



Year: Form:

Student No.:

USI:

Student Enrolment Form

Please provide the following documents with this enrolment

To be provided by
the Parent/Carer:

- Copy of Birth Certificate
- Proof of Immunisation Status - please see Section 7
- Copy of current Court Orders *(if applicable)*
- Any Health Care Forms provided to you by the school

Section 1: Student Details

Surname				
Legal surname on birth certificate <i>(if different from above)</i>				
Previous surname <i>(attach proof if applicable)</i>				
First name <i>(given name)</i>				
Second name <i>(middle name)</i>				
Third name <i>(if applicable)</i>				
Preferred name				
Date of birth				
Name of School transferring from <i>(If previously enrolled in Home Education, please specify Education Region)</i>	School: _____ Year Level: _____			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex			
Residential address	Street			
	Suburb	State	Postcode	
Will the student be residing at the Esperance Residential College?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student mobile				
Does the student have any siblings <i>(brothers or sisters)</i> at Esperance Senior High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sibling's name	Date of birth		

Section 2: Parent/Carer Details		
	Parent/Carer 1	Parent/Carer 2
Title: Mr/Ms/Mrs/Miss		
First Name		
Surname		
Relationship to student <i>(e.g. father, grandmother)</i>		
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will we communicate with you? The school communicates via email, surface mail, and Connect notifications. Reports are sent via email and Connect What is Connect? Please see the information sheet at the end of this enrolment form.	Parent/Carer 1 - Will automatically receive all correspondence: Mail – email/surface mail, reports, and Connect notifications. Please provide email address below.	Parent/Carer 2 - If you wish to receive all correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide email address Below.
Email address <i>(required for the above - please print clearly)</i>		
Postal address <i>(If different from student's residential address)</i> 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	<input type="checkbox"/> Parent/Carer 1 <input type="checkbox"/> Parent/Carer 2 <input type="checkbox"/> Other* <i>*If you have ticked Other - please give person's name in Section 4. Additional Emergency Contact</i>	

Section 3: Parent/Carer Background Information

	Parent/Carer 1	Parent/Carer 2
Does the parent/carer speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Main Language _____ Second Language _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Main Language _____ Second Language _____
What is the highest year of primary or secondary school that the parent/carer has completed? <i>(For persons who have never attended school, mark year 9 or equivalent or below.)</i>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the highest qualification the parent/carer has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No qualifications beyond school	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No qualifications beyond school
What is the occupation group of the parent/carer? <i>(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.)</i>	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> 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 Emergency Contacts

For an emergency where parent/carer 1 and 2 cannot be contacted, please provide alternative contacts in order. For independent students, this is the first point of contact in an emergency.

	Contact	Contact
Title (<i>Mr/Ms/Mrs/Miss</i>)		
First name		
Surname		
Relationship to student (<i>e.g. grandmother, aunt</i>)		
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		
Email address (<i>for correspondence - please print clearly</i>)		
Contact Phone Number		
To receive (<i>on behalf of a Parent</i>)		
Mail and Connect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reports	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: SMS communication for student unexplained absences and late arrivals

Parents will be informed by text message each time their child is absent or late for the day and an explanation has not been provided by you. Please attempt to notify the Front Office in advance. These messages will automatically go to parent/carer 1 unless you indicate otherwise below.

	Parent/Carer 1	Parent/Carer 2
I wish to receive SMS text messages if my child is absent from school or late to school without an explanation. (<i>Please ensure mobile phone number is provided for contact.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Student Details - Additional Information

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

Section 7: Form 1 - Student Health 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission for the school to administer First Aid if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Practice	
Dentist	
Telephone	
Do you give permission for the school to seek dental attention for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have ambulance insurance? If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Insurance Provider _____ (Name of Insurer only - Membership number not required)
Medicare Number	Card Number: _____ Individual Reference Number: _____ Expiry Date: __ / __ / _____
Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Card Number: _____ Expiry Date: __ / __ / _____

Administration of Medication

Written authorisation must be provided for staff to administer any form of medication at school.

For **Long Term Medication**: complete the Medication section of the relevant Health Care Plan.

For **Short Term Medication**: request an Administration of Medication form to complete and return to the school.

Note: All medication required must be supplied by parents/carers.

Proof of Immunisation Status

It is an enrolment requirement that parents provide an Immunisation History Statement to the school. Parents are reminded to ensure this is done.

Please do NOT attach a copy of your child's immunisation register or baby book. An AIR History Statement can be found via your Medicare online account, myGov account (if your Medicare account has been linked), or alternatively you can contact the AIR general enquiries line on 1800 653 809.

The student's Australian Immunisation 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 Care 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 other authorised organisations, who else can be informed of your child's health care information?

Does your child have any health or learning conditions that will *require support* from school staff?

NO - PLEASE MOVE STRAIGHT TO THE DISCLAIMER

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 ticked YES for the last question.

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 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 training, please discuss the type of training needed with the Principal or Deputy Principal.

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 pendant?

Yes No

If yes, please provide details:

DISCLAIMER:

I declare that the information provided on 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 Release Permissions**

The Department of Education and Esperance Senior High School (ESHS) may record sound and/or vision of a student and their work while they are at the school, for taking part in school related activities or performances. Photographs of students and their work is often published to enable the students to share their experiences and inform parents and the community about the school's programs and events. This does not mean that the student loses ownership of their work.

I give permission for ESHS to use images of my child in publications and digital format to promote ESHS and the Western Australian Department of Education.

1. **Permission granted** 2. **Permission NOT granted** 3. **Restricted: Give details**

(NB: Ticking box 2 will mean that your child will not appear in school publications of any nature.)

Smart Rider Permission with student photo

Smart Rider cards allow access to concessional fares on TransWA. This includes local town bus services. These cards are also an important form of photo identification. 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 NO

Section 8.2 Policy Agreements (Parent/Carer AND student to acknowledge and sign)

The following policies are available on the school's website at www.esperanceshs.wa.edu.au and in the ESHS School Handbook. Hard copies are available on request.

ICT Code of Conduct Policy and Acceptable Usage Agreement

All students at ESHS must accept responsibility for knowing the contents of the ESHS ICT Code of Conduct Policy and must agree to abide by the policy. Failure to follow the rules will result in loss of network and device use.

We (Parent/Carer and Student) have read, fully understand and agree to comply with the Acceptable Network Usage Policy. Please tick here

Mobile Phones Policy

To ensure that the privacy and security of all people within our school are protected and teaching/learning is not negatively affected by these devices, student use during school hours and school functions must be appropriate and within the guidelines of our policy.

We (Parent/Carer and Student) have read, fully understand and agree to comply with the mobile phone policy. Please tick here

Student Uniform Policy

Students at ESHS are expected to maintain a high level of dress standard and personal presentation at all times. Parents and students agree to the wearing of the school uniform at all times as a condition of enrolment.

We (Parent/Carer and Student) have read, fully understand and agree to comply with the uniform policy. Please tick here

Whole School Positive Behaviour Policy

ESHS has numerous procedures in place to ensure students behave appropriately. A student who has been suspended is prohibited from participating in any extra-curricular activities for a period of 20 school weeks (and this will carry over school terms and, where applicable, into the following year, excluding school holidays).

We (Parent/Carer and Student) have read and fully understand and agree to comply with the school's Behaviour Management Policy (available on request or on the school's website at www.esperanceshs.wa.edu.au). Please tick here

Policy Agreements (Parent/Carer AND student to acknowledge and sign)

Parent/Carer Signature: _____

Date: __/__/____

Student Signature: _____

Date: __/__/____

Section 9: Declaration

It is your responsibility to notify Esperance Senior High School of any changes to the information provided on this enrolment form.

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: esperance.shs@education.wa.edu.au

*A strong community, creating opportunities
for personal excellence*

OFFICE USE ONLY

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: _____

ENTER IN ADMISSIONS ROLL PRIOR TO ENROLMENT

- Enter Student Number (Data Export File or SIRS)
- Request Export Data File from previous school (Government only) and load into SIS/Admissions
- 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 (Smart Rider Card and Photo, Residential College, Clontarf, FTD, Stars, Medical)
- Enter SMS Preference in Note Box (e.g. :SMSBOTH:, :SMSPG1: or :SMSPG2:)
- Create Student File for compactus with a name label.

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 Export Data 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 has a Timetable before moving to the Current Roll
- Create Attendance with Speed Edit (once complete, sync into SEQTA)
- Circulate Student Timetable to relevant Staff if starting after Day One
- Generate Transfer Note - Email Previous School (if from interstate, give parent relevant paperwork to submit)
- Add to Smart Rider Call-up in Seqta Notices
- Create Subject Billing Items (only after beginning of year billing process, adjust items if required)
- PG2 or 2nd Parent Connect Access required
- Notify Nurse of any medical conditions outside of SIS Parameters

Checked/Entered by: _____