



CAPE NATURALISTE COLLEGE

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## STUDENT ENROLMENT FORM

Please read the accompanying *Parent Information about Enrolment in a Western Australian Public School*, at the end of this form, before completing and lodging the Enrolment Form with the school.

### STUDENT DETAILS

Surname: \_\_\_\_\_

Legal Surname (if different): \_\_\_\_\_

1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_

Preferred 1<sup>st</sup> Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Year Level seeking to enrol in:  7  8  9  10  11  12

Start date: Beginning of school year 20\_\_ \_\_  YES  NO OR indicate start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Student's Mobile: \_\_\_\_\_

### SIBLINGS

Full Name(s) of brothers and sisters attending this school:

\_\_\_\_\_

### STUDENT LIVES WITH

Both Parents .....

Parent/Guardian/Carer 1 .....

Parent/Guardian/Carer 2 .....

Other (please specify below).....

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

**PARENT / GUARDIAN 1 DETAILS**

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

Family Mail Marker (Receive Correspondence):  YES  NO

Please indicate if this person will be emergency contact number:  1  2  3

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

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Occupation/Workplace: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Do you speak a language other than English at home?  NO  YES, please specify \_\_\_\_\_

Do you mainly speak English at home?  YES  NO

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
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

- Bachelor Degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including Trade Certificate)
- No non-school qualification

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

What is your occupation group? \_\_\_\_\_ *(Insert 1, 2, 3, 4 or 8). Please select the appropriate Parental Occupational Group from the list provided at the back of this form. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).*

**PARENT / GUARDIAN 2 DETAILS**

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

Family Mail Marker (Receive Correspondence):  YES  NO

Please indicate if this person will be emergency contact number:  1  2  3

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

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Occupation/Workplace: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Do you speak a language other than English at home?  NO  YES, please specify \_\_\_\_\_

Do you mainly speak English at home?  YES  NO

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
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

- Bachelor Degree or above
- Advanced Diploma/Diploma
- Certificate I to IV (including Trade Certificate)
- No non-school qualification

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

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3, 4 or 8). Please select the appropriate Parental Occupational Group from the list provided at the back of this form. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

### OTHER CONTACT DETAILS

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

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

Please indicate if this person will be emergency contact number:  1  2  3

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

### STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Australian Citizenship/Permanent Resident:  YES  NO Passport No: \_\_\_\_\_

Date of Arrival in Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa Sub-class No: \_\_\_\_\_

Visa Grant No: \_\_\_\_\_ Visa Sub-class No. Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_ Is the student to be withdrawn from religious instruction?  YES  NO

Student's First Language: \_\_\_\_\_ Does the student mainly speak English at home?  YES  NO

Does the student speak a language other than English at home?  NO  YES, please specify: \_\_\_\_\_

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

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?

NO  YES, please specify and attach supporting documentation: \_\_\_\_\_

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

NO  YES, CPFS Case Manager/District \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Reason for change of school (optional): \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

**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. 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?  NO  YES, please specify: \_\_\_\_\_

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 (please specify):  Aspergers  Autism  PDD-NOS
- Deaf or Hard of Hearing
- Global Developmental Delay (prior to age 6)
- Intellectual Disability (please specify):  Mild/Moderate ID  Severe ID/Multiple Disability
- Physical Disability
- Severe Medical/Health Condition
- Severe Mental Disorder
- Specific Speech Language Impairment
- Vision Impairment

Does the student have a medical condition or intensive health care need?  NO  YES, please specify:

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

Permission to Administer First Aid:  YES  NO

Do you have ambulance cover?  NO  YES, Insurance Provider: \_\_\_\_\_  
(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

Medical Practice (Name/Address): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission to Call Doctor:  YES  NO

Dental Surgery Practice (Name/Address): \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission to Call Dentist:  YES  NO

Medicare No: \_\_\_\_\_ Valid to: \_\_\_\_ / \_\_\_\_

Health Care Card:  NO  YES, HCC No. \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONSENT FORMS

At Cape Naturaliste College we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

### MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. 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.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see the Department's Student's Online Guidelines.

### INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the Department's Student's Online Guidelines.

### VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

### PERMISSION FOR STUDENTS TO HAVE AN ONLINE SERVICES ACCOUNT

I agree to and understand the responsibilities my child has when using the online services provided at school for educational purposes, in accordance with the Acceptable Usage Agreement for school students. I also understand that if my child breaks any of the rules in the agreement, that the principal may take disciplinary action in accordance with the Department's *Behaviour Management in Schools* policy.

- Yes, I consent to my child having an online services account
- No, I do not give consent.

**SIGNATURE**

Name of person enrolling student:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(independent minors and those aged 18 years or older may sign on their own behalf)*

**DOCUMENTS TO BE PROVIDED**

**Checklist:**

Please place an **\*\*X\*\*** in the box  to indicate each document attached (or sighted) to this application form.

- 1. Birth Certificate (original or certified copy) or extract or other identity documents .....
- 2. 'Immunisation Certificate' (can be obtained from Medicare) .....
- 3. Copies of Family Court or any other court orders (if applicable) .....
- 4. Proof of address (see Requested documentation in the attached Parent information) .....
- 5. Information relating to suspensions or exclusions .....
- 6. Information relating to Disability or Medical Concerns .....
- 7. Most recent School Report from previous school .....

***If your child was not born in Australia, you must provide evidence of:***

- 1. Current visa subclass and previous visa subclass and (if applicable) .....
- 2. Passport or travel documents .....
- 3. Date of entry into Australia .....

*If your child is a temporary visa holder, you must also provide:*

Confirmation of enrolment or evidence of any permission to transfer .....   
provided by Education and Training International (ETI) email: [study.eti@dtwd.wa.gov.au](mailto:study.eti@dtwd.wa.gov.au)  
*(if holding an International full fee student visa, sub class 571);*

**Or** Evidence of the visa for which the student has applied if the student holds a bridging visa

**OFFICE USE ONLY**

Student's official documentation photocopied, attached and received by: \_\_\_\_\_

## Parent Occupational Groups

Relates to questions in Parent 1 and Parent 2 sections of the Enrolment Form

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/clean, 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.</p> <p><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].</p> <p>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.</p> <p><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></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [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><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></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p><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].</p> <p><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></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><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].</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

# PARENT INFORMATION ABOUT ENROLMENT IN A WESTERN AUSTRALIAN PUBLIC SCHOOL

## INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

## TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email [enquire@pta.wa.gov.au](mailto:enquire@pta.wa.gov.au) or telephone 136213. Some special programs include transfer arrangements.

## CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

## INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21<sup>st</sup> Century state that 'the learning outcomes of educationally disadvantaged students '..... should.....' improve and, over time, match those of other students'.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

## CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Online Services:	Student responsibilities when using online services.

## STUDENT HEALTH CARE

The Department's *Student Health Care* policy clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.