KELMSCOTT SENIOR HIGH SCHOOL ENROLMENT FORM

Surname:

First Name:

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.

SAER/NOTES:

carer's responsibility to advise the school of any changes to the information contained in this form.	Academic Year:
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	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.
Medical Diagnosis Reports Family Court Order	 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 fe 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). In addition, if your child is a temporary visa holder you need to provide: The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databas is governed by State and Departmental policies to ensure security, private and confidentiality.
Date of Entry: SIS Data Entry Date: SCSA Number:	Associate Principal: Accepted Not Accepted

Signature:

Date:



*Surname					
*Legal Surname (If different from before)					
*First name					
*Other names (If applicable)					
Preffered full name					
*Date of Birth					
Gender	Male	Female	Indeterminat	te/Intersex	
Residential Address					
	Suburb/town:			Postcode:	
Student Mobile					
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?	Yes No	Yes No
Lives with student?	Yes No	Yes No
Who is responsible for the payment of school fees?		
Who will receive communication, student reports, etc?	Yes No No	Yes No

SECTION 2: Parent/Responsible Person Details (continued)

	Parent/Guardian 1	Parent/Guardian 2
Emergency contact	Yes No	Yes 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?	English Other - please specifiy below	English Other - please specifiy below
Do you mostly speak this language at home?	Yes No - if no, please specify language spoken most often at home	Yes 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")	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent 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 (incl. Trade certificate) Year 9 or equivalent or below	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (incl. Trade certificate) Year 9 or equivalent or below
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'	Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals Group 2 Other business managers, arts/ media/sports - persons and associate professionals Group 3 Tradesmen/women, clerks and skilled office, sales and service staff Group 4 Machine operators, hospitality staff, assistants, labourers and related workers Group 8 Not in paid work in the last 12 months	Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals Group 2 Other business managers, arts/ media/sports - persons and associate professionals Group 3 Tradesmen/women, clerks and skilled office, sales and service staff Group 4 Machine operators, hospitality staff, assistants, labourers and related workers Group 8 Not in paid work in the last 12 months



		Add	ditional Contac	t 1		Additiona	al 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 phone numbers		Mobile:				Mobile:	
		Home:				Home:	
		Work:				Work:	
					A A		
			0				
SECTION 4: Order of con	ntacts	8					
Number the boxes (1, 2, 3, 4) to indicate the order in which people should be contacted.	Parent Contac	/Guardian ct 1	Parent/Guard Contact 2	ian	Add	litional Contact 1	Additional Contact 2
SECTION 5: Student det	ails -	Additional in	formation	,			
Country of birth							
Religion							
First Language							
Is the student of Aboriginal or		lo		Yes - Torres St	trait Is	slander	
Torres Strait Islander origin?	Y	es - Aboriginal		Yes - Both - Al	borig	inal & Torres Strait Island	der
Does the student mainly speak English at home?	Y	'es		No			
Does the student speak a	Y	es - Only English					
language other than English? If more than one language, indicate the one that is spoken most often.		No - Please Specify					

SECTION 5: Student Details - Additional Information (continued)

*Is this student in the	Yes No					
care of a Department for Child Protection and	If Yes, please specify the name of the CPFS Case Manager and their contact phone number.					
Family Support (CPFS) Chief Executive Officer.	Name:	Phone:				
* Is this student subject to any court orders in respect to their care, welfare, development or access restriction?	Yes No If Yes, please specify below and attach supporting documen	tation.				
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	Secondary Assistance Scheme (Health Care, pension & Veterans' affair blue card holder)					
*Citizenship	Australian Citizen / Permanent Resident Ves No					
	Temporary Resident Yes No					
	Date entered Australia:	ntered Australia: Phone:				
	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, German Japanese Has your child previously studied a language? No	please indicate your prefe	erence:			
SECTION 6: Stude	nt Details - Medical/Health					
*Does the student have one or more medical conditions that will	No Yes - Please specify below					
require support from school staff?			Office Use Only Health care plan?			
*Diagnosed medical condition Copies of evidence / documentation will be required.	Autism spectrum disorder Deaf or Hard of Hearing Global Developmental Delay (prior to age 6) Intellectual disability Physical disability Severe medical/health condition Severe mental disorder Diagnosed Learning Disabilities (please specify below)		 ☐ Yes 			
			Yes			

SECTION 6: Student Details - Medical/Health (continued)

Medical Centre	Medical Practise		
	Doctors Name:	Phone:	
Do you give permission for the school to share your child's health care information and photograph?	Yes No If you tick yes you give consent for staff to place your child's immediate identification. NOTE: If your child is enrolled in TAFE or any other education program, to		
Does your child have a medical condition or intensive health care need?	Yes - please specify below No		Will staff require specific training?
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.	Severe allergy - Anaphylaxis Mild to moderate allergy Diabetes Seizures (e.g. epilepsy) Asthma Activities of daily living Intensive Health Care Need (e.g. tube feeding) Hearing condition (e.g. otitis media) Mental health/behavioural (e.g. depression, ADHD, ODI Diagnosed migraine/headaches Other Does your child have a medical alert braclet? Yes - If yes, please provide details.	D)	
Do you have ambulance cover? If emergency contacts are unavaliable, an ambulance will be called in life-threatening emergencies.	Yes No Provider: If there is a medical emergency parents or guardians are exp	ected to meet the cost o	f the ambulance.
Permission to administer First Aid?	Yes No		
Medicare Card	Number:	Ref:	Expiry:
Is the student listed on a family Health Care or Pension Card? Please enquire about eligibility for ASA and SAS payments.	Yes No Card Number:	Expiry:	
	ocuments been issued to the family? ocuments been returned by the family?	☐ Yes ☐ Yes	□ No □ No

CLOSING DATE 1ST OF JUNE ANNUALLY

SECTION 7: Specialist & Academy Programs (completed by parent)

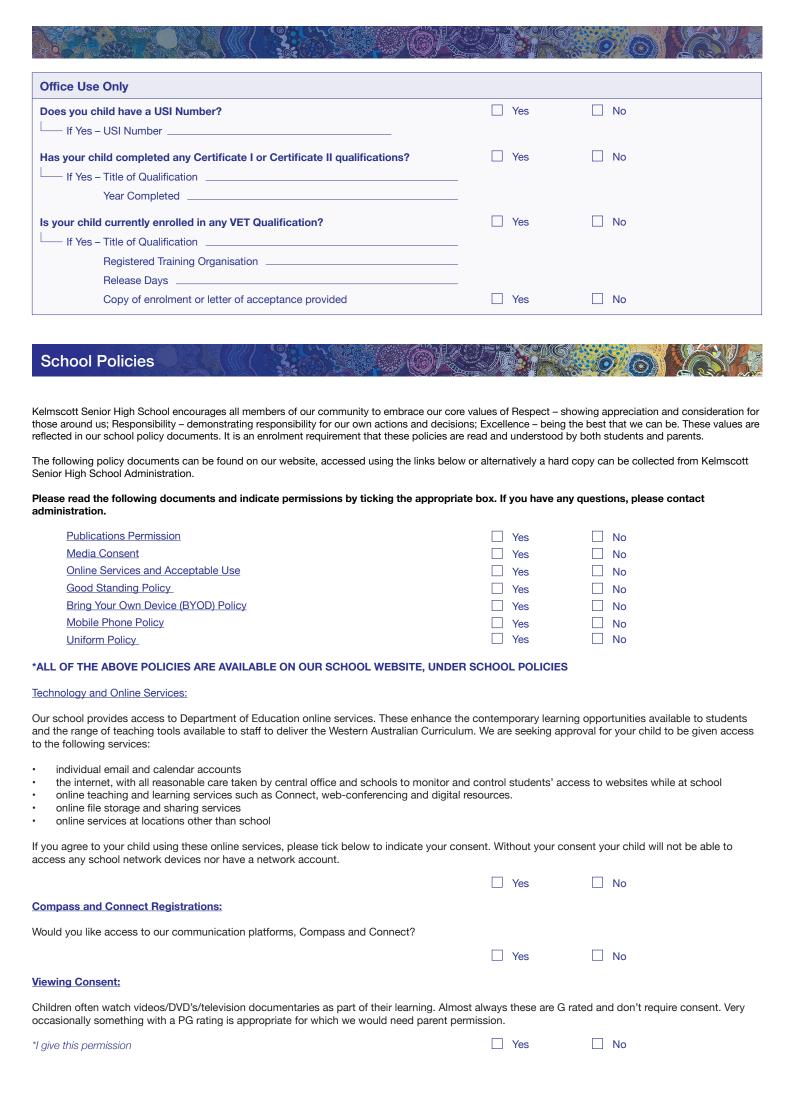
Is your child applying for any of the below programs offered by Kelmscott SHS:

•		rick nere			
Gifted and T	Talented Education at Kelmscott SHS				
Specialist Agriculture Program					
Specialist Music Program					
Athletics Academy					
Soccer Acad	demv				
Academic A	<u> </u>				
	<u> </u>				
ASD (Separa	ate form to be completed)				
	a place in a Specialist or Academy program, you are also accepting the appropriate charge and must pay 50% payable before S to ensure placement. The remaining amount is due in Term 1 2025. (Unless a payment plan is arranged)	e commencement at			
	ety of additional charges associated to our Specialist and Academy programs – these can be found on the Contributions and (ne KSHS Website.	Charges booklet			
Specialist Ag	griculture Program				
	One A4 handwritten statement explaining why you wish to join the Spec Ag Program and why you are a suitable candid	late Include any			
	relevant exp (eg. Agric, horticultural, animal handling) that you have had. A keen interest in the biological & environment	,			
	relevant.				
	Copies of references, certificates, awards that support your application				
	Parent and student sign to agree that they understand that enrolment in the Spec Ag Program involves a commitment to	o remain in the			
	course in Year 7,8,9 and 10				
	Please note final selections may be provisional on Semester 1 report				
	Attached a copy of the most recent school report				
Specialist Mu	usic Program				
Instrument: _	IMSS or other tutor				
Name of mus	ic school if attended:				
Performances	s you have participated in:				
Otherwalever					
	t experience:	n Soundcloud etc)			
	I understand that successful entrance into this competitive program will be based upon audition and interview.				
	I have attached a copy of a recent music report, if applicable, to this application.				
	I have attached a copy of the most recent school report to this application.				
	I have attached a copy of the most recent NAPLAN report to this application.				
	I understand that enrolment in the Specialist Music Program involves a special classroom curriculum, tuition on one instru	ment (voice) and			
	before and after school rehearsals may occur. I agree to participate fully in all aspects of the program until the end of Year	10.			

Athletics Aca	<u>demy</u>
Only available	to families who reside within the local intake area
	If my child is successful at entering this program, I understand that he/she is obliged to attend all training sessions mostly afterschool
	I have attached a copy of the most recent school report to this application
	I understand that successful entrance into this competitive program will be based upon interview and practical testing
Soccer Acade	<u>emy</u>
Only available	to families who reside within the local intake area
	If my child is successful at entering this program, I understand that he/she is obliged to attend all training sessions and subsequent games
	I have attached a copy of the most recent school report to this application
	I understand that successful entrance into this competitive program will be based upon interview and practical testing
Academic Ac	<u>ademy</u>
Only available	to families who reside within the local intake area
	I wish for my child to be considered for Academic Academy in the following
	Learning Areas:
	Mathematics, Science, English and Humanities and Social Sciences
	English and Humanities and Social Sciences
	Mathematics and Science
	I understand that successful entrance into this competitive program will be based upon student achievement.
	Please indicate if you have also applied for the Gifted and Talented Selective Academic Program through the Department of Education
_	I have attached the following documentation to this application:
	Copy of most recent school report
	Copy of most recent NAPLAN report
	Additional supporting evidence if applicable ie PEAC report or other Academic testing
PARENT/GUA	ARDIAN DECLARATION:
If this applica	tion is successful;
	I accept that in addition to the secondary charges and contributions incurred by families, all Specialist and Academy programs may attract
	extra charges due to their specialist nature. To support my child's education in a special program I commit to pay all associated charges.
	I understand that my child's ongoing enrolment in the program is dependent upon 50% of the specialist charges being paid before the
	commencement at Kelmscott SHS and the balance being paid in Term 1.
	I understand there may be timetable restrictions preventing my child being able to participate in multiple Approved Specialist Programs.
	I understand that ongoing participation in these programs will depend upon my child maintaining:
	a satisfactory level of achievement in academic studies
	an exemplary standard of behaviour and
	an excellent attendance rate while enrolled at Kelmscott SHS.
I declare that	all information provided on this form is true and accurate.
If you are co	empleting this form online and are unable to sign this form please check this box to confirm the above information is true and correct.

Applications can be submitted by email to Kelmscott.SHS.enrolment@education.wa.edu.au

Alternatively applications can be hand delivered or posted to Kelmscott Senior High School, 50 Third Avenue, Kelmscott WA 6111



School Policies



Kelmscott Senior High School may be required to pass information on to a third party where required in the essential course of school operations, eg: Smartrider (Monitor WA) and Electronic Attendance systems. All student information will be handled in accordance to the Department of Education Information and Compunication Technologies Security Policy and Procedures Policy

	Information and Communication Technologies Security Policy and Procedures Policy.	aridico	in accordan	00 10	LITIC	Department of Le	addation
*I gi	*I give this permission		Yes	[No	
Loc	Local Excursions:						
	Students occasionally work within the local area for minor excursions under the supervision or reserves, another school, city council library or shopping centre. On all occasions, parents w					•	ks, nature
*I gi	*I give this permission		Yes	[No	
NC	NCCD Disability Information:						
l pro	I provide permission for NCCD Disability Information to be released to the relevant government	nt auth	norities (See	over fo	or fu	ırther clarification)
*I gi	*I give this permission		Yes	[No	
*I co	*I confirm the above Policies have been reviewed with my child		Yes	[No	
If	If you are completing this form online and are unable to sign this form please check this box to c	onfirm	the above info	ormatio	on is	s true and correct	
Nat	Nationally Consistent Collection of Data (NCCD) Parent Information						
prov	Kelmscott Senior High School is part of an Australia-wide project about students with disability a provide information about the number of children in school with learning needs. This collection oproject (NCCD). The school name and name of the children included in the data collection are co	f data i	s called the 'l				,
	The project will collect information about ways we support students with special educational need Education, but not necessarily at a school level.	eds. The	e data goes t	o the F	ede	eral Level for fundi	ng into WA
	It is important to note that as part of this project, the term "disability" is being used to describe a line with the definition of disability, as defined by the Disability Discrimination Act (DDA) 1992.	variety	of condition	s, inclu	udin	g medical condition	ons. This is in
stuc	Kelmscott Senior High School regularly collects information from staff about the learning adjustnestudents we believe should be in our data collection. Parents of identified students will be contacted the collection should they wish.		•				-
	Kelmscott Senior High School think it's important for everyone to take part in this project as it he provide for all students in Western Australia. We hope you think so too.	lps Go	vernment and	d the D	ера	artment of Educati	on to better
	If you would like to learn more about the NCCD you can visit this	webs	site: https:/	//wwv	v.no	ccd.edu.au/	
E	· · · · · · · · · · · · · · · · · · ·				C		
	E.g. school councillor, faction captain, peer leader/mentoring, awards won, participant in sc school representative, etc.	hool ba	and/performa	nces/a	leba	ting, competitions	s entered,
2.	2. Participation in activities outside of school programs: E.g. sports, the arts, music, community, choir, voluntary work, other						

-	Troutient i Tome for Student Support
3.	Are there any other issues or concerns that impact on how your child will adjust to Kelmscott Senior High School? E.g. sports, the arts, music, community, choir, voluntary work, other
3.	Are there any other issues or concerns that impact on how your child will adjust to Kelmscott Senior High School?
	Yes No
٧	/hats Next?
	enrolments will be confirmed upon completion. Enrolments are due by the last Friday of Term 3. Any Out of Area enrolment places be confirmed after this time. Specialist and Academy program applications close on the 1st of June Annually.
Со	stact Details:
Ple	se don't hesitate to contact us if you have any questions,
Alte	official KSHS Enrolment email is <i>Kelmscott.SHS.enrolment</i> @education.wa.edu.au rnatively applications can be hand delivered or posted to <i>Kelmscott Senior High School, 50 Third Avenue, Kelmscott WA 6111</i> use use the contact number at (08) 9495 7400 or visit our website https://kshs.wa.edu.au/
lf	arent / Guardian Signature: ou are completing this form online, please check s box to confirm above information is correct. Date: