ROEBUCK PRIMARY SCHOOL
ENROLMENT FORM

STUDENT DETAILS

Surname ____________________________
Legal Surname ____________________________
1st Name ____________________________
2nd Name ____________________________
Preferred Name ____________________________
Year Level ____________________________

Date of Birth ____________________________
Postcode ____________________________

Sex: □ Male □ Female

Address ____________________________

Student lives with:
Both Parents □ Other □
Parent/Guardian/Carer 1 □
Parent/Guardian/Carer 2 □
Independent minor □
(Reg3. School Education Regulations 2000)
For information on access restriction, see Confidential section of this form.

Emergency Contacts (Indicate contacts in order of preference):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone No.</th>
<th>Mobile No.</th>
<th>Relationship to student</th>
</tr>
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</table>

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _______ First Name: ___________ Surname: _______ Mobile: ___________

Please indicate relationship to the student:

Please indicate whether you have the: □ Day to day care of the student or □ Long term care of student.

Fees and charges billing: □ YES □ NO If no, who is responsible: ____________

Postal Address (if different from student residential address): __________________________

Telephone (Home): __________________________ Email Address: __________________________

Occupation/Workplace location: __________________________ Telephone (Work): __________________________

Do you mainly speak English at home? □ YES □ NO

Do you speak a language other than English at home? □ NO, English □ YES, other - please specify: ____________

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

What is the highest year of primary or secondary school you have 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 you have completed?

□ Bachelor degree or above
□ Advanced diploma/Diploma
□ Certificate I to IV (including trade certificate)
□ No non-school qualification

Please see the categories on the last page of this document to answer the next question.

What is your occupation group? _______ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).
Parent/Guardian 2 Details

Title: ___________ First Name: ___________ Surname: ___________ Mobile: ___________

Please indicate relationship to the student: ___________.

Please indicate whether you have the: ☐ Day to day care of the student or ☐ Long term care of student.

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: ___________.

Postal Address (if different from student residential address): ___________.

Telephone (Home): ___________ Email Address: ___________.

Occupation/Workplace location: ___________ Telephone (Work): ___________.

Do you mainly speak English at home? ☐ YES ☐ NO

Do you 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 primary or secondary school you have 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 you have completed?

☐ Bachelor degree or above
☐ Advanced diploma/Diploma
☐ Certificate I to IV (including trade certificate)
☐ No non-school qualification

Please see the categories on the last page of this document to answer the next question.

What is your occupation group? ___________ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter ‘8’ above).

EMERGENCY / OTHER CONTACT(S) DETAILS

Title: ___________ First Name: ___________ Second Name: ___________ Surname: ___________.

Please indicate relationship to the student: ___________. Address: ___________.

Telephone (Home): ___________ (Work): ___________ Mobile No: ___________.

Please advise the school if there are any other contacts you would like recorded.

STUDENT DETAILS - ADDITIONAL INFORMATION

Nationality (optional): ___________. Country of Birth: ___________.

Religion: ___________. Is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

Student's First Language: ___________.

Is the student's descent: ___________. Aboriginal ☐ YES ☐ NO
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Does the student speak a language other than English at home? ☐ YES ☐ NO

Does the student mainly speak English at home? ☐ YES ☐ NO

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

☐ NO, English only
☐ YES, other - please specify: ___________.

Australian Citizenship/Permanent Resident: ☐ YES ☐ NO

Date of Arrival in Australia: ___________ Visa Sub-class No: ___________ Visa Sub-class No Expiry Date: ___________.

International Fee Paying (if known): ☐ YES ☐ NO

Does the student receive any of the following allowances:

☐ Secondary Assistance ☐ Youth Allowance
☐ Assistance for Isolated Children (AIC) ☐ Abstudy
CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? □ YES □ NO
If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? □ YES □ NO
If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

STUDENT DETAILS - MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.
Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

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 will be required for school records

□ Autism Spectrum Disorder □ Severe Mental Disorder
□ Deaf or Hard of Hearing □ Global Developmental Delay (prior to age 6)
□ Specific Speech Language Impairment □ Vision Impairment
□ Intellectual Disability □ Physical Disability

Does the student have a medical condition or intensive health care need? YES □ NO □
If YES, please specify:

□ Allergy – Anaphylaxis □ Hearing condition (eg otitis media)
□ Allergy – Other ____________________ □ Mental health or behavioural (eg depression, ADD/ADHD)
□ Asthma □ Intensive Health Care Need (eg tube feeding)
□ Diabetes □ Other: ____________________
□ Diagnosed migraine/headaches
□ Seizure Disorder (eg epilepsy)

Medical Practice (Name and Address): ________________________________ Telephone: __________________________
Doctor’s Name: __________________________ Telephone: __________________________
Dental Surgery Practice (if applicable, name and address): ________________________________
Dentist’s Name: __________________________ Telephone: __________________________

Medicare No: ___________ Valid to: ___ / ___________
Health Care Card (if applicable): □ YES □ NO. If Yes, please provide no. __________________ Expiry Date: __________________

Do you have ambulance cover? □ YES □ NO
(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

SIGNATURE

Name of person enrolling student:
Title: _____ First Name: ___________ Second Name: ___________ Surname: __________________
Relationship to the student: __________________________
If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.
Signature: __________________________ Date: __________________________
(independent minors and those aged 18 years or older may sign on their own behalf)

PRINCIPAL'S APPROVAL

Approved / Not approved __________________________
Date: __________________________
Principal’s signature
## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form.

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management in large business organisation government administration &amp; defence, and qualified professionals</td>
<td>Other business managers, arts/media/sportspersons and associate professionals</td>
<td>Tradesmen/women, clerks and skilled office, sales and service staff</td>
<td>Machine operators, hospitality staff, assistants, labourers and related workers</td>
</tr>
<tr>
<td>Senior executive/manager/department head in industry, commerce, media or other large organisation.</td>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, real estate business.</td>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td>Drivers, mobile plant, production/processing machinery and other machinery operators. Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/police/fire services administrator.</td>
<td>Specialist manager [finance/engineering/production personnel, industrial relations/sales/marketing].</td>
<td>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].</td>
<td>Office assistants, sales assistants and other assistants</td>
</tr>
<tr>
<td>Other administrator [school principal, faculty head/Dean, library/museum/gallery director, research facility director].</td>
<td>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loan officer].</td>
<td>Skilled office, sales and service staff</td>
<td>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer.</td>
<td>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</td>
<td></td>
<td>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, steel vendor, telemarketer, shelf stacker].</td>
</tr>
<tr>
<td>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.</td>
<td>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</td>
<td>Assistant/aid [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</td>
<td></td>
</tr>
<tr>
<td>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</td>
<td></td>
<td>Defence Forces senior Non-Commissioned Officer.</td>
<td>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide cleaner, farmhand, horse trainer, nurseryman, greengrocer, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</td>
</tr>
</tbody>
</table>

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

At Roebuck Primary School we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

**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 to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see the School’s policy and Appendix F of the Student’s online policy.

**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, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School’s policy and the Student’s online policy.

**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 a ‘PG’ rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a ‘PG’ rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

**LOCAL EXCURSIONS**
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 involve short walks to and from the school.
- No, I do not give consent.

Would you like to subscribe to our electronic School Newsletter
- Yes
- No

Please provide an email address ___________________________

or you can subscribe at: http://www.roebuckps.wa.edu.au/page/61

Would you like to receive electronic communications from our P&C
- Yes
- No

Name of student: ___________________________ Year/Class/Room: ___________________________

Name of person signing the consent form:

Title: _____ First Name: ___________________________ Surname: ___________________________

Please indicate relationship to the student (e.g. parent/guardian/carer): ___________________________
ACCEPTABLE INTERNET USAGE AGREEMENT FOR PRIMARY STUDENTS
KINDERGARTEN - YEAR 3

Online Rules

I agree to follow the online rules set out below when I use the internet or a log-on account:

- I will ask the teacher first before using the school computer.
- I will not give my password out to others.
- I will not let other people log-on to my account without checking with the teacher first.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable.
- I will only use material from the internet if I have asked the teacher.
- If I download material or pictures from the internet I will say where it comes from.
- I will not give out my name, phone number, address, name of the school, photographs or other details about myself or others without checking with the teacher first.
- I will take care when using the computer equipment and will not change the computer settings.
- I will not use the school computers to be mean, rude or unkind about other people.

I understand that:

- If I use the internet or my online account in a way that I shouldn't I may not be able to use these in the future.
- I may be legally liable for misuse of the computer and the police may be contacted.

I agree to abide by the Acceptable Usage Agreement for school students.
I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's Behaviour Management in Schools policy.

Name of student: 

Signature of student: Date:  
(and/or responsible person)

Office use only: Date processed:  / /  Processed by (initials):

Note: This Agreement should be filed by the teacher and a copy provided to both the parent and the student.
ACCEPTABLE INTERNET USAGE AGREEMENT FOR PRIMARY STUDENTS YEAR 4 - YEAR 7

If you use the online services of the Department of Education you must agree to the following rules:

- I will use the school computer only with the permission of a teacher.
- I will follow all instructions from teachers when using school computers.
- I will not let anybody else know my password.
- I will not let others use my online services account unless it is with the teacher’s permission.
- I will not access other people’s online services accounts.
- I know that I am responsible for anything that happens when my online services account is used.
- I will tell my teacher if I think someone is using my online services account.
- I know that the school and the Department of Education may see anything I send or receive using email or online file storage services.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will use material from internet sites or other sources only if I have permission to do so.
- If I use material in my work that I have found on the Internet, I will say where it comes from.
- If I see any information on the computer that makes me feel uncomfortable I will tell my teacher straight away.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online.

I understand that

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences outlined in the School’s policy; and
- I may be held legally liable for offences committed using online services.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's Behaviour Management in Schools policy.

Name of student: 

Signature of student: ___________________________ Date: __________________

Office use only: Date processed: / / Processed by (initials):

Note: This Agreement should be filed by the teacher and a copy provided to both the parent and the student.