

ENROLMENT FORM

To confirm an offer of enrolment, please complete this form and email (with supporting documentation) to:

Kelmscott.SHS.enrolment@education.wa.edu.au

Family details should include the parent/carers residing at the same address as the student. Details relating to adults not residing with the student may be included in the Additional Contact Details. It is a parent/carer's responsibility to advise the school of any changes to the information contained in this form.

Our office is open from 8:00am to 3:30pm Monday to Friday to accept any hand delivered enrolments.

Application Documentation

The following evidence needs to be provided with the Application for Enrolment:

- ☐ Birth certificate
- ☐ 1 x Primary Proof of address (Lease Agreement/Council Rates)
- ☐ 2 x Secondary Proof of Address (Utilities Bill, Drivers License, Bank Statement)
- ☐ Immunisation Statement (from MyGov – dated within 2 months of application submission)
- ☐ Most Recent School Report
- ☐ Most Recent NAPLAN Report

If applicable:

- ☐ Medical Diagnosis Reports
- ☐ Family Court Order

Surname:	
First Name:	
Academic Year:	Year _ 202 _

Supporting Documentation

Please provide the following documentation to support the enrolment.

Kelmscott SHS Policy Documentation

- ☐ Policies Document
- ☐ Enrolment Profile and Student Support Document

Proof of Visa or Citizenship, if applicable:

- ☐ Evidence of the date of entry into Australia;
- ☐ Passport or travel documents; and
- ☐ Current visa and previous visas.
- ☐ Citizenship certificate

In addition, if your child is a temporary visa holder you need to provide:

- ☐ Confirmation of enrolment or evidence of permission to transfer provided by TAFE International WA (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 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.

Office Use Only Application Received: ____/____/____

School Officer:	
Proof of Address	IA <input type="checkbox"/> OA <input type="checkbox"/>
POA1 <input type="checkbox"/>	POA2 <input type="checkbox"/> POA2 <input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Immunisation	<input type="checkbox"/>
School Report	<input type="checkbox"/>
NAPLAN	<input type="checkbox"/>
Medical Diagnosis	<input type="checkbox"/>
Court Order	<input type="checkbox"/>
VISA Evidence	<input type="checkbox"/>
Policies	<input type="checkbox"/>
Connect	<input type="checkbox"/>
Profile Documentation	<input type="checkbox"/>

Date of Entry:	_____
SIS Data Entry Date:	_____
SCSA Number:	_____
SAER/NOTES:	_____

Associate Principal:	
Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>
Signature:	_____
Date:	____/____/____

SECTION 1: STUDENT DETAILS

* Surname		
* Legal Surname (If different from above)		
* First name		
* Other names (If applicable)		
Preferred full name		
* Date of Birth	____/____/____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex	
* Residential Address		
	Suburb/town:	Postcode:
Student Mobile (optional)		
Names of siblings attending this school		

SECTION 2: PARENT/RESPONSIBLE PERSON DETAILS (residing with the student)

	Parent/Guardian 1	Parent/Guardian 2
Title (Mr, Ms, Miss, Mrs, Dr)		
* Surname		
* First name		
Relationship to student		
Responsible for parenting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for the payment of school fees?	<input type="checkbox"/>	<input type="checkbox"/>
Who will receive communication, student reports, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: PARENT/RESPONSIBLE PERSON DETAILS (continued)

	Parent/Guardian 1	Parent/Guardian 2
Emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Contact Phone Numbers	Mobile:	Mobile:
	Home:	Home:
	Work:	Work:
	Workplace	Workplace
* Postal Address (if different from student residential address)	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
* Email address (This is our primary form of communication)		
What is your first language?	<input type="checkbox"/> English <input type="checkbox"/> Other - please specify	<input type="checkbox"/> English <input type="checkbox"/> Other - please specify
Do you mostly speak this language at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, please specify language spoken most often at home	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, please specify language spoken most often at home
What is the highest level of school you have completed? (If you did not attend school, mark 'Year 9 or equivalent or below')	<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	<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
What is the level of the highest qualification you have completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. Trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. Trade certificate) <input type="checkbox"/> No non-school qualification
What is your occupation group? Please select the appropriate parental occupation group. 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, select '8'	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sports- persons 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"/> Group 8 Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, 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"/> Group 8 Not in paid work in the last 12 months

SECTION 3: ADDITIONAL DETAILS

	Additional Contact 1	Additional Contact 2
Title (Mr, Ms, Miss, Mrs, Dr)		
Surname		
First name		
Relationship to student		
Email		
Postal Address (if different from student residential address)		
	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
Contact Number	Mobile:	Mobile:
	Home:	Home:
	Work:	Work:

SECTION 4: ORDER OF CONTACTS

Number the boxes (1, 2, 3, 4) to indicate the order in which people should be contacted.	Parent/Guardian Contact 1	Parent/Guardian Contact 2	Additional Contact 1	Additional Contact 2

SECTION 5: STUDENT DETAILS - ADDITIONAL INFORMATION

Country of birth	
Religion	
First Language	
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 & Torres Strait Islander
Does the student mainly speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student speak a language other than English? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No - only English <input type="checkbox"/> Yes - please specify

SECTION 5: STUDENT DETAILS - ADDITIONAL INFORMATION (continued)

* Is this student in the care of a Department for Child Protection and Family Support (CPFS) Chief Executive Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please specify the name of the CPFS Case Manager and their contact phone number.	
	Name:	Phone:
* Is this student subject to any court orders in respect to their care, welfare, development or access restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify below and attach supporting documentation.	
Receipt of Allowance Students must be Independent or listed on a parent's Health Care, Pension or Veterans' Affairs (blue) card (Please provide card details on page 6)	<input type="checkbox"/> Secondary Assistance Scheme (Health Care, pension & Veterans' affair blue card holder) <input type="checkbox"/> Abstudy Supplement Allowance (Healthcare, pension & Veterans' Affairs card holder) <input type="checkbox"/> Youth Allowance (For Independent students) <input type="checkbox"/> Assistance for Isolated Children (AIC) (Available from Centrelink)	
* Citizenship	Australian Citizen / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Temporary Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date entered Australia: ____/____/____	Visa expiry date:
	Visa Grant number:	Visa sub-class number:
* Previous school		State if not WA:
* If previously enrolled in Home Education, specify the Education District		
Movement Reason (If applicable)		
Languages Studies	Students in Year 7 and 8 have the choice of two languages, please indicate your preference: <input type="checkbox"/> German <input type="checkbox"/> Japanese Has your child previously studied a language? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH

* Does the student have one or more medical conditions that will require support from school staff?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify below	
		Office Use Only Health care plan?
* Diagnosed medical condition Copies of evidence / documentation will be required.	<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Yes
	<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Yes
	<input type="checkbox"/> Global Developmental Delay (prior to age 6)	<input type="checkbox"/> Yes
	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Yes
	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Yes
	<input type="checkbox"/> Severe medical/health condition	<input type="checkbox"/> Yes
	<input type="checkbox"/> Severe mental disorder	<input type="checkbox"/> Yes
	<input type="checkbox"/> Specific speech language impairment	<input type="checkbox"/> Yes
	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Yes

SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH (Cont)

Medical Centre	Medical Practice		
	Doctor's Name		Phone
Do you give permission for the school to share your child's health care information and photograph?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you tick yes you give consent for staff to place your child's medical details and photograph on view to provide immediate identification. NOTE: If your child is enrolled in TAFE or any other education program, this permission includes the transfer of student health details.		
Does your child have a medical condition or intensive health care need? If you have indicated that the student has a medical condition or intensive health care need you will be required to complete a separate Health Care Authorisation. Please contact the School for an appropriate form.	<div> <input type="checkbox"/> Yes - please specify below <input type="checkbox"/> No </div> <div> <div> <input type="checkbox"/> Severe allergy - Anaphylaxis <input type="checkbox"/> Mild to moderate allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures (e.g. epilepsy) <input type="checkbox"/> Asthma </div> <div> Activities of daily living <input type="checkbox"/> Intensive Health Care Need (e.g. tube feeding) <input type="checkbox"/> Hearing condition (e.g. otitis media) <input type="checkbox"/> Mental health/behavioural (e.g. depression, ADHD, ODD) <input type="checkbox"/> Diagnosed migraine/headaches <input type="checkbox"/> Other </div> <div> Will staff require specific training? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> Does your child have a Medic Alert bracelet? <input type="checkbox"/> Yes If yes, please provide details </div>		
Do you have ambulance cover? If emergency contacts are unavailable, an ambulance will be called in life-threatening emergencies.	<input type="checkbox"/> No <input type="checkbox"/> Yes Provider: _____ If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance.		
Permission to administer First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Card	Number:	Ref:	Expiry: _____/ 20_____
Is the student listed on a family Health Care or Pension Card? Please enquire about eligibility for ASA and SAS payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <div> Card Number: <div>Expiry: _____/ 20_____</div> </div>		

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Have relevant health care documents been issued to the family? Have relevant health care documents been returned by the family?

☐ Yes ☐ No

☐ Yes ☐ No

Date Received: ____/____/____

SECTION 7: STUDENT PROFILE (completed by parent)

We understand that parents/guardians have a unique knowledge of their child's social, emotional and academic needs and interests. We ask parents/guardians to complete the information below to help our school know your child better.

Please tick or click <input type="radio"/>	Well below Average	Below Average	Average	Above Average
Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numeracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence and self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence in completing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work as part of a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of others' ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate use of manners and language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your child applying for any of the below programs offered by Kelmscott SHS:

Gifted and Talented Education at Kelmscott SHS	<input type="radio"/>
Specialist Agriculture Program	<input type="radio"/>
Specialist Music Program	<input type="radio"/>
Athletics Academy	<input type="radio"/>
Soccer Academy	<input type="radio"/>
Academic Academy	<input type="radio"/>

Vocational Training

Does your child have a USI Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes – USI Number _____		
Has your child completed any Certificate I or Certificate II qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes Title of Qualification _____ Year Completed _____		
Is your child currently enrolled in any VET Qualification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes Title of Qualification _____ Registered Training Organisation _____ Release Days _____ Copy of enrolment or letter of acceptance provided <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 7: STUDENT PROFILE (completed by parent)

Does your child participate in any extracurricular activities, leadership programs or do they have any particular talents, hobbies etc?

General comments and further information you would like to provide our school

Parent / Guardian Signature:

If you are completing this form online, please check this box to confirm above information is correct

Date:

WHATS NEXT

All enrolments will be confirmed upon completion. Enrolments are due by the last Friday of Term 3. Any Out of Area enrolment places will be confirmed after this time.

CONTACT DETAILS

Please don't hesitate to contact us if you have any questions.

Mail: 50 Third Avenue
Kelmscott WA 6111

Phone: (08) 9495 7400

Email: Kelmscott.SHS.enrolment@education.wa.edu.au

Website: www.KSHS.wa.edu.au