



Application for Enrolment in a Western Australian Public School (Primary)

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You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Kindergarten for the following year.
- You are enrolling a child in Pre-primary for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help. For more information please visit the Department of Education [website](#).

SCHOOL NAME

Harmony Primary School

STUDENT DETAILS (please complete all details below)

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in the other contact details section.

Child's surname

Legal surname (if different)

Previous surname (if applicable)

1st name

2nd name

3rd name

Preferred name

Date of birth (dd/mm/yy)

Gender

Male

Female

Not Specified

Residential Address
(must be completed)

Postcode

Telephone (Home)

Telephone (work if convenient)

Mobile Phone No.

Email

STUDENT DETAILS (continued)

Year Level enrolling in _____ Start date: Beginning of the following school year YES NO

If no, indicate start date _____

If applicable, year level your child is currently enrolled in (e.g. Year 6) _____

If applicable, previous school at which your child is currently or was last enrolled _____

If previously enrolled in Home Education, specify the Education Region _____

Movement reason (if applicable) _____

Is your child currently under suspension from a school? YES NO

If yes, name of school _____

Students Religion (if applicable) _____

Is the student to be withdrawn from religious instruction or activities? YES NO

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander (TSI) Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

No, English only Yes, Aboriginal English Yes, other language – please specify _____

(if more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home? _____

Does the student mainly speak English at home? YES NO

EVIDENCE OF IMMUNISATION STATUS

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement? YES NO

Please provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer

RESIDENCY STATUS

Nationality _____

Country of Birth _____

Is the student an Australian citizen? YES NO

If no, is the student a permanent resident of Australia? NO YES

If yes, Visa Sub Class Number _____

Visa Expiry Date _____

Passport number _____

RESIDENCY STATUS continued

Is the student a temporary resident of Australia?

YES

NO

If yes, Date of Arrival in Australia

Visa Grant Number

HEALTH CARE AND DISABILITY

This information will assist the school principal in planning to provide the best educational program for your child

Does the student have a health or medical condition or additional needs?

YES

NO

If yes, please provide details

Does the student have a disability?

YES

NO

If yes, please specify

Please tick if you can provide documentation about:
(The school will request copies of this information)

Autism

Deaf or Hard of Hearing

Global Developmental Delay (prior to age 6)

Intellectual Disability

Other, please specify

Physical Disability

Severe Mental Disorder

Specific Speech and/or Language Impairment

Vision Impairment

CONFIDENTIAL INFORMATION

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES

NO

If YES, please specify and attach supporting documentation.

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES

NO

If YES, please specify and attach supporting documentation.

Is this student in the care of the Director General of the Department of Communities – Child Protection and Family Support (CPFS) YES NO

If Yes, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name

Contact Number

FAMILY DETAILS

Full Name/s and year levels of siblings attending this school

Student lives with:

Both Parents

Parent/Carer 1 Name Relationship to student

Parent /Carer 2 Name Relationship to student

Other, please specify Name Relationship to student

PARENT / CARER 1 DETAILS

First Name

Title

Surname

Relationship to the student

Gender

Male

Female

Other

Address

Post code

Telephone

Mobile Number

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 speak a language other than English at home?

NO, English only

YES, other – please specify

(if more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 1 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

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

What is the level of the highest qualification Parent/Carer 1 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I-IV (including trade certificate)

No non-school qualification

PARENT / CARER 1 DETAILS continued

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' at the back of this document for more information regarding the categories)

Senior Management in large business organisation, government administration & defence, and qualified professionals (Group 1)

Other business managers, arts/media/sportspersons & associate professionals (Group 2)

Tradesmen/women, clerks and skilled office, sales & service staff (Group 3)

Machine operators, hospitality staff, assistants, labourers and related workers (Group 4)

Unemployed, Retired, Student (Group 8)

(if you are not currently in paid work but had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last twelve months, use '8')

PARENT / CARER 2 DETAILS

First name

Title

Surname

Relationship to the student

Gender

Male

Female

Other

Address

Post code

Telephone

Mobile Number

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 speak a language other than English at home?

NO, English only

YES, other – please specify

(if more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 2 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

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

What is the level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I-IV (including trade certificate)

No non-school qualification

PARENT / CARER 2 DETAILS continued

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' at the back of this document for more information regarding the categories)

Senior Management in large business organisation, government administration & defence, and qualified professionals (Group 1)

Other business managers, arts/media/sportspersons & associate professionals (Group 2)

Tradesmen/women, clerks and skilled office, sales & service staff (Group 3)

Machine operators, hospitality staff, assistants, labourers and related workers (Group 4)

Unemployed, Retired, Student (Group 8)

(if you are not currently in paid work but had a job in the last 12 months, please use your last occupation.

If you have not been in paid work in the last twelve months, enter '8')

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and 2 who may be contacted in an emergency.)

CONTACT 1:

First Name

Title

Surname

Relationship to the student

Address

Postcode

Telephone (home)

Mobile Number

Email address

CONTACT 2:

First Name

Title

Surname

Relationship to the student

Address

Postcode

Telephone (home)

Mobile Number

Email address

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Do you have ambulance insurance? No Yes – please specify insurance provider:

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. *allergy to penicillin.*

Medicare Card number

Medicare Card Individual Reference
Number (IRN)

Expiry Date (mm/yy)

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 the Administration Office. *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.

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

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.

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

Does your child have one or more health condition(s) that will require support from school staff?

NO – Sign below and return this form to the school office. If your child's requirements change, please notify the school.

Signature

Date

If you are completing this form online and are unable to sign this form please check this box to confirm the information is true and correct. *Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.*

YES – Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

SECTION A - MEDICAL

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF THE 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

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

NO YES – if yes, advise the Principal:

If you have ticked Yes for the specific staff training, please discuss the type of training needed with the Principal.

SECTION B – PHOTO CONSENT

CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

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 all staff. YES NO
If yes, please attach photo to the relevant health care plan(s).

SECTION B – MEDICAL ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? NO YES – please provide details below

Parent/Carer Signature

Parent/Carer Name

Date _

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

ON COMPLETION OF THIS FOR, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.
Note: Where appropriate students should be encouraged to participate in their health care planning.

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

- That the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- That information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- I have provided all documentation available to me.
- The information and statements provided in this application for enrolment are true and accurate

Name of person enrolling student:

First Name

Title

Surname

Mobile number

Relationship to the student

Signature

Date

- If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application be by declined. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist : Check the box to indicate documents you can provide to support this application.

- Birth Certificate, Passport or other acceptable identity documents
- Copies of Family Court or any other court orders (if applicable)
- Proof of address (fixed utility account – eg gas or electricity)
- Australian Immunisation Register (AIR) Statement
- Information relating to suspensions
- Information relating to health or medical conditions, disability, or additional needs (if applicable)
- Australian Citizen Certificate (if applicable)
- If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa) and passport
- Visa Grant documents

Please provide any other relevant information.

OFFICE USE ONLY

Documents provided:

Birth Certificate, Passport or other identity documents YES NO

Copies of Family Court or any other court orders YES NO

Proof of address YES NO

Australian Immunisation Register (AIR) Statement YES NO

Information relating to suspensions YES NO

Information relating to health or medication condition, disability or additional needs YES NO

Australian Citizen Certificate (if applicable) YES NO

Visa and visa subclass details YES NO

Visa Grant documents YES NO

Does the child have an allergy that needs to be flagged on SIS? YES NO

Have relevant health care plans been issued to the parent? YES NO

Has the Principal been informed if:

Specific training is required to support the student? YES NO

The student's health care information is to be restricted YES NO

Student Health Care Summary was completed and uploaded on SIS YES NO

Date application received

Year Level

Form allocation

Tribe allocation

Principal's approval – Enrolment approved YES NO

Name

Signature of Principal/delegate

Date

PARENT OCCUPATION GROUPS

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/ education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. or media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p>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].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>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].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/ data entry/business machine operator, receptionist, office assistant].</p> <p>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].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>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].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.