



SIR DAVID BRAND SCHOOL

Glick Rd, Coolbinia WA 6050
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Year of enrolment: _____

Year level : _____

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

Residential Address: _____

Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

Full Name/s of brothers and sisters attending this school:

Student lives with:

Both Parents ☐

Parent/Guardian/Carer 1 ☐

Parent/Guardian/Carer 2 ☐

Independent minor ☐

(Reg3. School Education Regulations 2000)

Other ☐

Name Relationship to student

For information on access restriction, see *Confidential* section (Pg 2) 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

Nationality (optional): _____ Country of Birth: _____

Religion: _____. Is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

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

(If more than one language, indicate the one that is
spoken most often.) ☐ NO, English only

☐ YES, other - please specify: _____

Australian Citizenship/Permanent Resident: ☐ YES ☐ NO

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

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

Does the student receive any of the following allowances:

☐ Secondary Assistance

☐ Youth Allowance

☐ Assistance for Isolated Children (AIC)

☐ Abstudy

Previous School: _____

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.

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 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

- | | |
|--|--|
| <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) | _____ |

Medical Practice (Name and Address): _____

Doctor's Name: _____ Telephone: _____

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

Dentist's Name: _____ Telephone: _____

Medicare No: ____ _ Ref: ____ _ Valid to: ____ / ____ _

Health Care Card (if applicable): ☐ YES ☐ NO. If Yes, please provide No. _____ Expiry Date: _____

Do you have ambulance cover? ☐ YES ☐ NO Provider: _____

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

Permission to call Doctor ☐ YES ☐ NO

Permission to administer first aid ☐ YES ☐ NO

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? ☐ 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: _____ 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? ☐ NO, English only ☐ YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

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OTHER CONTACT(S) 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.

Consent Form

At Sir David Brand 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.

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

- a. Classroom and school based recording purposes.
For example, student assessments and reports and portfolios of achievement for parent information and recording of school based activities such as term assembly and activity days.
☐ Yes, I give consent.
☐ No, I do not give consent.
- b. School publications for the wider school community.
For example newsletters and the annual school report.
☐ Yes, I give consent.
☐ No, I do not give consent.
- c. Information and publicity to the general community.
For example school brochures and publicity of student activities and achievements in local newspapers.
☐ Yes, I give consent.
☐ No, I do not give consent.
- d. Sir David Brand website.
For use on the school's website to inform prospective parents of our programs and keep the school community informed.
☐ Yes, I give consent.
☐ No, I do not give consent.
- e. Sir David Brand School Closed/Secret Facebook group for use and access by the Sir David Brand School community only.
☐ Yes, I give consent.
☐ No, I do not give consent.

In addition, see the Student's online policy.

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.

In addition, see the School's policy and the Student's online policy.

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.

LOCAL EXCURSIONS

Children occasionally walk or travel on school bus within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre.

- ☐ Yes, I consent to my child participating in teacher supervised local excursions.
- ☐ No, I do not give consent.

EXCHANGE OF STUDENT INFORMATION WITH OTHER AGENCIES OR PROFESSIONALS

- ☐ Disability Services Commission
- ☐ Department for Child Protection and Family Support
- ☐ Ability Centre
- ☐ Local Area Co-ordinators
- ☐ Department of Health
- ☐ Department of Transport, School Bus Services
- ☐ Therapy Service Provider (Please specify) _____
- ☐ Other (Please specify) _____
- ☐ Yes, I consent to exchange of information for the benefit of my child for those service providers indicated
- ☐ No, I do not give consent.

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'S APPROVAL

Principal's signature
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: ☐ PG1: ____% ☐ PG2: ____% ☐ Other: ____%

Official documentation: ☐ PG1: ____ ☐ PG2: ____ ☐ Other: ____
(including reports, to be sent to)

Immunisation records provided: ☐ YES ☐ NO

Form/Class: _____

House Faction: _____

Approved by Principal: ☐ NO

☐ YES on (Date): _____

Entered on School Information system by: _____ on (Date): _____

Student leaves school: (Date) _____ Date Transfer Note Sent: _____

Destination: _____

Records received from transferring school: ☐ NO ☐ YES 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.**