

ESPERANCE SENIOR HIGH SCHOOLA PROUD INDEPENDENT PUBLIC SCHOOL

OF	FICE USE ONLY	
Year:	Form:	
Student N USI:	O.:	

Student Enrolment Form

Please provide the follow	wing docun	nents wi	th this er	nrolment				
To be provided by the Parent/Carer:	☐ Copy of	f Immuniso f current C	ation Statu Court Orde	us - please see : ers <i>(if applicable</i> vided to you by	<i>e)</i>			
Section 1: Student Deta	ils	, 						
Surname								
Legal surname on birth certif (if different from above)	icate							
Previous surname (attach proof if applicable)								
First name <i>(given name)</i>								
Second name (middle name	J							
Third name (if applicable)								
Preferred name								
Date of birth								
Name of School transferring (If previously enrolled in Hom Education, please specify Ed Region)	ne	School:				Year Level:		
Gender	Gender □ Male □ Female □ Indeterminate		rminate/Inte	ersex				
5 . 1 1 . 1		Street						
Residential address		Suburb			State		Postcode	
Will the student be residing of Esperance Residential Colleg		☐ Yes		□No				
Student mobile								
		☐ Yes		□ No				
Does the student have any		Sibling's	name			Date o	f birth	
siblings (brothers or sisters) c								
Esperance Senior High School?								

Section 2: Parent/Carer Details		
	Parent/Carer 1	Parent/Carer 2
Title: Mr/Ms/Mrs/Miss		
First Name		
Surname		
Relationship to student (e.g. father, grandmother)		
Responsible for parenting	□ Yes □ No	□ Yes □ No
Lives with student	□ Yes □ No	□ Yes □ No
How will we communicate with you?	Parent/Carer 1	Parent/Carer 2
The school communicates via email, surface mail, and Connect notifications.	will receive all correspondence Includes mail – email/surface mail, reports, and Connect	I wish to receive: All correspondence □ Yes □ No
Reports are sent via email and Connect	notifications.	Or Reports □ Yes □ No
What is Connect? Please see the information sheet at the end of this enrolment form.		And/or Connect notifications □ Yes □ No
Email address (required for the above - please print clearly)		
Postal address (If different from student's residential address)		
Street/Post Office Box		
Suburb		
State		
Postcode		
Contact Numbers Home		
Mobile		
Work		
Which number would you like us to use as your emergency contact number?		
Responsible for payment of Contributions and Charges: Please note: this can only be sent to one person	□ Parent/Carer 1 □ Parent/ *If you have ticked Other - please of Additional Emergency Contact	

Section 3: Parent/Carer	Background Information		
	Parent/Carer 1	Parent/Carer 2	
	□ Yes □ No	□ Yes □ No	
Does the parent/carer speak a language other than English at	If Yes:	If Yes:	
home?	Main Language	Main Language	
	Second Language	Second Language	
What is the highest year of primary or secondary school that the parent/carer has completed? (For persons who have never attended school, mark year 9 or equivalent or below.)	 □ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent or below 	 □ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent or below 	
What is the highest qualification the parent/carer has completed?	 □ Bachelor degree or above □ Advanced diploma/Diploma □ Certificate I to IV (including trade certificate) □ No qualifications beyond school 	 □ Bachelor degree or above □ Advanced diploma/Diploma □ Certificate I to IV (including trade certificate) □ No qualifications beyond school 	
What is the occupation group of the parent/carer? (If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.)	 □ Group 1 Senior management in large business organisation, government administration, 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 □ Other Not in paid work in the last 12 months 	 □ Group 1 Senior management in large business organisation, government administration, 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 □ Other Not in paid work in the last 12 months 	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Section 4: Additional Em	ergency Cont	acts		
For an emergency where p order. For independent stud				alternative contacts in
	Contact		Contact	
Title (Mr/Ms/Mrs/Miss)				
First name				
Surname				
Relationship to student (e.g. grandmother, aunt)				
Responsible for parenting	☐ Yes	□No		
Address				
Email address (for correspondence - please print clearly)				
Contact Phone Number				
To receive (on behalf of a Parent)				
Mail and Connect	☐ Yes	□No		
Reports	☐ Yes	□ No		
Responsible for payment of Contributions and Charges if parent/carer 1 or 2 is not responsible. This can only be sent to one person.	□ Yes	□ No	□ Yes	□ No
Section 5: SMS communi	agtion for stu	dont unovalgiand ab	scopes and late as	rivalo
Section 5: SMS communi	callon for stu	deni unexplained ab	sences and late at	rivais
Parents will be informed by explanation has not been p messages will automaticall	rovided by you	. Please attempt to no	tify the Front Office	in advance. These
	Par	ent/Carer 1	Pare	nt/Carer 2
I wish to receive SMS text messages if my child is absent from school or late to school without an explanation. (Please ensure mobile phone number is	□ Yes	□No	☐ Yes	□ No

Section 6: Student Details - Additional Informa	tion
	□ Australian Citizen □ Other
Is the student an Australian citizen?	If other, please specify:
In which country was the student born?	□ Australia □ Other
Please provide a copy of your child's Birth Certificate	If other, please specify:
	☐ Permanent resident ☐ Temporary resident
Is the student a permanent or temporary resident? If a temporary resident, provide a copy of the current visa or passport.	If temporary resident: Visa Sub Class Number:
Please note: If your child is on a 482 visa, a tuition fee of \$4,000 per family per year will apply.	Visa Expiry Date:// Date entered Australia://
Does the student speak a language other than English	□ Yes □ No
at home? If more than one language, indicate the one that is	If yes: Main Language
spoken most often.	Second Language
Is the student of Aboriginal or Torres Strait Islander origin?	□ No □ Yes, Aboriginal □ Yes, Torres Strait Islander □ Yes, both Aboriginal and Torres Strait Islander
	□ Yes □ No
Is the student in receipt of an allowance?	If Yes: □ Secondary Assistance □ Abstudy
	□ Yes □ No
Does the family or student have a current Centrelink Family Health Care Card?	If Yes: Number:
	Expiry Date://
Is this student subject to any court orders/access	□ Yes □ No
restriction in respect of their care, welfare and development?	If Yes, please specify and attach supporting documentation.
	□ Yes □ No
Is this student in the care of the Department of Child Protection and Family Services (DCPFS)?	If Yes, please specify the DCPFS Case Manager, their DCPFS District and their contact telephone number in Section 4. Additional Emergency Contacts.
Reason for leaving previous school?	
Religion (Religious education is not offered at our school)	

Section 7: Form 1 - Student H	lealth Care Summary
Section 7a - Your child's Medical [Details
Medical Practice	
Doctor	
Telephone	
Do you give permission for the school to seek medical attention for your child?	□ Yes □ No
Do you give permission for the school to administer First Aid if required?	□ Yes □ No
Dental Practice	
Dentist	
Telephone	
Do you give permission for the school to seek dental attention for your child?	□ Yes □ No
Do you have ambulance insurance? If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.	☐ Yes ☐ No If yes, Insurance Provider
Medicare Number	Card Number: Individual Reference Number: Expiry Date://
Health Care Card	☐ Yes ☐ No If yes: Card Number: Expiry Date://
Administration of Medication Written authorisation must be provi	ded for staff to administer any form of medication at school.
·	ete the Medication section of the relevant Health Care Plan. et an Administration of Medication form to complete and return to the school.
Note: All medication required must I	oe supplied by parents/carers.
Proof of Immunisation Status It is an enrolment requirement that preminded to ensure this is done.	parents provide an Immunisation History Statement to the school. Parents are
be found via your Medicare online o	our child's immunisation register or baby book. An AIR History Statement can account, myGov account (if your Medicare account has been linked), or R general enquiries line on 1800 653 809.
The student's Australian Immunisc	ation Register AIR History statement shows the immunisation status is:
☐ Up to date ☐ Not up to date	☐ Student has an Immunisation Certificate issued by the Chief Health Officer

Section 7: Form 1 - Student Health C	are S	Summary continued		
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? Note: If your child is enrolled in TAFE or an alternative education program, the school may transfer their health care information to the principal or manager of that program.		☐ Yes ☐ No If you do not agree to have this information shared with o authorised organisations, who else can be informed of you child's health care information? NO☐ - PLEASE MOVE STRAIGHT TO THE DISCLAIMER		
Does your child have any health or learning conditions that will <i>require support</i> from school staff?		If your child's requirements change, please notify the school. YES Only tick this box if your child requires support from staff. Please complete section 7b below and sign the disclaimer. You will be given additional forms to complete.		
Section 7b - Only to be completed if you t	ticked	I YES for the last question.		
In the following table, please indicate you In response to the information below, you		d's condition/s which require the support of school staff. be given further forms to complete.		
Diagnosed Health Conditions	✓	Diagnosed Learning Conditions (Form 2)	✓	
Severe allergy/anaphylaxis (Form 4)		ADHD/ADD/ODD		
Minor and moderate allergies (Form 5)		Anxiety		
Diabetes		Autism Spectrum Disorder (ASD)		
Seizures		Dyscalculia		
Asthma (Form 8)		Dysgraphia		
Activities of daily living		Dyslexia		
Hearing/Vision Condition Please specify:		Processing deficits e.g., CAPD		
Comment/Additional information:				
Will school staff require specific training to support your child?		□ Yes □ No		
If you have ticked yes for specific staff tr or Deputy Principal.	ainin	g, please discuss the type of training needed with the Pri	ncipal	
Section 7c - Consent for photo identification on your child's health care plan				
If your child has a condition where an emergency may occur, do you give consent for staff to place your child's medical details and photo on view to provide immediate		□ Yes □ No		
Section 7d - Medic Alert information				
Does your child have a Medic Alert bracelet	or	□ Yes □ No		
pendant?	Oi	If yes, please provide details:		
DISCLAIMER: I declare that the information provided or	n this	form is true and correct according to my knowledge.		
Parent/Carer's Name:		Signature:Date:/	/	

Section 8.	1 Permissions	(Parent/Carer to acknowledge)
Digital Rel	ease Permissions	
work while their work is	they are at the school, for takir s often published to enable the	ce Senior High School (ESHS) may record sound and/or vision of a student and their na part in school related activities or performances. Photographs of students and students to share their experiences and inform parents and the community about the of mean that the student loses ownership of their work.
	ission for ESHS to use images Department of Education.	of my child in publications and digital format to promote ESHS and the Western
	Permission granted	\square 2. Permission NOT granted \square 3. Restricted: Give details
(NB:	Ticking box 2 will mean t	hat your child will not appear in school publications of any nature.)
Smart Ride	er Permission with studen	t photo
		sional fares on TransWA. This includes local town bus services. These cards are also The cost of a new Smart Rider Card and all replacements is \$2.00.
Would you	like your child to be issued a	Smart Rider Card that includes an identity photograph? YES \square NO \square
The followi		(Parent/Carer AND student to acknowledge and sign) the school's website at www.esperanceshs.wa.edu.au and in the ESHS ailable on request.
ICT Code	of Conduct Policy and Acc	eptable Usage Agreement
		oility for knowing the contents of the ESHS ICT Code of Conduct Policy and must ow the rules will result in loss of network and device use.
We (Parent Policy.	//Carer and Student) have re	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here
Policy.	c/Carer and Student) have re	ad, fully understand and agree to comply with the Acceptable Network Usage
Policy. Mobile Pho To ensure th	ones Policy nat the privacy and security of these devices, student use dur	ad, fully understand and agree to comply with the Acceptable Network Usage
Policy. Mobile Pho To ensure the affected by of our policy	ones Policy nat the privacy and security of these devices, student use dur	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here
Policy. Mobile Pho To ensure the affected by of our policy. We (Parent)	ones Policy nat the privacy and security of these devices, student use dur	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here all people within our school are protected and teaching/learning is not negatively ing school hours and school functions must be appropriate and within the guidelines ad, fully understand and agree to comply with the mobile phone policy.
Policy. Mobile Pho To ensure the affected by of our policy We (Parent Student Un Students at	pones Policy nat the privacy and security of these devices, student use dury. I/Carer and Student) have reposite the policy ESHS are expected to maintain	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here all people within our school are protected and teaching/learning is not negatively ing school hours and school functions must be appropriate and within the guidelines ad, fully understand and agree to comply with the mobile phone policy.
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Policy. Mobile Pho To ensure the affected by of our policy. We (Parent Student Units at students at students again we (Parent).	pones Policy and the privacy and security of these devices, student use dury. A/Carer and Student) have respected to maintain ree to the wearing of the school.	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here all people within our school are protected and teaching/learning is not negatively ing school hours and school functions must be appropriate and within the guidelines ad, fully understand and agree to comply with the mobile phone policy. Please tick here a high level of dress standard and personal presentation at all times. Parents and ol uniform at all times as a condition of enrolment. ad, fully understand and agree to comply with the uniform policy. Please tick here Please tick here
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Policy. Mobile Pho To ensure the affected by of our policy. We (Parent Student Un Students at students again we (Parent Whole Sch ESHS has nu prohibited for terms and, we (Parent).	pones Policy and the privacy and security of these devices, student use dury. The Carer and Student) have remained to the wearing of the school Positive Behaviour Pomerous procedures in place to the maintain in any extraphere applicable, into the follow.	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here all people within our school are protected and teaching/learning is not negatively ing school hours and school functions must be appropriate and within the guidelines ad, fully understand and agree to comply with the mobile phone policy. Please tick here a high level of dress standard and personal presentation at all times. Parents and ol uniform at all times as a condition of enrolment. ad, fully understand and agree to comply with the uniform policy. Please tick here licy rensure students behave appropriately. A student who has been suspended is curricular activities for a period of 20 school weeks (and this will carry over school
Policy. Mobile Pho To ensure the affected by of our policy. We (Parent Student Units at students again we (Parent Whole Sch ESHS has nuprohibited for terms and, we (Parent Manageme)	pones Policy and the privacy and security of these devices, student use dury. A/Carer and Student) have remiform Policy ESHS are expected to maintain ree to the wearing of the school A/Carer and Student) have removed procedures in place to the maintain in any extraorder applicable, into the follow A/Carer and Student) have rent Policy (available on requent po	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here all people within our school are protected and teaching/learning is not negatively ing school hours and school functions must be appropriate and within the guidelines ad, fully understand and agree to comply with the mobile phone policy. Please tick here a high level of dress standard and personal presentation at all times. Parents and oll uniform at all times as a condition of enrolment. ad, fully understand and agree to comply with the uniform policy. Please tick here blicy ensure students behave appropriately. A student who has been suspended is curricular activities for a period of 20 school weeks (and this will carry over school wing year, excluding school holidays). ad and fully understand and agree to comply with the school's Behaviour st or on the school's website at www.esperanceshs.wa.edu.au).
Policy. Mobile Pho To ensure the affected by of our policy. We (Parent Student Un Students at students age We (Parent Whole Sch ESHS has nu prohibited for terms and, v We (Parent Manageme Policy Age	pones Policy and the privacy and security of these devices, student use dury. A/Carer and Student) have remiform Policy ESHS are expected to maintain ree to the wearing of the school A/Carer and Student) have removed procedures in place to the maintain in any extraorder applicable, into the follow A/Carer and Student) have rent Policy (available on requent po	ad, fully understand and agree to comply with the Acceptable Network Usage Please tick here all people within our school are protected and teaching/learning is not negatively ing school hours and school functions must be appropriate and within the guidelines ad, fully understand and agree to comply with the mobile phone policy. Please tick here at a high level of dress standard and personal presentation at all times. Parents and ol uniform at all times as a condition of enrolment. ad, fully understand and agree to comply with the uniform policy. Please tick here licy rensure students behave appropriately. A student who has been suspended is curricular activities for a period of 20 school weeks (and this will carry over school wing year, excluding school holidays). ad and fully understand and agree to comply with the school's Behaviour st or on the school's website at www.esperanceshs.wa.edu.au). Please tick here Carer AND student to acknowledge and sign)

Section 9: Declaration	
It is your responsibility to notify Esperance Senior High School of this enrolment form.	f any changes to the information provided on
Name of parent/carer enrolling the student and providing consents:	
(Please print)	
Relationship to student:	
Signature:	Date://
Student Signature:	Date:/



What is Connect?

Connect is an integrated online environment developed 'in-house' by the Department of Education for staff, students and parents in public schools. Connect is integrated with existing Department systems and services including digital resources, Western Australian Curriculum, email and Reporting to Parents.

You will be able to see information specific to your own child or children such as:

- The classes in which your children are enrolled
- Class calendars
- Week by week attendance information
- Assessment Outlines information
- Assessments and results for your own child
- Work provided on Connect for your child
- Notices from classes.

Please note that class use of *Connect* will vary depending on computer availability for students at school and the nature of the subject.

How to access Connect

Upon enrolment, parents will be given their own secure login to Connect through the school. This will be a

P-number as a username and a starting password that you can change.

The web address to access Connect is: http://connect.det.wa.edu.au

If you have multiple children, you will only need one login - even if your children attend different public schools.

You will require Internet access and a computer, tablet or smartphone device

Student Access to Connect

Student's access Connect using their school user name and password. Student user accounts are managed at school.

Connect Now App

Download the free Connect Now App for Android or iOS. The app lets you receive "Notification" alerts and participate in discussions.

This Connect information is provided in the School Handbook for you to keep.



ESPERANCE SENIOR HIGH SCHOOL

A PROUD INDEPENDENT PUBLIC SCHOOL

Address: Pink Lake Road PO Box 465, ESPERANCE WA 6450 **Phone:** (08) 9071 9555

Website: www.esperanceshs.wa.edu.au **Email:** <u>esperance.shs@education.wa.edu.au</u>

A strong community, creating opportunities for personal excellence

OFFICE USE OINLY
DOCUMENTS REQUIRED WITH ENROLMENT APPLICATION
☐ Birth Certificate received
□ AIR (Immunisation) Statement received
□ Court Orders and/or DCP Letter of Notification (if required - SS)
☐ Visa Grant Notification received (if required)
☐ Health Care Plan/s received (if required)
Checked/Entered by:
PRIOR TO ENROLMENT
☐ Enter Student Number (Data Export File or SIRS)
☐ Add to Cohort, Enter Year & Faction/Form (Semester 2 onwards, add to following year's cohort)
☐ Link Siblings (if applicable) and Tick Family Representative (if youngest child, untick older sibling)
□ Enter Contact Email Address (Personal and PG tabs)
□ Complete PG1 & PG2 Details (General & Additional Tabs)
☐ Add to Relevant Groups (if applicable)
☐ Tick the Boarder box in Additional (if attending ERC)
□ Adjust Relevant UDI's (e.g., Smartrider Photo, Internet, Residential College etc.)
☐ Enter SMS Preference in Note Box (e.g. :SMSBOTH:, :SMSPG1: or :SMSPG2:)
□ Create Student File (including labels)
Checked/Entered by:
TRANSITION CHECKLIST (current Year 6's)
☐ Send Transition & Connect Letter (email or post)
☐ Send Transfer Note (only applicable if from District HS)
□ Request Data Export File from Primary School
□ Enter Student in Y6 Tracking Spreadsheet
Checked/Entered by:
FIRST DAY OF ENROLMENT
☐ Take Student Photo upon arrival (input via Irfanview once in Current)
☐ Check Student Timetable before moving to the Current Roll
☐ Create Attendance with Speed Edit (once complete, sync into SEQTA)
☐ Circulate Student Timetable to relevant Staff (add copy in timetable folders)
☐ Generate Transfer Note - Email Previous School (if from interstate, give parent relevant paperwork to submit)
☐ Receive Data Export File and load into SIS
☐ Add to Smartrider Call-up in Daily Notices
☐ Create Subject Billing Items (only after beginning of year billing process, adjust items if required)
☐ Add Internet Access in DAM (enter next day after enrolment)
□ Notify Library if 2 nd Parent Connect Access required
□ Notify Nurse of any medical conditions outside of SIS Parameters
Checked/Entered by: