



## APPLICATION FOR ENROLMENT

(INTO A WESTERN AUSTRALIAN PUBLIC SCHOOL)

ACADEMIC YEAR:    7        8        9        10        11        12

FOR CALENDAR YEAR: \_\_\_\_\_

Student Details													
Legal Surname <small>(as on birth certificate/extract, passport, name change form or family court order)</small>													
Given Name/s <small>(as on birth certificate/extract, passport, name change form or family court order)</small>													
Preferred Given Name		Date of Birth											
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Student Mobile Number											
Residential Address	Street												
	Suburb		Postcode										
Does the student have any siblings at Canning Vale College?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
	Sibling's Name		Year Level										
Has the student attended this school previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
What school/home education region did the student previously attend?		Reason for school movement:											
Has the student ever been excluded from another school?	<input type="checkbox"/> Yes Name of School: _____ <input type="checkbox"/> No												
Unique Student Identifier - USI (if known)	To register and obtain a USI number please go to <a href="http://www.usi.gov.au">www.usi.gov.au</a> and follow the instructions then print the USI in CAPITALS in the boxes below (please make sure that letters/numbers are written clearly). <table border="1" style="width: 100%; height: 30px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
SCSA Student Number (if known)	<table border="1" style="width: 100%; height: 30px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, specify the:</b> CPFS Case Manager _____ CPFS District _____ CPFS Telephone _____												

Parent/Guardian 1 Details			
Title (Mr/Ms/Mrs/Miss/Mx/Dr):		Surname:	
Given Name/s:			
Relationship to Student: (eg mother, father, grandmother etc)			
Parental responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student resides with:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive correspondence/reports etc:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile Number:		Home telephone:	
Email Address:			
Residential Address:	Street		
	Suburb		Postcode
Occupation:			
Workplace & Suburb:		Work telephone:	
Does the parent speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify:		
What is the highest year of primary or secondary school the parent/guardian has completed?	<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  For persons who have never attended school, mark Year 9 or equivalent or below.		
What is the highest qualification the parent/guardian 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 non-school qualification		
What is the employment category of the parent/guardian?	<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.	

## Parent/Guardian 2 Details

Title (Mr/Ms/Mrs/Miss/Mx/Dr):		Surname:	
Given Name/s:			
Relationship to Student: (eg mother, father, grandmother etc)			
Parental responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student resides with:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive correspondence/reports etc:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile Number:		Home telephone:	
Email Address:			
Residential Address:	Street		
	Suburb		Postcode
Occupation:			
Workplace & Suburb:		Work telephone:	
Does the parent speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify:		
What is the highest year of primary or secondary school the parent/guardian has completed?	<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  For persons who have never attended school, mark Year 9 or equivalent or below.		
What is the highest qualification the parent/guardian 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 non-school qualification		
What is the employment category of the parent/guardian?	<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.	

**Additional Emergency Contact (Other than Parent/Guardian):** In an emergency, where the parent/guardian cannot be contacted, please provide alternative contact/s. For independent students, this is the 1st point of contact in an emergency.

**Emergency Contact 3 Details**

Title (Mr/Ms/Mrs/Miss/Mx/Dr):		Surname:	
Given Name/s:			
Relationship to Student: (eg mother, father, grandmother etc)			
Mobile Number:		Other telephone:	
Residential Address:	Street		
	Suburb		Postcode

**Student Details – Additional Information**

Is this student subject to any court orders in respect of their care, welfare and development?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach supporting documentation.
Is this student subject to any Access Restriction?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please attach supporting documentation.
Is the student of Aboriginal or Torres Strait Islander origin?	<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
Religion	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____
Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
Is the student an Australian citizen?	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Other – please specify _____
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify _____

**Visa Information (only complete if child is not an Australian Citizen)**

If the student is a permanent or temporary resident: **Attach copy of visa.** Please complete **ALL** details in full.

Permanent Resident       Temporary Resident

Passport Number:	
Visa Sub Class Number:	
Visa Expiry Date:	
Date Entered into Australia:	
Visa Grant Number (13 digits):	
<b>Office Use Only</b>	
EAL/D Status: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

## Student Details – Additional Learning Needs

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 are required for school records

- |  |  |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder            | <input type="checkbox"/> Severe Mental Disorder                      |
| <input type="checkbox"/> Deaf or Hard of Hearing             | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment                           |
| <input type="checkbox"/> Intellectual Disability             | <input type="checkbox"/> Physical Disability                         |

Does your child have any other learning support needs?

YES  NO

If YES, please specify \_\_\_\_\_

## Languages Preference – Year 7 & 8 Students Only

What language would your child like to study in Year 7 and 8?

Languages – Indonesian

Languages – Italian

## Instrumental Music School Service (IMSS)

Is this child an Instrumental Music School Services (IMSS) student?  YES  NO

If yes, what instrument/s? \_\_\_\_\_

## Medical Details

<b>Medical Practice:</b>		<b>Name of Doctor:</b>	
<b>Phone Number of Doctor:</b>		<b>Do you have ambulance insurance?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Insurance Provider _____

## Medical Details

Medicare Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicare Individual Reference:	<input type="text"/>	Medicare Expiry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Health Care Card:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Care Expiry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

Your child's health care information will be shared with staff on an as-need basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? 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.

YES       NO

Do you give permission for your child's medical details and photo to be on view for staff?

YES       NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage any medical conditions?

YES       NO

## Medical Conditions

Does your child have one or more health condition(s) that will require support from school staff?

YES       NO

Please indicate which condition/s will require the support of school staff below:

- |   |   |
|---|---|
| <input type="checkbox"/> Severe Allergy/Anaphylaxis   | <input type="checkbox"/> Asthma                     |
| <input type="checkbox"/> Minor and Moderate Allergies | <input type="checkbox"/> Activities of Daily Living |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Other Conditions or Needs  |
| <input type="checkbox"/> Seizures                     |   |

If yes, please detail below:

Does your child have a Medic Alert bracelet or pendent?

YES       NO

Will school staff require any specific training to support your child?

YES       NO

If yes, please detail below:

Please note if the student has a health condition, the College will provide extra health forms that must be completed and returned ASAP. This will enable the College to take appropriate action if required.

## SmartRider Card Consent

Canning Vale College partners with the Public Transport Authority (PTA) to issue SmartRiders at a concessional (student) rate. As part of this, the College is required to provide the PTA with a list of student names, student reference numbers and the College identification photograph. This information is confidential and protected under a Memorandum of Understanding between the Department of Education and the PTA. Parents/guardians who wish to provide their student with a Student SmartRider must give permission for their child's details and photograph to be released to the PTA.

*Enquiries regarding school bus services should be directed to the Public Transport Authority via email [enquire@pta.wa.gov.au](mailto:enquire@pta.wa.gov.au) or telephone 136 213.*

## Third Party Services Consent

Canning Vale College uses a diverse range of applications and software (third party services) to support the delivery of an engaging curriculum across all learning areas. At times, these services require the College to share some personal information about your child for the purpose of creating individual accounts/logins. An updated list of the third party services Canning Vale College uses is always available on our College website at [cvc.wa.edu.au](http://cvc.wa.edu.au) (or via scanning the QR link code)



## School Curriculum & Standards Authority (SCSA) and Department of Education Release of Information Consent

The School Curriculum & Standards Authority (SCSA) and the Department of Education are required by legislation to establish and maintain a record of all High School students. On some occasions, these records may be released for the purpose of awards and examination scripts – under the following conditions:

1. Results of studies may warrant the granting of an award.
2. Organisations may request your child's name and address from the SCSA and/or Department of Education so that they can send you career, University or further study information.
3. *Relevant for students who will be sitting Schools Curriculum & Standards Authority examinations:* the SCSA and/or the Department of Education may wish to use your student's answers to examination questions in educational publications. Any time your student's work is used in a publication, they will be advised and sent a complimentary copy of the relevant publication.

## Classified Texts Consent

Canning Vale College uses a diverse range of educational tools to foster a stimulating and engaging learning environment. As part of our commitment to providing a comprehensive education, we occasionally incorporate visual texts with ratings of G (General Audiences) or PG (Parental Guidance suggested) warnings. These carefully selected visual materials are integrated into our curriculum to enrich students' understanding of various subjects. Visual texts are all assessed for educational purposes.

## Student Uniform Consent

Canning Vale College has a School Uniform Code designed to promote the public image of our school and to increase school ground safety through easy identification of students. It also enhances a student's sense of belonging and pride in the school community. All students must wear the College Uniform whilst attending school.

## College Mobile Phone and ICT Policy Consent

### (1) Mobile Phone (“off and away all day”)

The use of mobile phones for all students is not permitted from the time they enter the College grounds until the conclusion of their school day. “Off and away all day”

- Students are permitted to have mobile phones in their possession during the school day, however they must be turned off and neither seen nor heard.
- The use of a mobile phone to monitor a health condition may be permitted, under a College approved documented health care plan.
- Canning Vale College has duty of care for all students when they are attending the school. All communication between parents and students, during school hours, should occur via the school’s administration/Student Services.

#### *Breaches of this policy*

- Breaches of this policy will be managed in accordance with the Behaviour Management Policy and Procedures.
- In the case of repeated inappropriate mobile use by a student, the Principal may direct the withdrawing of the student’s mobile phone from the school for a determined period or permanently.
- In the case of repeated breach by a student the Principal may suspend the student from the College.

### (2) ICT and Digital Devices are to be used for educational purposes only (excluding mobile phones)

- Digital devices (BYOD) should only be used in the classroom environment for educational purposes with the permission and supervision of a teacher. The supervising teacher may ask to check these devices for inappropriate or unlicensed data.
- The appropriate use of digital devices is allowed before school and at Recess and Lunch.
- Personal digital devices are brought to school at your own risk. The College and the Department of Education provide no insurance for personal digital devices.
- Students must not vandalise or misuse technology. This includes altering settings and adding or deleting software and hardware.
- Vandalism, faults and any material that is illegal, dangerous or offensive must be reported.
- Students must not plagiarise information or store digital material that is in breach of copyright.

## Bring Your Own Device (BYOD) Program Consent

Canning Vale College has a Bring Your Own Device (BYOD) program that allows students to use a digital device in class to enrich instruction. Participation in this program means that parents/guardians and students are aware that:

- The student is fully responsible for the care and safekeeping of the personally owned device at all times.
- Canning Vale College accepts no responsibility and/or liability for the personally owned device in the event of damage or loss of the device, software and data.
- The student and parents/guardians are solely and legally responsible for the content on the personally owned device. Parents/guardians should be aware that some inappropriate content may require mandatory reporting to appropriate government departments.
- Canning Vale College does not provide any software/apps in order to run the device, and is not responsible for any costs associated with software/applications contained on the personally owned device.
- Canning Vale College accepts no responsibility for any charges that may occur as a result of downloading applications or software.
- The student will accept responsibility for any content contained on their parent owned device.
- **The Department of Education DOES NOT provide any form of insurance for personally owned devices brought onto premises. It is strongly recommended that such devices be covered under Home Owners’ policies.**
- The Department of Education strongly recommends that:
  - Parent owned devices have the latest anti-virus protection software installed.
  - Parent owned devices have Operating System updates installed within seven (7) days of the vendor’s release date.
- The student acknowledges that misuse of the device may result in confiscation in line with the school’s behaviour policy.



## Online Services Acceptable Use Agreement (Years 7-12) Consent

### I agree to follow the rules set out below when I use the Department-provided online services:

- I will only use online services for purposes which support my learning and educational research.
- I understand that I am responsible for all activity in my online services account.
- I will check with the teacher before sharing images or giving information when using online services.
- I will keep my password private; and I will not let other people logon/use my account.
- I will tell the teacher if I think someone is using my online account.
- I understand the school and the Department of Education can monitor my use of online services.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic material, or content that is offensive, intimidating or encourages dangerous or illegal activity.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate others or access or send inappropriate materials including software that may damage computers, data or networks.
- I will acknowledge the creator/author of any material used for schoolwork by using appropriate referencing.
- I will get permission from the copyright owner of any material used in my school work before I reuse it in a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will use appropriate language in all internet communications.
- I will knowingly not access internet sites that have been blocked by the school or the Department of Education.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

### 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 disciplinary action, determined by the principal in accordance with the Department's Behaviour Management in Schools policy; and
- I may be held liable for offences committed using online services.

### Parent Information

- I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Acceptable Use 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 Student Behaviour Policy and Procedures*.

## Permission to Publish Students Images and Work for School Purposes Consent

Canning Vale College, at times, publishes video or photographic images of students and/or samples of student's school work. The purpose of using these images or work is to promote the College, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to College newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

Canning Vale College will endeavour to limit identifying information that accompanies images of your child or child's work; however, there will be occasions when your child's name, year level and school may be published along with images.

- I understand that while Canning Vale College and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide.
- I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.).
- I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure.
- I understand that I can withdraw this permission at any time by contacting Canning Vale College in writing; however, this will not affect materials that have already been published and disseminated. I also understand that all students will have an identification photo taken for the purpose of staff identification.

## Declaration

1. It is your responsibility to notify Canning Vale College in writing of any changes to the information provided on this enrolment form.
2. You declare that this is the only enrolment you have made for this student.
3. You understand that if you provide false or misleading information, this student's enrolment may be reconsidered or cancelled.
4. You understand that, as the parent/guardian enrolling the student, you are the responsible for the payment of contributions, charges and fees (and will receive all statements/invoices). If another contact is to be marked as the fees biller, please contact the College for further information.
5. You have read, understand and consent to the following areas contained in the enrolment pack:

Consent Area	YES	NO
<b>SmartRider Card Consent</b>		
<b>Third Party Services Consent</b>		
<b>SCSA and DOE Release of Information Consent</b>		
<b>Classified Texts – G Rating Consent</b>		
<b>Classified Texts – PG Rating Consent</b>		
<b>Student Uniform Consent</b>		
<b>Mobile Phone &amp; ICT Policy Consent</b>		
<b>Bring Your Own Device Program Consent</b>		
<b>Online Services Agreement Consent</b>		
<b>Permission to Publish Images &amp; Work Consent</b>		

Name of Parent/Guardian enrolling the student:	(please print clearly)	
Relationship to student:		
Signature:		Date:



**Please attach supporting documents here.**

<b>ENROLMENTS MUST INCLUDE:</b>
Birth Certificate / Proof of Identity
Current Immunisation Certificate (Medicare/MyGov within 2 months)
Medicare Card
Health Care / Pension Card
Disability Evidence (if applicable)
Court Order / Access Restrictions (if applicable)
Proof of Residence x3

<b>IF THE STUDENT WAS NOT BORN IN AUSTRALIA</b>
Evidence of date of entry into Australia
Passport or travel documents
Visa <i>and</i> Visa Grant Number
Citizenship Certificate (if applicable)

**OFFICE USE ONLY**

DATE RECEIVED:		RECEIVED BY:	
DATE PROCESSED INTO SIS:		ENTERED BY:	

**SUPPORTING DOCUMENTS**

	DATE RECEIVED	COPY MADE	COMMENTS
BIRTH CERTIFICATE			
PARENT/GURDIAN PHOTO ID			
IMMUNISATION STATEMENT			
MEDICARE CARD			
HEALTH CARE CARD			
PROOF OF ADDRESS x3			
COURT/LEGAL DOCUMENTS			
PASSPORT/VISA DOCUMENTS			
DISABILITY DOCUMENTS			
APPLIED SPECIALIST PROGRAM			

**MEDICAL CONDITION(S)**

Does the child have an allergy that needs to be flagged in SIS?      YES       NO

Have relevant health care plans been issued to the parent?      YES       NO

Date additional Health Care forms sent home (if required)    /    /

**CROSS BOUNDARY APPLICATION**

CROSS BOUNDARY ENROLMENT:	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, REVIEWED BY:	
	DATE:
CAPACITY:	YES <input type="checkbox"/> NO <input type="checkbox"/>

**APPROVAL (PRINCIPAL / DELEGATE)**

ENROLMENT APPROVED	YES <input type="checkbox"/> NO <input type="checkbox"/>
APPROVED BY:	
	DATE:
IF NO, REASON:	
IF YES, PLANNED ENTRY DATE:	

**IF ACCEPTED**

DATE NOTIFICATION SENT: (print and attach)		SENT BY:	
DATE TRANSFER NOTE SENT:			

**RECORD RETENTION AND TRANSFER**

- RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:**
1. *Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.*
  2. *Enrolment Applications (unsuccessful) –The School to retain for 2 years after last action and then destroy.*
  3. *Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.*
  4. *Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.*
  5. *Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.*