

Welcome to.....

Hillarys Primary School

An Independent Public School
75 Lymburner Drive
HILLARYS WA 6025

Email: hillarys.ps@education.wa.edu.au



Office Use Only

Date									
Year									
Room									

*Student Details (*Essential information)

1. * Surname _____

2. * Legal Surname

(if different from above name): _____

3. * 1st Name _____ * 2nd Name _____

4. The Class year are you seeking to enrol in (mark one box)

Kindy	Pre-P	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Preferred start date beginning of 20____ school year or, Date / /

6. Preferred Name _____

7. * Date of Birth ____/____/____

8. *Sex Male Female

9. * Residential Address

Address _____ Suburb _____ Postcode _____

Is this their usual place of residence? YES NO

10. * Telephone _____

11. Full names of any brothers and sisters attending this school

Sibling 1 _____ Sibling 2 _____

Sibling 3 _____

12. * Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? YES NO

If YES, please specify the name and contact details of the CPFS Case Manager, their CPFS District and their contact phone number.

13. * 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.

14. Is this student subject to Access Restriction?
 YES (If YES, please attach supporting documentation) NO

Emergency Contact

15. * Persons to be contacted in an emergency ranked in order of preference (Telephone numbers must be specified).

Parent/Person Responsible 1	Parent/Person Responsible 2	Additional Person's Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Name _____	Name _____
Telephone _____	Telephone _____	Telephone _____
_____	_____	_____

Parent/Responsible Person 1 – Details

1. Title:* First Name _____ * Surname _____
2. Relationship to the student _____
3. Please indicate whether you have the: Day to day care of the student **or** shared care
4. Fees and charges billing: YES NO If no, who is responsible: _____
5. * Postal Address (if different from student's residential address) _____ Postcode _____
6. * Telephone _____ * Work Telephone _____ * Mobile _____
7. Email Address _____
Please note this form of communication for newsletters and class communication is preferred. Hard copy of newsletter is available at the office.
8. Occupation/Workplace _____
9. Do you mainly speak English at home? YES NO
 If NO, please indicate the language _____
 (If more than one language, indicate the one spoken most often)
- | | |
|---|--|
| 10. What is the highest year of primary or secondary school you have completed? | 11. 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 (incl. 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')
12. What is your occupation group? _____ (Write 1, 2, 3, 4 or 8) **Refer Back Page**
 Please select the appropriate parental occupation group from the list provided on the last page of this document. 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/Responsible Person 2 – Details

1. Title:* First Name _____ * Surname _____
2. Relationship to the student _____
3. Please indicate whether you have the: Day to day care of the student **or** shared care
4. Fees and charges billing: YES NO If no, who is responsible: _____
5. * Postal Address (if different from student's residential address) _____ Postcode _____
6. * Telephone _____ * Work Telephone _____ * Mobile _____
7. Email Address _____
**Please note this form of communication for newsletters and class communication is preferred.
Hard copy of newsletter is available at the office.**
8. Occupation/Workplace _____
9. Do you mainly speak English at home? YES NO
If NO, please indicate the language _____
(If more than one language, indicate the one spoken most often)
10. What is the highest year of primary or secondary school you have completed?
Year 12 or equivalent
Year 11 or equivalent
Year 10 or equivalent
Year 9 or equivalent or below
(If you did not attend school, mark 'Year 9 or equivalent or below')
11. What is the level of the highest qualification you have completed?
Bachelor degree or above
Advanced Diploma/Diploma
Certificate I to IV (incl. trade certificate)
No non-school qualification
12. What is your occupation group? _____ (Write 1, 2, 3, 4 or 8) **Refer Back Page**
Please select the appropriate parental occupation group from the list provided on the last page of this document. 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.

Additional Person's Contact Details

1. Title _____ * First Name _____ * Surname _____
2. Relationship to the student _____
3. *Postal Address (if different from student's residential address) _____
_____ Postcode _____
4. * Telephone _____ * Work Telephone _____ * Mobile _____

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

Student Details – Additional Information

1. Religion _____ Is the student to be withdrawn from religious instruction? YES NO

2. Student First Language: _____

Does the student speak a language other than English at home? YES NO

Does the student mainly speak English at home? YES NO

(if more than one language, indicate the one that is spoken most often)

NO, English only

YES, other – please specify: _____

3. Is the student of Aboriginal or Torres Strait Islander origin? NO

(For children of both Aboriginal & Torres Strait Islander origin mark both 'YES' boxes)

YES, Aboriginal

YES, Torres Strait Islander

4. If the school has a local-intake area, does the student reside outside the area? YES NO

5. * Citizenship: Australian Citizen YES NO or Permanent Resident YES NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Exp Date: _____

International Fee Paying (if known): YES NO

6. * Name of previous school _____

7. Reason for change of school (if applicable) _____

8. * If previously registered for home education, please specify the Education Region in which registration was recorded _____

9. *Does the student have a disability? YES NO

If YES, please specify the disability _____

Autism Spectrum Disorder

Deaf or Hard of Hearing

Specific Speech Language Impairment

Intellectual Disability

Severe Medical/Health Condition

Severe Mental Disorder

Global Developmental Delay

Vision Impairment

Physical Disability

Other

Please specify _____

10. *Please indicate if you have documentation regarding your child's disability YES NO
(Copies of this documentation will be required for school records).

Student Details – Medical/Health

A separate form, the Student Health Care Summary (accompanying this package) is also to be completed for all students prior to enrolment and needs to be updated if the student's health care needs change. It will be used by the school in the event of care being needed. *If the student has medical conditions or intensive health care needs you also will be asked by the school to complete the relevant Health Care Authorisations.*

11. Please provide details of any other information you would like noted about the student's health.

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

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (e.g. otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg ADD/ADHD, depression) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Care Needs (e.g. tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) | |

Medical Practice (Name and Address) _____

Doctor's Name _____ Phone _____

Dental Practice (Name and Address) _____

Dentist Name _____ Phone _____

Medicare Number: Expiry ___/___/_____

Health Care Card (if applicable): YES NO If Yes, please provide No. _____ Expiry ___/___/_____

Do you have ambulance cover? YES NO

(If there is a medical emergency, parents/responsible persons are expected to meet the cost of the ambulance)

Name of Insurance Company _____

Permission Forms

ACCEPTABLE USAGE OF ONLINE SERVICES AGREEMENT FOR STUDENTS K-3

On-line Rules for students in K – 3 (Parents to discuss with their child/ren)

I agree to follow the on-line rules set out below when I use the internet or our log-on account:

- I will ask the teacher first before using the school computer.
- I will not give my password out to others.
- I will not let other people log-on to my account without checking with the teacher first.
- I will tell the teacher if I think someone is using my log-on account.
- I will tell the teacher if I see anything that makes me feel uncomfortable.
- I will only use work from the internet if I have asked the teacher.
- If I download work or pictures from the internet I will say where it comes from.
- I will get the permission of my teacher before I print anything.
- I will not give out my name, phone number, address, name of the school, photographs or other details about myself or others without checking with the teacher first.
- I will take care when using computer equipment and will not change the computer settings.
- I will not use the school computers to be mean, rude or unkind about other people.

I understand that:

- If I use the internet or my log-on account in a way that I shouldn't, I may not be able to use these in the future.

ACCEPTABLE USAGE OF ONLINE SERVICES AGREEMENT FOR STUDENTS 4-7

On-line Rules for students in 4 - 7 (Parents to discuss with their child/ren)

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

- I will use the school computer only with the permission of a teacher.
- I will follow all instructions from teachers when using school computers.
- I will not let anybody else know 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 know that I am responsible for anything that happens when my online services account is used.
- I will tell my teacher if I think someone is using my online services account.
- I know that the school and the Department of Education may see anything I send or receive using the email service.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written & well presented.
- I will use material from Internet sites or other sources only if I have permission to do so.
- If I use material in my work that I have found on the Internet, I will say where it comes from.
- I will get the permission of my teacher before I print anything.

- If I see any information on the computer that makes me feel uncomfortable I will tell my teacher straight away.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will not damage or disable the computers, computer systems or computer networks of the school.
- I will not use the school computers to be mean, rude or unkind about other people.

I understand that

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences dictated in Schools policy & I may be held legally liable for offences committed using these services.

CONSENT FORM - ACCEPTABLE USAGE AGREEMENT FOR PRIMARY STUDENTS

I give permission for my child to use online services for educational purposes.

I agree to abide by the acceptable usage agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's Behaviour Management in Schools policy.

Name of student: _____ **Class:** _____ **Year group:** _____

Signature of student (if applicable): _____

Parent/Carer: _____ **Date:** _____

PERMISSION TO PUBLISH WORK/IMAGES OF STUDENTS

Parents/Responsible Persons

We request permission for work and/or images of your child to be taken during school activities and published. Work/images would be used for the purposes of educating students, promoting our school and/or promoting public education.

If you give your permission, we may publish images of your child and/or samples of work done by your child in a variety of ways including, but not limited to, online and printed school newsletters, magazines, reports and other materials; school websites; Department of Education/Government of Western Australia online and printed information; and online and printed external media. If published, third parties would be able to view the photographs and work.

Signing the consent form means you agree to:

- images of your child and samples of your child's work being published as many times as required in the ways mentioned above; and
- your child's first name only being published. Family names will not be published.

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.

If you agree to permit the school to capture images of your child, publish images of your child and publish samples of your child's work, please complete the consent form. This consent will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the school capturing images of my child during school activities for use in educating students, promoting the school and promoting public education. I also agree to the publication (electronic and/or print) of images and/or samples of my child's work in a range of ways including, but not limited to, websites, intranet sites, school newsletters (print and online), magazines and the electronic and print external media subject to the conditions set out above.

I will notify the school in writing if I wish to withdraw this consent.

Name of student: _____

Signature of parent/guardian: _____ Date: _____

PERMISSION TO PROVIDE CONTACT DETAILS TO PARENT REPRESENTATIVE

I give permission for the school to provide the following contact details to my class parent representative for the purpose of welcoming and familiarising you to the school.

Contact Name: _____ Email address: _____

Signature of parent/guardian: _____

PERMISSION TO BE OUTSIDE SCHOOL BOUNDARIES

It is occasionally necessary for students to leave the school grounds for activities to be held on nearby premises at Mawson Park, MacDonald Reserve and Hillarys Park. Students will be under the supervision of Hillarys Primary School staff.

Student first name _____ Surname _____ Class _____

I understand that my child will be required to move off school grounds for some activities under the supervision of Hillarys Primary School staff and give my consent for this to occur as required.

Signature of parent/carer

Date

Signature

Name of person enrolling student: _____

Relationship to Child _____

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

Signature _____ Date ____/____/____

Principal's Approval

Approved Not Approved

Date ____/____/____

Principal's Signature

***Must be completed by the School OFFICE USE ONLY**

Birth Certificate sighted (or other evidence such as passport or travel documents)

YES NO Date sighted ____/____/____

Entry Date ____/____/____ Date Transfer Note Sent ____/____/____

Proof of Address Sighted YES NO

Previous School _____ Records Received YES NO Date ____/____/____

Publications/Internet Permission Form Completed YES NO

Contributions and Charges Billing PG1 ____% PG2 ____% Other ____%

Immunisation records provided YES NO House/Faction _____

Approved by Principal: NO YES on (Date): ____/____/____

Entered on School Information System by _____ Date ____/____/____

Student Leaves School Date ____/____/____ Destination _____

Records Sent YES NO

Updated Email Class List for Communication e.g. Newsletter: YES

THIS ENROLMENT FORM MUST BE ARCHIVED UNTIL THE FORMER STUDENT REACHES 25 YEARS OF AGE AND

THEN IT MUST BE TRANSFERRED (WITH PRINTOUTS FROM SIS) TO THE STATE RECORDS OFFICE.

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals 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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop,petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [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>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>Sales [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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>