

# Carnarvon Community College

Principal: Mr R Govan  
Phone: (08) 9941 6000/9941 1443  
Postal: PO Box 648  
Carnarvon 6701



## STUDENT ENROLMENT FORM

### 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: \_\_\_\_\_

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

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

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

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

Telephone (Home): \_\_\_\_\_ Student's Mobile (if applicable): \_\_\_\_\_

Car Registration (if applicable): \_\_\_\_\_

Full Name/s of brothers and sisters attending this school  
\_\_\_\_\_

### PARENT/RESPONSIBLE PERSON DETAILS

Child lives with:

Both Parents       Parent 1       Independent minor

Neither Parent       Parent 2

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

### EMERGENCY CONTACT (Indicate contacts in order of preference):

| Name     | Contact No. | Relationship to student |
|----------|-------------|-------------------------|
| 1. _____ | _____       | _____                   |
| 2. _____ | _____       | _____                   |
| 3. _____ | _____       | _____                   |

### DOCUMENTS TO BE PROVIDED

1. Birth Certificate (original or certified copy) or extract or other identity documents
2. "Immunisation Certificate"
3. Medicare and Health Care Card
4. Copies of Family Court or any other court orders (if applicable)

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

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

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## 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Religion: \_\_\_\_\_ Is the student to be withdrawn from religious instruction?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?  YES, Aboriginal  NO  
 YES, Torres Strait Islander (TSI)  NO  
 YES, Both Aboriginal and TSI  NO

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

Citizenship:  Australian Other - please specify \_\_\_\_\_  
Permanent Resident:  YES  NO Temporary Resident  YES  NO  
Visa Sub Class Number \_\_\_\_\_ Visa Sub Class Number \_\_\_\_\_  
Visa Expiry Date: \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_  
Date Entered Australia \_\_\_\_\_ Date Entered Australia \_\_\_\_\_

In Receipt of Allowance:  Secondary Assistance  Youth Allowance  
 Assistance for Isolated Children (AIC)  Abstudy

Birth Certificate seen:  YES  NO  
(or passport or Travel documents) Date Sighted: \_\_\_\_/\_\_\_\_/\_\_\_\_

In which country was the student born?  Australia  
 Other - please specify \_\_\_\_\_

Previous School: \_\_\_\_\_  
If previously enrolled in Home Education, specify the Education District: \_\_\_\_\_  
Movement Reason (if applicable) \_\_\_\_\_

## CONFIDENTIAL

Is this student subject to Access Restriction?  YES  NO

If YES, please attach supporting documentation.

Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer?  YES  NO

If YES, please specify the name of the DCD Case Manager, their DCD 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.

## STUDENT DETAILS-MEDICAL/HEALTH

Does the student have a disability?  YES  NO If YES, please specify.

Disability: \_\_\_\_\_

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            | <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                         | <input type="checkbox"/> |

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

If YES, please specify.

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

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

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide details of any other information you would like noted.

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

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

Health Care Card (if applicable)  YES  NO. If Yes, please provide no. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have ambulance cover? .....  YES  NO

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

## ADDITIONAL INFORMATION

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## PARENT/RESPONSIBLE PERSON 1 DETAILS *(This should be the most available SMS contact)*

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?  NO, English only  YES, other - please specify:

*(If more than one language, indicate the one that is spoken most often)* \_\_\_\_\_

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')*

What is the level of the highest qualification you have completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

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/RESPONSIBLE PERSON 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?  NO, English only  YES, other - please specify:

*(If more than one language, indicate the one that is spoken most often)* \_\_\_\_\_

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')*

What is the level of the highest qualification you have completed?

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What is your occupation group? \_\_\_\_\_ *(Write 1, 2, 3, 4 or 8)* Please select the appropriate parental occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

## Other Contact(s) Details

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

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

Postal Address (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.**

## SIGNATURE

Name of person enrolling student:

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

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

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

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

## PRINCIPAL'S REPRESENTATIVE APPROVAL

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## OFFICE USE ONLY

Student's official documentation all sighted (Date): \_\_\_\_\_  YES  NO

Birth certificate  Passport  Travel document/s

Student's Residency status:  Local  Permanent Resident

Overseas Student: If yes, International fee paying: .....  YES  NO

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

Previous School: \_\_\_\_\_ Records received:  YES  NO

Publications/Internet Permission Form completed:  YES  NO

Contributions and Charges Billing:  PG1: \_\_\_\_%  PG2: \_\_\_\_%  Other: \_\_\_\_%

Official documentation:  PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_\_

(Including reports, to be sent to)

Immunisation records provided:  YES  NO

Form/Class: \_\_\_\_\_ House Faction: \_\_\_\_\_

Approved by Associate Principal:  NO  YES on (Date): \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

Student leaves school: (Date) \_\_\_\_\_ Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school:  NO  YES on (Date): \_\_\_\_\_



## Consent Form

At **Carnarvon Community 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.

### **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.

### **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.

### **COMPUTER, LAPTOP AND IPAD AGREEMENT**

I understand and agree that should I knowingly damage a computer, laptop or iPad that there are consequences and my parents/carer contacted. I also understand that I may be responsible for the repair or replacement of the damaged equipment.

I agree:

- To use the equipment for school work within the learning area and it is not appropriate to play games during lessons
- To ensure settings are not changed
- To carry and use the equipment to prevent accidental damage for example ensure food and water are not consumed near the equipment and to carry it with care
- To not write or scratch any surface of the equipment
- To check the equipment is shut down and the screen has gone black before walking away or closing the cover of the laptop
- To return the laptop or iPad to its proper place and ensure it is plugged in to be re-charged
- That I will check the equipment for faults or damage prior to my use and report this to my class teacher.

### **SIGNATURE**

Name of student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Year/Class/Room: \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for 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>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><br/>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>Other business managers, arts/media/sports persons and associate professionals</b></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, clerks and skilled office, sales and service staff</b></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/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>Machine operators, hospitality staff, assistants, labourers and related workers</b></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.



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