



HARVEY SENIOR HIGH SCHOOL  
51 SOUTH WEST HIGHWAY  
HARVEY WA 6220

## ENROLMENT FORM

STUDENT NAME: \_\_\_\_\_

Year: \_\_\_\_\_ in 20\_\_

DOB: \_\_\_\_\_

Telephone: [08] 97823800

Email: [Harvey.SHS@education.wa.edu.au](mailto:Harvey.SHS@education.wa.edu.au)

Web: [www.harveyshs.wa.edu.au](http://www.harveyshs.wa.edu.au)

### OFFICE USE ONLY

Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Transfer Note Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School: \_\_\_\_\_

Records Received: YES  NO

Photos/Publications/Internet Permission Form Completed: YES  NO

Birth Certificate provided: YES  NO

Immunisation records provided: YES  NO

Medical Form req'd YES  NO  Returned: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NCCD recording YES  NO  \_\_\_\_/\_\_\_\_/\_\_\_\_ LBOTE: YES  NO  \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered on School Information System by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Destination: \_\_\_\_\_ Records Sent: YES  NO

# WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the Student Enrolment Form and return it to the school for confirmation of this student's enrolment. *Family details should include details of parents, guardians or carers residing at the same address as the student being enrolled.* Any details relating to parents not residing with the student may be included in the Parent/Guardian/Carer details section of this form. Please place an **X** in  provided.

The following items need to be included with the Enrolment Form:

- Birth certificate (original or extract)
- Immunisation certificate
- Court order (if applicable)

***If your child is not born in Australia, you must provide:***

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas (if applicable).

*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).

## Information to be provided

**Where an item is marked with an asterisk (\*) the information must be provided.**

This information is required by the Western Australian Department of Education to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the Enrolment Form, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

**It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/Guardian/Carer.**

## Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

## Assistance with completing this form

If you require assistance completing this form, including translation services, please contact your school.

**Student Details**

* Surname: _____	* Legal Surname: _____
* 1 <sup>st</sup> Name: _____	* 2 <sup>nd</sup> Name: _____
* Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
* Residential Address: _____	
_____	Postcode: _____
Student Mobile: _____	

Names of brothers and sisters attending this school: \_\_\_\_\_

\*Is this student in the care of the Department for Child Protection (DCP)?

YES     NO

If YES, please specify the name of the DCP Case Manager, their DCP District and their contact phone number. \_\_\_\_\_

\*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.

\_\_\_\_\_

**Parent/Guardian/Carer Details**

Child lives with:

Parent/Caregiver 1 <input type="checkbox"/>	Parent/Caregiver 2 <input type="checkbox"/>
Both Parents <input type="checkbox"/>	Neither Parent <input type="checkbox"/>

**Parent/Guardian/Carer 1 Details**

Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):

\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

Do you mainly speak English at home?            YES     NO  Do you speak a language other than English at home? *(If more than one language, indicate the one that is spoken most often.)* NO, English only  YES, other - please specify: \_\_\_\_\_

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 <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Year 11 or equivalent <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>
Year 10 or equivalent <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>
Year 9 or equivalent or below <input type="checkbox"/>	No non-school qualification <input type="checkbox"/>

*(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 the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):  
\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) NO, English only  YES, other - please specify: \_\_\_\_\_

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         | <input type="checkbox"/> | Bachelor degree or above                          | <input type="checkbox"/> |
| Year 11 or equivalent         | <input type="checkbox"/> | Advanced diploma/Diploma                          | <input type="checkbox"/> |
| Year 10 or equivalent         | <input type="checkbox"/> | Certificate I to IV (including trade certificate) | <input type="checkbox"/> |
| Year 9 or equivalent or below | <input type="checkbox"/> | No non-school qualification                       | <input type="checkbox"/> |

(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 on the **last page**. 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 (if different from student residential address):  
\_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

## Student Details - Additional Information

- Religion: \_\_\_\_\_ is the student to be withdrawn from religious instruction? YES/NO
- Is the student of Aboriginal or Torres Strait Islander origin?  NO  
 YES, Aboriginal  
 YES, Torres Strait Islander  
*(For students of both Aboriginal and Torres Strait Islander origin. mark both)*
- First Language \_\_\_\_\_
- Does the student mainly speak English at home? YES/NO
- Does the student speak a language other than English at home? YES/NO  
If YES, please specify \_\_\_\_\_
- Out of school intake area: YES/NO
- \*Citizenship: Australian YES/NO Other: please specify \_\_\_\_\_
- \*Permanent Resident: YES/NO
- \*Date entered Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Visa Sub-class No. \_\_\_\_\_
- In Receipt of Allowance:  
Secondary Assistance   
Youth Allowance   
Assistance for Isolated Children (AIC)   
Abstudy
- **Birth Certificate seen: YES/NO** **Date Sighted:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- In which country was the student born? Australia:   
Other: Please specify \_\_\_\_\_
- \*Previous School: \_\_\_\_\_
- Movement Reason (if applicable) \_\_\_\_\_

### If a bus student please indicate:

- 1 Harvey North (Davis)
- 2 Bunbury Regional Bus Services Bus 19 - Yarloop (Loves)
- 3 Bunbury Regional Bus Services Bus 25 - Brunswick (Loves)
- 4 Harvey Wokalup (Morabito)
- 5 Harvey North No 2 (Davis)
- 6 Harvey Uduc Myalup (Davis)

- Yes/No** Photograph/Video Permission Form enclosed and completed
- Yes/No** Curriculum Council release of information for Individual Awards
- Yes/No** Curriculum Council release of Career Information
- Yes/No** Curriculum Council release of Exam Information
- Yes/No** I acknowledge and support the school's dress code

**Name of Parent/Caregiver enrolling student:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# FORM 1 – STUDENT HEALTH CARE SUMMARY

## SECTION A

School: <b>Harvey Senior High School</b>	Year:
Student's Name:	Date of Birth:
Address:	Gender:

## MEDICAL DETAILS

### Medical Practice:

Doctor : \_\_\_\_\_ Telephone: \_\_\_\_\_

I give permission for the school to seek medical attention for my child as required Yes  No

Do you have ambulance cover? Yes  No  If yes, provider \_\_\_\_\_

**If there is a medical emergency, parents/caregivers are expected to meet the cost of an ambulance.**

List any essential information that could affect your child in an emergency e.g. allergy to penicillin. \_\_\_\_\_

Health Care Card/ Pension Card: Yes  No   
 Card Number: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_\_\_

Medicare No: \_\_\_\_\_  
 Student Number on Card: \_\_\_\_\_ 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.

## 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.

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)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**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: \_\_\_\_\_

**Dentist**

Dental Practice

Permission to Call Dentist Yes  No

-----  
Parent/Caregiver Name: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: / /

**Parental Occupation Groups:**  
**(Relates to questions in Parent/Guardian/Carer 1 and Parent/Guardian/Carer 2 sections)**

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation, government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b>(section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others  <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals  <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p><b>Skilled office, sales and service staff</b>  <b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]  <b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]  <b>Service</b> [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p><b>Drivers, mobile plant, production/processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b>  <b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]  <b>Sales</b> [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]  <b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b>  <b>Defence Forces</b> ranks below senior NCO not included in other groups  <b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]  <b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.</p>			