

2021 APPLICATION FOR ENROLMENT

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North Lake
Senior
Campus

This information is required by the Western Australian Department of Education to assist in school funding.

All required documents listed below need to be sighted and copied at enrolment

All questions must be completed

Surname:	Student's Residential Address:
Legal Surname:	Street Number & Name:
Previous Surname: (if applicable)	
First Name:	Suburb:
Second Name/s:	State: Postcode:
Preferred Name:	Student's Email:
Date of Birth:	Student's Mobile:
Gender: Male Female	Student's Car Registration:
SCSA No:	USI No:

DECLARATION

- I agree to meet my obligations regarding payment of school fees, contributions and charges.
- Under the Western Australian Department of Education Information Privacy and Security Policy, written permission is required before student names or photographic images can be used in the print or electronic media.
- I certify that all information supplied in this document is true and correct

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT

Name of person completing this form	Signature	Relationship to student
Name of enrolling officer	Signature	Date

STUDENT LIVES WITH

Both Parents <input type="checkbox"/>	Independent Minor <input type="checkbox"/>
Parent Guardian/Carer 1 <input type="checkbox"/>	Parent Guardian/Carer 2 <input type="checkbox"/>
Other <input type="checkbox"/> Relationship to Student:	Name

PARENT/GUARDIAN DOCUMENT CHECKLIST*

Birth certificate <input type="checkbox"/>	Visa/Proof of entry to Australia <input type="checkbox"/>	Visa Expiry <input type="checkbox"/>
Recent School Report <input type="checkbox"/>	Visa Sub-class number <input type="checkbox"/>	Visa Grant Number <input type="checkbox"/>
Other <input type="checkbox"/> (Reg3. School Education Regulations 2000) Please refer to Additional Student Information to complete Access Restrictions / In the care of CPFS	Passport or Travel Documents <input type="checkbox"/>	ImmiCard <input type="checkbox"/>
Immunisation <input type="checkbox"/>	Entry into Australia Date <input type="checkbox"/>	Meningococcal <input type="checkbox"/>

Compulsory **Re-Enrolment** **Repeating Year Level** **Year Level** _____ **VET**
(Under 18)

PG 1 & 2 IF STUDENT IS UNDER 18 / PG1 IF STUDENT IS OVER 18 (M.A)	
Parent/Guardian 1 / Over 18 Student (M.A)	Parent Guardian 2
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Mail address to Mr and Mrs <input type="checkbox"/> or as above	Mail address to Mr and Mrs <input type="checkbox"/> or as above
Surname:	Surname:
First Name and Middle Name:	First Name and Middle Name:
Relationship to student:	Relationship to student:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you responsible for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you responsible for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the person paying fees? Yes No If no, who is responsible?	Are you the person paying fees? Yes No If no, who is responsible?
Should you receive family mail? Yes No If not you, who?	Should you receive family mail? Yes No If not you, who?
Mobile:	Mobile:
In the case of an emergency, should you be notified? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	In the case of an emergency, should you be notified? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>
Mailing address (if not the same as student)	Mailing address (if not the same as student)
Number/Street:	Number/Street:
Town/Suburb:	Town/Suburb:
State: Postcode:	State: Postcode:
Telephone 1:	Telephone 1:
Telephone 2:	Telephone 2:
EMAIL:	EMAIL:
PERSONAL DETAILS - NOTES	PERSONAL DETAILS - NOTES
Country of Birth:	Country of Birth:
Employer/Location:	Employer/Location:
Work Phone:	Work Phone:
Occupation:	Occupation:
ADDITIONAL DETAILS	ADDITIONAL DETAILS
Main Language other than English spoken at home?	Main Language other than English spoken at home?
Mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the highest year of primary or secondary education completed? Year 9 or equal <input type="checkbox"/> Year 10 or equal <input type="checkbox"/> Year 11 or equal <input type="checkbox"/> Year 12 or equal <input type="checkbox"/>	What is the highest year of primary or secondary education completed? Year 9 or equal <input type="checkbox"/> Year 10 or equal <input type="checkbox"/> Year 11 or equal <input type="checkbox"/> Year 12 or equal <input type="checkbox"/>
What is the highest qualification you have? Advanced Diploma/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Certificate 1 to IV (including trade) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	What is the highest qualification you have? Advanced Diploma/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Certificate 1 to IV (including trade) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Occupation group? Please circle below	Occupation group? Please circle below
Group 1: Senior management in large business organisation, government administration, defence 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. Group 8: If not in paid work in the last 12 months. If not in paid work, but have had a job in the last 12 months, please use your last occupation above.	

EMERGENCY CONTACTS:

**Compulsory age students in case of an emergency if PG1 & PG2 are not contactable, who do we call?
If no one is contactable and an ambulance is needed, parents are required to cover the expense.**

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Address:
Surname:	
First Name:	
Relationship to student:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Number/Street:	
Suburb:	
State: Postcode:	

Do you have responsibility for this student? Yes No Should you receive the family mail? Yes No

Are you responsible for paying the school fees? Yes No Does the student live with you? Yes No

In the case of an emergency, should be notified: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	Telephone: (home)	Telephone: (work)
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Mobile:	Email:
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ADDITIONAL STUDENT INFORMATION

Indigenous status: (Tick one)

Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>
Both Aboriginal and Torres Strait Islander <input type="checkbox"/>	Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/>

Religion:	Australian Citizen/Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
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First Language:	Date entered Australia:
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Main Language other than English spoken at home:	Visa Sub-Class / Immi Card Number:
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Do you mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Expiry:
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Country of Birth:	Visa Grant Number:
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Out of state enrolment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Passport Details:
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Court orders in respect of their care, welfare and development (eg: access restriction)? Yes No
If yes, supporting documentation is needed

Entered in IEC Program: Yes No

EAL/D Stage: _____ English as Additional Language/Dialect Stage (office use)	Limited Schooling: Yes <input type="checkbox"/> No <input type="checkbox"/> (office use)
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Is this child in the care of CPFS? Director General: Yes No

Name of Case Manager: _____ District: _____

Phone: _____

Documented Plan Review Date: _____ Documented Plan forwarded to DCP: Yes No

Previous School:

If previously enrolled in Home Education, specify district:

Entry Date to this school: _____ (office use)

Leave Date from this school: _____ (office use)

Destination School: _____ (office use)

EVIDENCE OF IMMUNISATION STATUS

A current immunisation record that is not more than two months old is required.

Students can access their vaccination records at:

Australian Immunisation Register (AIR) Immunisation History Statement

My child's vaccination status is: Up to date / Not up to date as at _____ (Date of Statement)

OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at

_____ (Date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at _____ (Date of Certificate)

Meningococcal Immunisation Yes No

(office use)

USER DEFINED INFORMATION (UDI) AND CONSENT

Permission for issue of Smart Rider Yes No

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 I give consent

No I do not give consent

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 for my child's image to be published

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 an 'M' rating is appropriate for which we would need parental permission.

Yes My child has consent to view items with a 'M' rating if deemed suitable by the teacher/school administration

No I do not give consent

Local Excursion: Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

Yes I consent to my child participating in teacher supervised local excursions which may include short walks to and from the school

No I do not give consent

USER DEFINED INFORMATION (UDI) AND CONSENT

Name of person signing the consent form from above:

Title: _____ First Name: _____ Surname: _____

Sign: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____