Clarkson COMMUNITY HIGH SCHOOL

Enrolment Form

ENROLMENT GUIDELINES

Thank you for choosing Clarkson Community High School to enroll your child. Parents and students should visit our enrolment information page on our website and read all relevant policy documents before completing the enrolment application.

Submitting your application

- Please complete this form and all other required forms listed on our enrolment page.
- The enrolment form must be signed by the parent/guardian and student
- Your completed application and all supporting documentation must be submitted to the school in person
- Only fully completed applications can be accepted
- **Where an item is marked with an asterisk (*) the information must be provided.**
  This information is required by the Western Australian Department of Education and Training to meet legal obligations.

ENROLMENT CHECKLIST

When you enroll your child at our school and submit your application in person, please ensure you bring the following documents:

- ☐ Your child's birth certificate
- ☐ Two different documents as proof of address e.g. utility bill, rental lease agreement, driver's license etc.
- ☐ Immunisation certificate
- ☐ Court order (if applicable)
- ☐ Copy of last school report
- ☐ USI Form

If your child was born outside of Australia, please provide:

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

If your child is a temporary visa holder please 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).

Security and confidentiality

The information provided in the 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 application

If you require assistance completing this application, including translation services, please contact the school on 6206 5000

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

OFFICE USE ONLY			
Received by		Date	
Passport/Visa copied		Year Group & Community	
Birth Certificate copied		Family Court Order copied	
Entered on SIS by		Date	
Enrolled by Deputy		Date	
Checked on SIS by		Date	
Start Date			

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STUDENT DETAILS										Year Level Enrolling In				
Legal Surname*														
Surname*														
Given Names*														
Date of Birth*			/			/			Gender	M ☐	F ☐	Other ☐		
Home Address*														
Postal Address* (if different)														
Postcode*														

Name of brothers/sisters attending this school*		1	
2		3	

Parent/Guardian Carer Details* Child lives with:

Both Parents ☐	Parent/Guardian 1 ☐	Parent/Guardian 2 ☐	Neither Parent ☐

Emergency Contact* Please indicate, by placing a number in the boxes below, the order in which the following people should be contacted in an emergency

Parent/Guardian 1		Parent/Guardian 2		Other Contacts	

PARENT/GUARDIAN/CARER 1 DETAILS

Title*		First Name*		Surname*	
Relationship to the student*					
Home Phone*			Mobile Phone*		
Postal Address*					
Email address*					
Occupation*			Work Phone*		
Centrelink Health Care/Pensioner Card*	Yes ☐		No ☐		

Do you speak a language other than English at home? * (If more than one language, indicate the one that is spoken more often)

No, English only ☐	Yes, other – please specify ☐

What is the highest year of primary or secondary school you have completed?		What is the highest qualification you have completed?	
Year 12 or equivalent	☐	Bachelor degree or above	☐
Year 11 or equivalent	☐	Advanced diploma/Diploma	☐
Year 10 or equivalent	☐	Certificate I to V	☐
Year 9 or equivalent or below	☐	No tertiary qualification	☐

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

What is your occupation group? (Please select from the list provided at the start of this form)	

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PARENT/GUARDIAN/CARER 2 DETAILS

Title*		**First Name***		**Surname***	
Relationship to the student*					
Home Phone*			**Mobile Phone***		
Postal Address*					
Email address*					
Occupation*			**Work Phone***		
Centrelink Health Care/Pensioner Card*	**Yes** ☐		**No** ☐		
Do you speak a language other than English at home? * (If more than one language, indicate the one that is spoken more often)					
No, English only ☐		**Yes, other – please specify** ☐			

What is the highest year of primary or secondary school you have completed?		**What is the highest qualification you have completed?**	
Year 12 or equivalent	☐	**Bachelor degree or above**	☐
Year 11 or equivalent	☐	**Advanced diploma/Diploma**	☐
Year 10 or equivalent	☐	**Certificate I to V**	☐
Year 9 or equivalent or below	☐	**No tertiary qualification**	☐
(If you did not attend school, please mark "Year 9 or equivalent or below"			
What is your occupation group? (Please select from the list provided at the start of this form)			

OTHER CONTACT DETAILS

Title*		**First Name***		**Surname***	
Relationship to the student*					
Home Phone*			**Mobile Phone***		
Postal Address*					
Email address*					

❖ **Please advise the school if you would like additional contacts recorded**

ADDITIONAL STUDENT DETAILS

Religion			
Does THE STUDENT speak a language other than English at home? * (If more than one language, indicate the one that is spoken more often)			
No, English only ☐		**Yes, other – please specify** ☐	
Is the student of Aboriginal or Torres Strait Islander origin? *			
No ☐	**Yes, Aboriginal** ☐		**Yes, Torres Strait Islander** ☐
Is the student from out of the school intake area? *	**Yes** ☐		**No** ☐

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ADDITIONAL STUDENT DETAILS (continued)

Is this student subject to Access Restriction? * If yes please attach supporting documentation	**Yes** ☐	**No** ☐
Is this student subject to any court orders in respect of their care, welfare and development? * If yes please attach documentation	**Yes** ☐	**No** ☐
Is this student in the care of the Department for Child Protection (DCP) Chief Executive Officer? *	**Yes** ☐	**No** ☐

If YES, please specify the details of the DCP Case Manager*			
Name*		**Phone***	
DCP District*			
Permanent resident*	**Yes** ☐	**No** ☐	
Date entered Australia*	/ /	**Visa Sub-class Number**	
Is the student in receipt of any of the following allowances?			
Secondary Assistance ☐	**Youth Allowance** ☐	**Abstudy** ☐	**Assistance for Isolated Children (AIC)** ☐
Birth certificate included in application? *	**Yes** ☐	**No** ☐	
In which country was the student born?*			
Australia ☐	**Other – please specify** ☐		
Citizenship*	**Australian** ☐	**Other (please specify)** ☐	
Previous school*			
OR if previously enrolled in Home Education, please specify the Education District*			
Movement reason (if applicable)			

STUDENT HEALTH CARE SUMMARY

MEDICAL DETAILS

Medical Practice					
Doctor's Name			**Telephone Number**		
Do you have ambulance insurance?	**Yes** ☐	**No** ☐	***If yes, specify insurance provider:***		
Permission to call Doctor			**Yes** ☐	**No** ☐	
Permission to Administer First Aid			**Yes** ☐	**No** ☐	
Medicare Card number		**Individual Ref #**		**Expiry Date**	
Health Care Card	**Yes** ☐	**No** ☐	**Card Number**		**Expiry Date**

MEDICAL ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant?	**Yes** ☐	**No** ☐
If yes, please provide details		

STUDENT HEALTH CARE SUMMARY (continued)

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.
Note: All medication required must be supplied by parents/carers

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.
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.

Do you give permission for the school to share your child's health care information?	**Yes** ☐	**No** ☐

If no, and the information is to be restricted, who can be informed of your child's health care information?

IMMUNISATION STATUS

Has your child been Immunised?	**Yes** ☐	**No** ☐	**If yes please attached Immunisation History Statement** *Note: Statement date must be within three months of enrolment date.*

HEALTH CONDITION(S)

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 (Check the box that applies)	**Will school staff require specific training to support your child?**	
Severe Allergy/Anaphylaxis	Yes ☐	No ☐
Minor and Moderate Allergies	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐
Seizures	Yes ☐	No ☐
Asthma	Yes ☐	No ☐
Activities of Daily Living	Yes ☐	No ☐
Other Conditions or Needs (Please specify below)	Yes ☐	No ☐

List any essential information below that could affect your child in an emergency *eg: allergy to penicillin.*

Has your child's Medical Practitioner provided a health care plan to assist the school to Manage the condition? **(*If yes, please advise the school)***	**Yes** ☐	**No** ☐

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. *If yes, please attach photo to the relevant health care plan(s).*	**Yes** ☐	**No** ☐

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STUDENT HEALTH CARE SUMMARY (continued)

DIAGNOSED LEARNING DIFFICULTY / DISABILITY

Does your child have a diagnosed learning difficulty?	Yes ☐	No ☐

If you have ticked any of the disabilities below, you MUST provide supporting documents (at time of enrolment).

- ☐ Physical Disability
- ☐ Intellectual Disability
- ☐ Vision Impairment
- ☐ ADD
- ☐ ADHD
- ☐ Dyslexia
- ☐ Dyspraxia
- ☐ Dysgraphia
- ☐ Dyscalculia
- ☐ Deaf and Hard of Hearing (e.g. otitis media)
- ☐ Specific Speech Language Impairment
- ☐ Global Developmental Delay (prior to age 6)
- ☐ Severe Mental Disorder
- ☐ Central Auditory Processing Disorder (CAPD)
- ☐ Autism Spectrum Disorder
- ☐ Other_____

MOBILE PHONE POLICY AGREEMENT

I have read and agree to abide by the Department of Education and Clarkson Community High School Mobile Phone Policy as outlined within the parent information booklet. *	Yes ☐	No ☐

CCHS ICT POLICY USER AGREEMENT

I have read and discussed the implications and rules with my child, and they will adhere to the Clarkson Community High School Guidelines and the Department of Education ICT Usage Policy Guideline for Students and Parents as outlined within the parent information booklet. I understand that ICT privileges may be revoked at any time due to a breach of this policy. *	Yes ☐	No ☐

PERMISSION TO USE STUDENT IMAGES

We politely request your permission to use any images of your child in some or all of the ways listed below:

- **School website/Social Media/Newsletter or any other medium related to school activities**
- **Promotional materials for the Department of Education or the school**
- **Articles for external news publications such as Community News (North Coast Times etc.)**

You are of course at liberty to withdraw your consent at any time by contacting the school in writing.

I give permission for Clarkson Community High School to use images of the student named on this enrolment form*	Yes ☐	No ☐

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DECLARATION

I declare that all the information on this form is true and I understand that a condition of enrolment at Clarkson Community High School is acceptance of the school dress code and all other school policies*

Parent/Guardian Signature		**Student Signature**	
Date	/ /		

Document Checklist:

- Birth Certificate or extract or other identity documents
- Copies of Family Court and any other court documents (if applicable)
- Proof of address
- Information relating to suspensions and previous school history (if applicable)
- Information relating to health or medical condition, disability or additional needs (if applicable)
- If the student is not born in Australia, evidence of citizenship, current visa sub-class and previous sub-class

Please provide any other relevant information below:

Australian Government

USI Unique Student Identifier



STUDENT QUICK GUIDE

HOW TO CREATE A USI

It should only take less than 5 minutes online!

Go to www.usi.gov.au

Select 'Student Login'

Read and Agree to the Terms and Conditions

Select 'Create USI'

You will need one of the following forms of ID to create your USI such as a:

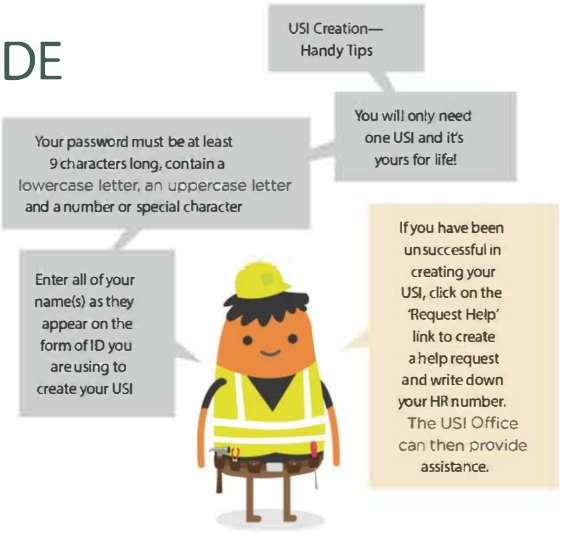
- Driver's Licence
- Medicare Card
- Passport (Australian)
- Non-Australian Passport (with Australian Visa)
- Birth Certificate (Australian)
- Certificate of Registration by Descent
- Citizenship Certificate
- ImmiCard

Follow the steps to create a USI

You're done!

Your USI will now be displayed on the screen and will also be sent to you for your records.

If you are enrolling in training, your training organisation will need to collect and verify your USI. To help your training organisation do this, you can select the 'Print your USI' or 'Email your USI' option from this screen. Click here for more information.



YOU NEED TO ACTIVATE YOUR USI ACCOUNT

If your training organisation created a USI for you, they cannot activate your USI account. You should go online to activate it as soon as possible, as this will make it easier to find your USI again in future. Activating your USI account will also enable you to view your transcript. You can activate your account by:

1. Clicking on the link that was sent to either your email address or mobile number.
2. Set up a password and two check questions.
3. You will then be able to login to your USI account.

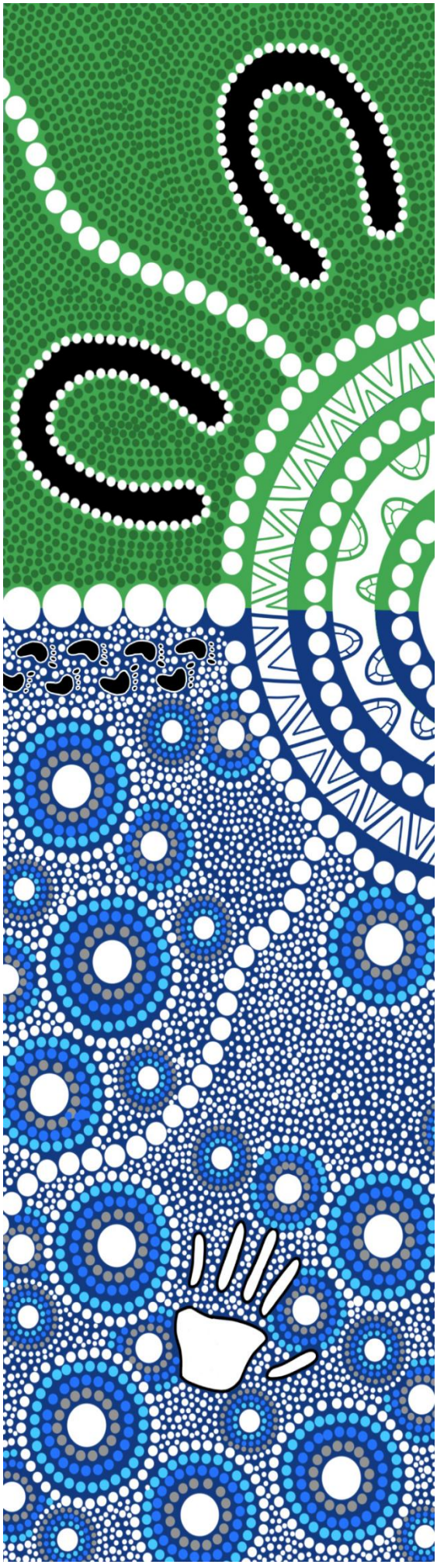
HOW TO UPDATE PERSONAL OR CONTACT DETAILS

You can change your personal and contact details by logging in to your USI account and selecting either 'Update Personal details' or 'Update Contact details'. You will need a current form of ID if you want to change your name(s) or date of birth.

If you have given your training organisation permission to update your details, they can make the changes for you.

Student Name:

USI



Clarkson Community High School

Noongar Language

At Clarkson Community High School all Year 7 and 8 students must study a Language other than English (LOTE)

If you would like your child to be considered for this class, please complete the details below:

Child's name: _____

Parent Signature: _____

Date: _____