.

PLEASE TICK HERE  Yes

### MOBILE PHONES AND PORTABLE DEVICES POLICY

**We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Mobile Phones and Portable Devices Policy.**

PLEASE TICK HERE  Yes



**STUDENT UNIFORM POLICY**

**As a condition of enrolment, students agree to wear the College uniform at all times**

We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Student Uniform Policy.

**PLEASE TICK HERE**             **Yes**

**GOOD STANDING POLICY**

We acknowledge that parent/responsible person and student have read and fully understand and agree to comply with the Good Standing Policy.

**PLEASE TICK HERE**             **Yes**

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The College has a newsletter (ENews) accessible on the Website.

Please subscribe to [www.kiaracollege.wa.edu.au](http://www.kiaracollege.wa.edu.au)

NAME OF STUDENT: \_\_\_\_\_ YEAR: \_\_\_\_\_

Name of person signing the Consent Form:

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

**Please indicate relationship to the student (e.g. parent/guardian/responsible person):** \_\_\_\_\_



## OFFICE USE ONLY

Birth certificate

Passport

Student's Residency status:

Permanent Resident

Overseas Student: **If yes**, International fee paying: .....

YES

NO

Visa Sub Class \_\_\_\_\_

Visa Grant Number: \_\_\_\_\_

Country of Origin : \_\_\_\_\_

Date of Arrival in Australia \_\_\_\_\_

Visa Expiry Date \_\_\_\_\_

Previous School: \_\_\_\_\_

Publications/Internet Permission Form completed: .....  YES  NO

Computer Agreement: .....  YES  NO

USI Form Completed  YES  NO

Contributions and Charges Billing:  PG1: \_\_\_\_%  PG2: \_\_\_\_%  Other: \_\_\_\_\_

Official documentation:  
(including reports, to be sent to)  PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_\_

Immunisation history statement provided:  YES  NO

Vaccination status is  Up to date  Not up to date

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

Entered on College Information system by: \_\_\_\_\_ (Date): \_\_\_\_\_