



**PIARA
WATERS**
Senior High School

Application for Enrolment (Part A)

(for enrolment into a Western Australian Public School)

Name of Student:

Year Level:

Enrolment Year:

TYPE OF ENROLMENT - Please select

LOCAL INTAKE AREA

ACADEMIC EXCELLENCE PROGRAM

BOTH

When you enrol your child at Piara Waters SHS, please provide copies of the following documentation for the enrolment to be complete and accepted.

Checklist - Parent / Guardian	
ALL STUDENTS:	
Application for Enrolment – Part A	
Birth Certificate / Proof of Identity	
Three Proof of Residence <ul style="list-style-type: none"> • Current and signed lease agreement (<i>if you are renting</i>). If you 'Private' rent, a copy of the Landlord's current Rates Notice will also be required. <i>The renting of a room in a property is not acceptable for enrolment.</i> • Current Rates Notice (<i>if you own your home</i>) • Settlement letter/email AND Land Title (<i>if you have recently purchased a home</i>) • Utility Bill (<i>Water, Gas or Electricity</i>) and • Drivers Licence (<i>with current address</i>) 	
Most recent two school reports	
Most recent NAPLAN results	
Immunisation Certificate - (Australian Immunisation Register or Medicare Immunisation Statement) (generated within the last 2 months)	
Medicare Card	
Health Care / Pension Card	
Disability Evidence (if applicable)	
Court Order / Access Restrictions (if applicable)	
<i>If your child was not born in Australia or both parents were born overseas, you must also provide:</i>	
Evidence of date of entry into Australia (<i>If arrived within 3 years, please provide initial passport the student entered Australia with</i>)	
Passport and travel documents <input type="checkbox"/> Australian or <input type="checkbox"/> Overseas: Country _____	
Visa and Visa Grant Number	
Citizenship Certificate (if applicable)	
Declaration	
It is your responsibility to notify Piara Waters Senior High School in writing of any changes to the information provided on this enrolment form.	
Name of Parent/Guardian enrolling the student, and providing consents.	(please print clearly)
Relationship to student:	
Signature:	Signature: _____ Date: _____

Who can enrol a child?

Enrolment applications can be lodged by:

1. Parents, defined in the *School Education Act 1999* as persons **who at law have responsibility for the long term care, welfare and development of the child; or the day-to-day care, welfare and development of the child;**
2. Independent minors; and
3. Persons aged 18 years or older who may apply on their own behalf.

The school may require documentary evidence in support of the application. A person with proper authority to make the application must provide the required information. The school is not required to determine whether another parent or person with authority concurs with the lodging of the application or the information included in it.

If there is a dispute between parents or authorised persons about the enrolment or one party requests or has enrolled the child at a different school, then the schools involved should endeavour to maintain the original enrolment and continuity of the child's schooling unless it is clearly not in the child's educational interests to do so, is not possible, or has been determined otherwise by a court.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/responsible person.

Confidentiality

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

Disclosure of Information

For parents of students with disability

In order to provide an appropriate education program, the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

Immunisation Records

Your child's immunisations should be registered with the Australian Immunisation Register (AIR). The school must be provided with an immunisation statement that has been issued within two months of the application to enrol.

You can access the AIR immunization history statement by:

- Phoning the Australian Immunisation Register enquiries line on 1800 653 809.
- Visiting Medicare Online through the MyGov website.
- Using the Express Plus Medicare app.
- Visiting your local Department of Human Services Centre.

Further information on obtaining a current statement can be found on the Department of Health's website.

IT IS COMPULSORY TO INFORM THE SCHOOL OF ANY CHANGES TO ANY OF THE INFORMATION PROVIDED BELOW AT ANY TIME

Student Details									
Legal Surname (as on birth certificate/extract, passport, or family court order)									
Preferred Surname									
Given names (as on birth certificate/extract, passport, or family court order)									
Preferred First Name									
Date of Birth									
Gender									
Residential Address	Street								
	Suburb Postcode								
Home Telephone									
Student Mobile Number (if applicable)									
Does the student have any siblings currently attending Piara Waters Senior High School?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sibling's Name</td> <td style="border-bottom: 1px solid black;">Year Level</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Yes	No	Sibling's Name	Year Level				
Yes	No								
Sibling's Name	Year Level								
Is this student subject to any court orders in respect of their care, welfare and development?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td colspan="2">If YES, please specify and attach supporting documentation.</td> </tr> </table>	Yes	No	If YES, please specify and attach supporting documentation.					
Yes	No								
If YES, please specify and attach supporting documentation.									
Is this student subject to any Access Restriction?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td colspan="2">If YES, supporting documentation must be attached.</td> </tr> </table>	Yes	No	If YES, supporting documentation must be attached.					
Yes	No								
If YES, supporting documentation must be attached.									
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td colspan="2">If YES, please specify the CPFS Case Manager,</td> </tr> <tr> <td colspan="2">CPFS District</td> </tr> <tr> <td colspan="2">CPFS Contact telephone number</td> </tr> </table>	Yes	No	If YES, please specify the CPFS Case Manager,		CPFS District		CPFS Contact telephone number	
Yes	No								
If YES, please specify the CPFS Case Manager,									
CPFS District									
CPFS Contact telephone number									
What school does the student currently attend?	(If enrolled in Home Education, please specify the Education Region).								
Last date of attendance									
Reason for school movement									

Permanent Resident / Temporary Resident

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

Residency Status:	Permanent Resident	Temporary Resident
Passport Number:		
Visa Sub Class Number:		
Visa Expiry Date:		
Date Entered Australia:		
Visa Grant Number (13 digits):		

Student Details – Disability Information

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

Student Details – Additional Information

Does your child have any other learning support needs?	YES	NO	
	If YES, please specify		
Has your child previously been funded for Education Assistant support time?	YES	NO	
Has the student attended this school previously?	YES	NO	
Has the student ever been excluded from another school?	YES	NO	
	If YES, please specify which school		
Is the student of Aboriginal or Torres Strait Islander origin?	No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander		
What is the student's First Language?			
What is the main language the student speaks at home?			
If the language at home is other than English , state how well English is spoken.	<input type="checkbox"/> Very Well	Well	Not well Not at all
Is the student an Australian citizen?	Australian citizen		Other – please specify
In which country was the student born?	Australia	<input type="checkbox"/> Other – please specify.....	

Parent/Guardian – Emergency Contact 1 Details

NB: Contact 1 will be primary contact and first person contacted.

Independent Student (Centrelink documentation must be provided)	Yes	No		
Title (Mr/Ms/Mrs/Miss)		Surname:		
Given Name/s:				
Relationship to Student: (eg mother, father, grandmother etc)				
Parental responsibility	Yes	No	Student resides with	Yes No
Responsible for payment of contribution and charges	Yes	No	Receive correspondence/reports etc	Yes No
Mobile Number:			Other Telephone:	
Email Address:				
Residential Address:	Street			
	Suburb			Postcode
Occupation:				
Employer:				
Workplace Location:				
First Language:	<input type="checkbox"/> English <input type="checkbox"/> Please Specify: _____			
Main language spoken at home				
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/Diplom <input type="checkbox"/> Certificate I to IV - including trade certificate <input type="checkbox"/> No non-school qualification			
Occupation Category	Group 1: Senior management in large business organization, government administration, and qualified professionals. Group 2: Other business managers, arts/media/sportspersons, 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 Other: Not in paid work in the last 12 months			

Parent/Guardian - Emergency Contact 2 Details

Title (Mr/Ms/Mrs/Miss)		Surname:		
Given Name/s:				
Relationship to Student: (eg mother, father, grandmother etc)				
Parental responsibility	Yes	No	Student resides with	Yes No
Responsible for payment of contribution and charges	Yes	No	Receive correspondence/reports etc	Yes No
Mobile Number:			Other Telephone:	
Email Address:				

Residential Address:	Street	
	Suburb	Postcode
Occupation:		
Employer:		
Workplace Location:		
First language	<input type="checkbox"/> English <input type="checkbox"/> Please Specify:_____	
Main language spoken at home		
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	
Occupation Category	Group 1:Senior management in large business organization, government administration, and qualified professionals. Group 2:Other business managers, arts/media/sportspersons, 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 Other: Not in paid work in the last 12 months	

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 (other than a parent/guardian) Details

Title (Mr/Ms/Mrs/Miss)		Surname:	
Given Name/s:			
Relationship to Student: (eg brother, aunt, grandmother etc)			
Mobile Number:		Other Telephone:	
Residential Address:	Street		
	Suburb	Postcode	
Workplace Location:			

Emergency Contact 4 (other than a parent/guardian) Details

Title (Mr/Ms/Mrs/Miss)		Surname:	
Given Name/s:			
Relationship to Student: (eg brother, aunt, grandmother etc)			
Mobile Number:		Other Telephone:	
Residential Address:	Street		
	Suburb	Postcode	
Workplace Location:			