



This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year. 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.

Year level
Year of enrolment

When enrolling your child at Busseton Senior High School, the following documentation **MUST** be provided:

- Birth certificate Immunisation Statement Court order (if applicable) Proof of address Information relating to suspension/exclusion
- Information relating to disability Last school report from previous school

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 STUDENT MOBILE #

GENDER Male Female Other

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 ADDRESS

SURNAME 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

PLACE OF WORK 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	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	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	ADDRESS
SURNAME	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
PLACE OF WORK	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, enter 8.

GROUP 1 Senior management in large business organisation, government administration & defence, and qualified professionals	GROUP 2 Other business managers, arts/media/sports persons 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
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FEES BILLING
Person responsible for paying voluntary contributions/fees
 Parent Guardian 1 Parent Guardian 2 Other:

Does the student receive any of the following allowances?

 Secondary Assistance Youth Allowance Abstudy Assistance for Isolated Children (AIC)

SIBLINGS
First and last name of any brother/s or sister/s enrolled at Busseton Senior High School (including step-siblings)

OTHER EMERGENCY CONTACTS (OTHER THAN PARENT GUARDIAN 1 AND 2)
List contacts in order of preference (including parents)

Name	Phone Number	Mobile Number	Relationship to Student
1.
2.
3.
4.

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

REASON FOR CHANGE OF SCHOOL (OPTIONAL)

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

 Is your child currently under suspension from a school? Yes No If YES, name of school

 Has your child ever been excluded from a school? Yes No If YES, name of school

ADDITIONAL STUDENT INFORMATION

COUNTRY OF BIRTH Australia Other: MAIN LANGUAGE English Other/s:

RELIGION: Is the student to be withdrawn from religious instruction? Yes No

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)*

CONFIDENTIAL INFORMATION

ACCESS RESTRICTIONS 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

DCP District Phone

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 below and attach documentation.

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

PARENTAL CONSENT

CONSENT FROM PARENTS

At Busseton Senior High 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 and we also update parents through our newsletters. The school Newsletter is accessible on the Website. Our website is <http://www.busseltonshs.wa.edu.au/> If you would prefer this to be emailed to you please ensure that you include your email address in the parent guardian details.

SMART RIDER PERMISSION

I have completed an application form for my child to apply for a Student Smartrider Card.

Yes No

MEDIA 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, social media i.e. School Facebook page or on film/video. Their names may also be included (not on social media) 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.

Yes I give consent to my child having 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 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

VIEWING CONSENT

Students 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 require parental permission.

Yes I consent to my child participating
 No I do not give consent

PARENTS AND CITIZENS CONSENT

I give my permission for my details to be passed on the BSHS P&C Association which will enable the school to keep you informed and updated with information.

Yes No

LOCAL EXCURSIONS

Students occasionally walk 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. On all occasions, parents will be notified of the local excursion.

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

MOBILE PHONE POLICY

I have read Busseton Senior High Schools Mobile Phone Policy. I agree to abide by this policy.

Yes No

UNIFORM

All students are expected to wear school uniform as part of the School's Dress Code as endorsed by the School Board. I agree to meet this expectation

Yes No

INTERNET

I have read Busseton Senior High Schools Usage Agreement Policy. I agree to abide by this policy.

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.

- | | | | |
|--------------------------|-------------------------------------|--------------------------|---|
| <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 |

STUDENT HEALTH CARE/MEDICAL DETAILS

The Department's [Student Health Care policy](#) clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is included in the last pages of this Enrolment form. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

STUDENT HEALTH CARE SUMMARY COMPLETED (SEE LAST PAGES) 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

HEALTH CONDITION

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)

ENROLMENT PROCEDURE

This form is intended for children not enrolled at the school in the previous year. 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.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

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/>

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Birth Certificates can be ordered from Births, Deaths and Marriages on 1300 305 021 or by attending Busseton or Bunbury Court House

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21st Century state that 'the learning outcomes of educationally disadvantaged students '..... should.....' improve and, over time, match those of other students'.

ACCEPTABLE USAGE AGREEMENT FOR HIGH SCHOOL STUDENTS YEAR 7-12

If you use the online services of the Department of Education you must agree to the following rules:

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will not give anyone my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials; other examples are content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access websites that have been blocked by the school or the Department of Education.
- I will not use or distribute material from another source unless authorised to do so by the copyright owner.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all web-based communications.
- I will not use the Department's online services for personal gain or illegal activity, to bully, offend or intimidate others or to send inappropriate materials, including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the WA Department of Education or any other organisation.

MOBILE PHONE POLICY

Students should be discouraged from bringing their mobile phones to school, however, if a parent provides their child with a mobile device for safety reasons, they must ensure that the phone is not to be accessed over the school day. Students will have an opportunity to hand their phones in at Student Services on arrival at school and retrieve them as they leave at the end of the day. Phones will be secured in a phone locker for the duration of the day. Students who choose not to take up this opportunity are solely responsible for the security of their phone and accept the risks associated with them being stolen and/or damaged.

PROCEDURES

- * Students must turn their Mobile Phones off or to "aeroplane mode" as soon as they arrive at the School.
- * Students have the opportunity to hand in phones to Student Services on arrival at the School.
- * On leaving at the end of the day, students will report to Student Services and retrieve their phone. Student Services will again assist with this.
- * Any student found acting in breach of these guidelines can expect that a staff member will take possession of the mobile phone and deliver it to the Associate Principal who will issue a *Notice of Inappropriate Mobile Phone Usage* to the parent/caregiver. The mobile phone will be returned when:

FIRST BREACH: The letter is signed by a parent/caregiver and returned to the Associate Principal. The phone will be returned to the student at the end of that day.

SECOND BREACH: A parent is required to come in to the School to collect the mobile phone during the normal business hours of the school.

THIRD BREACH: The student will NOT be able to bring a mobile phone to the School.

- * Students who are repeatedly found to have breached the BSHS Mobile Phone Policy will face further consequences such as detention and loss of privileges and rewards.
- * If a student is found to have breached this policy and subsequently fails to relinquish their mobile phone to a staff member, they will immediately be referred to the relevant Associate Principal.
- * Any student found to use their phone to record, distribute or upload inappropriate images or videos of students, parents or staff on school premises will be suspended.

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School: BSHS	Year
Student's Name:	Date of Birth:
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

FAMILY CONTACT DETAIL	MEDICAL DETAILS
Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
	Doctor 2: Telephone:
	Dental Practice:
	Name of Dentist: Telephone
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date Card Number
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.
Long term medication – Complete the *Medication* section of the relevant health care plan – see below.
Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.
Note: All medication required must be supplied by parents/carers

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.
 Do you give permission for the school to share your child's health care information? **Yes No**
Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.
 If no, and the information is to be restricted, who can be informed of your child's health care information? _____

Does your child have one or more health condition(s) that will **require support** from school staff?
 No - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.
 Signature: _____ Date: _____

Yes - complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s): _____

SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF
 (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Conditions or Needs (Please specify)

YES NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? YES NO
 If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.

STUDENT HEALTH CARE SUMMARY con't

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes No

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No

If yes, provide details: _____

Parent/Care Name: _____ Signature: _____ Date: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

BSHS Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date: _____

Have relevant health care plans been issued to the parent? Yes No Date: _____

Has the Principal been informed if:

• specific training is required to support the student? Yes No

• the student's health care information is to be restricted? Yes No

Date *Student Health Care Summary* was completed and uploaded on SIS: / /

BSHS 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 (including reports, to be sent to) PG1: ____ PG2: ____ Other: _____

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.**