**AUGUSTA PRIMARY SCHOOL**

 **ENROLMENT FORM**

**This form is to be completed for children who are new to Augusta Primary School.**

***When enrolling your child at Augusta Primary School, the following documentation MUST be provided:***

 *Birth certificate*  *Immunisation History Statement*  *Proof of address*  *Student Health Care Summary*

*If Applicable  Court order  Information relating to exclusions  Last school report from previous school (for Years P-6)*

*Please note: LEGAL NAMES must be used in every instance, use of preferred name rather than legal name must be discussed with enrolling officer. This form is to be completed by Parent / Guardian / Carer.*

### STUDENT DETAILS

STUDENT SURNAME ADDRESS

LEGAL SURNAME (*If Applicable*) SUBURB P/CODE

FIRST NAME POSTAL ADDRESS (*If different from residential address*)

MIDDLE NAME

PREFERRED NAME SUBURB P/CODE

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ GENDER:  Male  Female  Other ENROLLING IN SCHOOL YEAR \_\_\_\_\_\_\_FOR 202\_\_\_

FULL NAME/S OF BROTHERS AND SISTERS CURRENTLY AT APS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE UPDATE ALL CONTACT DETAILS FOR OLDER SIBLINGS**

###  FAMILY DETAILS

**CHILD LIVES WITH**  Both Parents  Parent/Guardian/Carer 1  Parent/Guardian/Carer 2  Independent minor

 Other Name Relationship to student

### PARENT/GUARDIAN/CARER DETAILS – CONTACT 1

*This person is recorded as the first point of contact. All correspondence will be sent to the address noted. This is generally the person who the student lives with and will be responsible for all billing contributions and charges.*

|  |  |  |
| --- | --- | --- |
| TITLE (please circle)SURNAME | Miss / Mrs / Mr / Ms / Dr Other   | ADDRESS SUBURB P/CODE  |
| FIRST NAME |   | POSTAL ADDRESS (*If different from residential address*)  |
| RELATIONSHIP TO STUDENT |   | SUBURB P/CODE  |
| HOME PHONE |   | MOBILE PHONE  |
| OCCUPATION |   | WORK PHONE  |
| WORKPLACE |   | EMAIL  |

COUNTRY OF BIRTH  Australia  Other:

MAIN LANGUAGE  English  Other/s:

SECONDARY SCHOOLING COMPLETED:  Year 12  Year 11  Year 10  Year 9  Year 8 (or equivalent)

HIGHEST QUALIFICATION COMPLETED:  Bachelor Degree or above  Advanced Diploma/Diploma  Cert I to IV/Trade Cert N/A OCCUPATION GROUP:  Group 1  Group 2  Group 3  Group 4  Not in paid work in last 12 months

*Please select appropriate parental occupation group from the list provided on the table below. 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **GROUP 1****Senior management in large business organisation, government administration & defence, and qualified professionals** | **GROUP 2****Other business managers, arts/media/sportspersons and associate professionals** | **GROUP 3****Tradesmen/women, clerks and skilled office, sales and service staff** | **GROUP 4****Machine operators, hospitality staff, assistants, labourers and related workers** |

**PARENT/GUARDIAN/CARER DETAILS – CONTACT 2** *This person is recorded as the second point of contact. This is generally the person who the student also lives with.*

|  |  |  |
| --- | --- | --- |
| TITLE (please circle)SURNAME | Miss / Mrs / Mr / Ms / Dr Other   | ADDRESS SUBURB P/CODE  |
| FIRST NAME |   | POSTAL ADDRESS (*If different from residential address*)  |
| RELATIONSHIP TO STUDENT |   | SUBURB P/CODE  |
| HOME PHONE |   | MOBILE PHONE  |
| OCCUPATION |   | WORK PHONE  |
| WORKPLACE |   | EMAIL  |

COUNTRY OF BIRTH  Australia  Other:

MAIN LANGUAGE  English  Other/s:

SECONDARY SCHOOLING COMPLETED:  Year 12  Year 11  Year 10  Year 9  Year 8 (or equivalent)

HIGHEST QUALIFICATION COMPLETED:  Bachelor Degree or above  Advanced Diploma/Diploma Cert I to IV/Trade Cert N/A OCCUPATION GROUP:  Group 1  Group 2  Group 3  Group 4  Not in paid work in the last 12 months

*Please select appropriate parental occupation group from the list provided on the table below. 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..*

|  |  |  |  |
| --- | --- | --- | --- |
| **GROUP 1****Senior management in large business organisation, government administration & defence, and qualified professionals** | **GROUP 2****Other business managers, arts/media/sportspersons and associate professionals** | **GROUP 3****Tradesmen/women, clerks and skilled office, sales and service staff** | **GROUP 4****Machine operators, hospitality staff, assistants, labourers and related workers** |

### FEES BILLING Choose ONE person only  Parent/Guardian/Carer 1  Parent/Guardian/Carer 2

###  *This is the person responsible for paying 100% of the student’s Contributions & Charges, this is the person who will receive all correspondence regarding Contributions and Charges and statements.*

**MAIL/EMAIL/TEXT COMMUNICATION**  Parent/Guardian/Carer 1  Parent/Guardian/Carer 2  Both Parents/Guardians/Carers

**OTHER EMERGENCY CONTACTS (IN ADDITION TO PARENT/GUARDIAN/CARER 1 AND 2)**

*List contacts in order of preference:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone Number** | **Relationship to Student** |
| 1.  |   | H M  |   |
| 2.  |   | H M  |   |

**PREVIOUS SCHOOL ENROLLED AT** LAST DATE OF ATTENDANCE

REASON FOR CHANGE OF SCHOOL (OPTIONAL)

If previously enrolled in Home Education, specify the Education Region: Has your child ever been excluded from a school?  Yes  No If YES, name of school

### CONFIDENTIAL INFORMATION

ACCESS RESTRICTIONS  Yes  No

COURT ORDERS Is this student subject to any court order in respect of their care, welfare and development?  Yes  No

If Yes, please provide details and attach documentation.

DUPLICATE REPORTS Duplicate student reports for both parents will be required.  Yes  No

DEPARTMENT OF CHILD PROTECTION Is this student in the care of the Department for Child Protections’ (DCP) Chief Executive Officer?  Yes  No

If Yes please specify contact details of Case Manager: Name

Dept. of Communities Phone

**ADDITIONAL STUDENT INFORMATION**

**COUNTRY OF BIRTH**  Australia  Other: RELIGION:

AUSTRALIAN CITIZEN/PERMANENT RESIDENT  Yes  No TEMPORARY RESIDENT  Yes  No

VISA DETAILS Date of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_ Visa Sub Class Number:\_\_\_\_\_\_\_\_ Visa Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_
STUDENTS FIRST LANGUAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language other than English spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If your child was not born in Australia, you must provide:***

 *Evidence of date of entry into Australia*  *Current visa & previous visas (if applicable)*  *Passport or travel documents*  *Current Australian citizenship*  *Visa Grant Documents*

***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).*

INDIGENOUS STATUS  Aboriginal  Torres Strait Islander  Neither *If both Aboriginal and Torres Strait Islander please tick both boxes*

### PARENTAL CONSENT CONSENT FROM PARENT/GUARDIAN/CARER

At Augusta Primary School 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 school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

More information can be obtained from our website: [www.augustaps.wa.edu.au](http://www.augustaps.wa.edu.au)

**PHOTO CONSENT**

|  |  |
| --- | --- |
| Students images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on our website, in newsletters and social media i.e. School Facebook page or on film/video. Their names may also be included but no contact details will be provided. 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. | * Yes I give consent to my child having his/her image and/or work published as described
* No I do not give consent
 |
|  |  |

**INTERNET ACCESS**

|  |  |
| --- | --- |
| Student access to the internet is provided in accordance with the School Policy (available from the 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
 |
|  |  |

**VIEWING CONSENT – ANNUAL CONSENT REQUIRED**

|  |  |
| --- | --- |
| Students often watch videos / DVDs and 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 request parental permission. | * Yes I consent to my child participating
* No I do not give consent
 |
|  |  |

**LOCAL EXCURSIONS – ANNUAL CONSENT REQUIRED**

|  |  |
| --- | --- |
| Students occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, shire library or shopping centre. On **all** occasions, parents will be notified of the local excursion. | * Yes I consent to my child participating
* No I do not give consent
 |
|  |  |

**CHAPLAINCY PROGRAM – ANNUAL CONSENT REQUIRED**

|  |  |
| --- | --- |
| The chaplain’s role is to provide pastoral care and support for students. The chaplain works under direction from school staff, both in the classroom and individually with students. The program is completely voluntary, and students and parents have the option whether to use the services of the chaplain. . | * Yes I consent to my child participating
* No I do not give consent
 |

**NAME AND SIGNATURE OF PERSON GIVING CONSENT**

**NAME**

**SIGNATURE**

**DATE**

###  STUDENT AGREEMENT (Please see insert)

**DRESS CODE**

I have read and agree to Augusta Primary School Dress code (insert)  Yes  No

### ONLINE THIRD PARTY

I have read and agree to Augusta Primary School Online 3rd Party (insert)  Yes  No

### MOBILE PHONE POLICY

I have read and agree to Augusta Primary School Mobile phone Policy (insert)  Yes  No

**NAME AND SIGNATURE OF STUDENT AGREEING**

**NAME SIGNATURE DATE**

### IMMUNISATION AND DISABILITY

ACIR IMMUNISATION HISTORY RECORD PROVIDED  YES  NO If No, please request from 1800 653 809 or email: acir@humanservices.gov.au

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.

Autism Spectrum Disorder Severe Mental Disorder

Deaf or Hard of Hearing Global Developmental Delay (prior to age 6)

Specific Speech Language Impairment Vision Impairment

Intellectual Disability Physical Disability

###  STUDENT HEALTH CARE/MEDICAL DETAILS

The Department’s [S*tudent Health Care* policy](http://det.wa.edu.au/policies/detcms/cms-service/download/asset/?asset_id=27785553) clarifies the actions to be undertaken by public schools to manage student health care needs.
**All students require a CURRENT** [**Student Health Care Summary**](https://apps.det.wa.edu.au/docserver/?key=RT11Zfoo6zWL3VK5DkhGQs) which is included in our enrolment pack or available from APS Administration Office. For students identified as having health conditions requiring support at school.

**STUDENT HEALTH CARE SUMMARY COMPLETED**  YES  NO

### DOCTOR SURGERY

PRACTICE NAME PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICE ADDRESS SUBURB P/CODE

NAME OF DOCTOR PERMISSION TO CALL DOCTOR  Yes  No

PERMISSION TO ADMINISTER FIRST AID  Yes  No

### DENTAL PRACTICE

PRACTICE NAME PHONE NUMBER

PRACTICE ADDRESS SUBURB P/CODE

NAME OF DENTIST PERMISSION TO CALL DENTIST  Yes  No

**AMBULANCE COVER**  Yes  No Provider:

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

MEDICARE NUMBER EXPIRY

HEALTH CARE CARD EXPIRY

*INSURANCE COVER - Parents/Guardians are advised that unless specifically advised otherwise, neither the school nor the Education Department provides insurance cover against injury or loss sustained by any student while at school or on a school organised activity. If parents wish to have such cover, they will need to organise this through a private insurance agency.*

###  SIGNATURE OF PERSON ENROLLING STUDENT

TITLE

FIRST NAME SURNAME

DATE

SIGNATURE RELATIONSHIP TO STUDENT

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

**This form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website:** [**http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/**](http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/)

### TRANSPORT

In most cases, transporting your child to school is the parents’ responsibility. Enquiries regarding school bus services should be directed either to School Bus Services on 08 9326 2625 or schoolbus@pta.wa.gov.au or to Augusta School Bus 0427 510 339

###  CONFIDENTIALITY

All information provided on this form will be treated confidentially ( s242 of the *School Education Act 1999).*