Year of enrolment: _____
Year level: _____

CARRAMAR PRIMARY SCHOOL

STUDENT ENROLMENT FORM

This form is to be completed for children whose application has been accepted by the school.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the 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	☐	Other	☐
Parent/Guardian/Carer 1	☐	**Name**	**Relationship to student**
Parent/Guardian/Carer 2	☐	_____	_____

For information on access restriction, see *Confidential* section of this form.

Emergency Contacts

Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the *preferred emergency contact.*

Parent/guardian/carer 1 ☐ Parent/guardian/carer 2 ☐ Other contacts ☐

Child lives with: Parent/guardian/carer 1 ☐ Parent/guardian/carer 2 ☐
Both parents ☐ Neither parent ☐

Is this student subject to Access Restriction? Yes ☐ No ☐
If YES, please attach supporting documentation.

STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality: _____ Country of Birth: _____

Religion: _____

Is the student descent:	Aboriginal	☐ YES	☐ NO
	Torres Strait Islander (TSI)	☐ YES	☐ NO
	Both Aboriginal and TSI	☐ YES	☐ NO

Does the student mainly speak English at home? ☐ YES ☐ NO

Does the student speak a language other than English at home? ☐ 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

Previous School: _____

If previously enrolled in Home Education, specify the Education District: _____

Movement reason (if applicable): _____

PARENT/GUARDIAN/CARER DETAILS

PARENT/GUARDIAN/CARER 1 Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to child: _____

Postal address (if different from child's residential address): _____

_____

Telephone (Home): _____ Email Address: _____

Occupation/workplace: _____

Telephone (Work): _____ Mobile: _____

Do you mainly speak English at home? ☐ YES ☐ NO *(If no please specify what language)*

What is the highest year of primary or secondary school you have completed?		What is the level of the highest qualification? You have completed?	
Year 12 or equivalent	☐	Bachelor degree or above	☐
Year 11 or equivalent	☐	Advanced diploma/diploma	☐
Year 10 or equivalent	☐	Certificate I to IV (including trade certificate)	☐
Year 9 or equivalent or below	☐	No non-school qualification	☐

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? ( ) (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided. 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' above.

PARENT/GUARDIAN/CARER 2 Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to child: _____

Postal address (if different from child's residential address): _____

_____

Telephone (Home): _____ Email Address: _____

Occupation/workplace: _____

Telephone (Work): _____ Mobile: _____

Do you mainly speak English at home? ☐ YES ☐ NO *(If no please specify what language)*

What is the highest year of primary or secondary school you have completed?		What is the level of the highest qualification? you have completed?	
Year 12 or equivalent	☐	Bachelor degree or above	☐
Year 11 or equivalent	☐	Advanced diploma/diploma	☐
Year 10 or equivalent	☐	Certificate I to IV (including trade certificate)	☐
Year 9 or equivalent or below	☐	No non-school qualification	☐

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? ( ) (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided. 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' above.

OTHER CONTACT(S) DETAILS

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address _____

Telephone (Home): _____ Email Address: _____

Occupation/workplace: _____

Telephone (Work): _____ Mobile No.: _____

Please advise the school if there are any other contacts you would like recorded.

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.

- ☐ Autism Spectrum Disorder
- ☐ Deaf or hard of hearing
- ☐ Specific speech language impairment
- ☐ Intellectual disability
- ☐ Severe mental disorder
- ☐ Global Developmental Delay (prior to age 6)
- ☐ Vision impairment
- ☐ Physical disability

Does the student have a medical condition or intensive health care need? ☐ YES ☐ NO

If YES, please specify.

- ☐ Allergy – Anaphylaxis
- ☐ Allergy – Other _____
- ☐ Asthma
- ☐ Diabetes
- ☐ Diagnosed migraine/headaches
- ☐ Seizure Disorder (eg epilepsy)
- ☐ Hearing condition (eg otitis media)
- ☐ Mental Health or behavioural (eg depression, ADD/ADHD)
- ☐ Intensive Health Care Need (eg tube feeding)
- ☐ Other _____ _____

If the child has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

Medical Practice (Name and Address) _____

Doctor's Name: _____ Telephone: _____

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

Dentist's Name: _____ Telephone: _____

Medicare No. __ __ __ __ __ __ __ __ __ __ __ __ Valid to: _____/_____

Health Care Card (if applicable): ☐ YES ☐ NO. If YES, please provide no. _____ Exp. Date: _____

Do you have ambulance cover? ☐ YES ☐ NO

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

SMS MOBILE PERMISSION

I wish to receive SMS text messages if my child is absent from school without explanation. ☐ YES ☐ NO

I wish to receive School Community messages ☐ YES ☐ NO

PG 1 Mobile Number _____ PG 2 Mobile Number _____

I declare that the information provided on this form is true.

Name of person enrolling student: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

As per Department Policy, enrolment in Kindergarten does not guarantee enrolment at the same school for the following compulsory year unless the child lives in that school's local-intake area.

Signature: _____ Date: _____

OFFICE USE ONLY

Entry date: / / **Date transfer note sent:** / /

Previous School: **Records Received:** **YES ☐** **NO ☐**

Publications/internet permission form completed: **YES ☐** **NO ☐**

Immunisation records sighted: **YES ☐** **NO ☐**

Form/class: **House/faction:**

Entered on School Information System by: **Date:** / /

Leave Date: / / **Destination:** **Records Sent:** **YES ☐** **NO ☐**