



Student Enrolment Form

If you need help completing this form, including translation services, please contact the School Administration on 9495 3200.

Please ensure all sections are completed in full

It is a requirement that all the information provided is accurate. Parents are reminded that under the Education Act 1999, Division 2.20 "the Principal may cancel the enrolment if false or misleading information was given." Please refer to "Enrolling at Southern River College Information Sheet" enclosed in with this package.

Section 1 Student Details

Surname:			
Legal surname on birth certificate:			
Previous surname: (attached proof if applicable)			
1 st name: (given name)			
2 nd name: (middle name)			
3 rd name: (if applicable)			
Preferred name:			
Date of Birth:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Student Email address:			
Residential address: <i>Street</i>			
<i>Suburb/town</i>		<i>Postcode:</i>	
Home Telephone:		Student Mobile	
Does the student have any siblings (brothers or sisters) at Southern River College ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sibling's name:		Date of birth:
Is this student subject to any court orders/access restriction in respect of their care, welfare and development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify and attach supporting documentation.</i>		
Is this student in the care of the Department of Community Protection's (DCP) Chief Executive Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify the DCP Case Manager, their DCP District and their Contact telephone number.</i>		

Student Signature _____ **Date** _____
Parent/Guardian _____ **Date** _____
Parent/Guardian _____ **Date** _____

Start Date:		CC Number:		Inspire Classes:			
Proof of Residential Add	<input type="checkbox"/>	Parent ID Proof	<input type="checkbox"/>	Immunisations	<input type="checkbox"/>	EAL/D	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Student Report	<input type="checkbox"/>	High School Health Rec	<input type="checkbox"/>	NAPLAN /OLNA/ Report	<input type="checkbox"/>
Passport/Visa Number	<input type="checkbox"/>	Policies Signed	<input type="checkbox"/>	Additional Health Form	<input type="checkbox"/>	Acceptance Letter Sent	<input type="checkbox"/>
Local Intake	<input type="checkbox"/>	Cross Boundary	<input type="checkbox"/>	Inspire Netball Prog.	<input type="checkbox"/>	Inspire Music Prog	<input type="checkbox"/>
						Inspire Soccer Prog	<input type="checkbox"/>
						AEP	<input type="checkbox"/>

Section 2: Parent/Responsible Person Details

	Parent/Responsible Person 1	Parent/Responsible Person 2
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for payment of Contributions and Charges Note: CC can only be sent to 1 person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive correspondence, reports etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile/Emergency Number:		
Postal address: <i>Street</i>		
<i>Suburb/town</i>		
<i>Postcode</i>		
Work telephone:		
Occupation:		
Email address: Mandatory (for correspondence) PLEASE PRINT CLEARLY		

Section 3: Parent/Responsible Person Background

Does the parent/responsible person **speak** a language other than English at home?
If more than one language, indicate the one that is spoken most often.

Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ -----

What is the **highest** year of primary or secondary school the parent/responsible person has completed?
For persons who have never attended school, mark Year 9 or equivalent or below

Parent/Responsible Person 1	Parent/Responsible Person 2
What are the highest qualification the parent/responsible person has completed?	
9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> <i>please tick?</i>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> <i>please tick?</i>

Parent/Responsible Person 1	Parent/Responsible Person 2
<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	<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

What is the **occupation group** of the parent/responsible person? Please select the appropriate parental occupation group below (for more details refer to Appendix 2).
If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

Parent/Responsible Person 1

- Group 1**
Senior management in large business organisation, 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/Responsible Person 2

- Group 1**
Senior management in large business organisation, 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

Section 4: Additional Emergency Contacts

* For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

	Contact 1	Contact 2
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Postal address: Street		
Suburb/town		
Postcode		
Telephone:		
Mobile:		
Email Address		
Please print clearly		

Section 5:

Additional Information

Religion:

Does the student **speak** a language or dialect other than English at home? *If more than one language or dialect, indicate the one that is spoken most often.*

1. First language or dialect – Standard Aust. English Yes Aboriginal English Karen Tagalog Other _____
2. Main language spoken at home _____
3. Other languages spoken _____
4. EAL/D Program Map Yes No

Is the student of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

Does the student live outside the Local Intake Area?

- Yes
- No

Is the student an Australian citizen?

- Australian Citizen
- Other – please specify

Is the student in receipt of an allowance?

- Secondary Assistance
- Abstudy

Do you possess a current Centrelink Family Health Care Card?

- Yes
- No

Do you possess a current - Centrelink Pensioner Concession Card or

- Yes
- No

Is the student a permanent or temporary resident? Attach copy of Visa and provide Passport

Permanent resident
Visa Sub Class

- Temporary resident
Visa Sub Class Number: _____
Visa Expiry Date: _____
Date entered Australia: _____

Date entered Australia: _____

Is the parent/guardian a permanent or temporary resident? Attach copy of Visa and provide Passport

Permanent resident
Visa Sub Class

- Temporary resident
Visa Sub Class Number: _____
Visa Expiry Date: _____
Date entered Australia: _____

Date entered Australia: _____

In which country was the student born?
Please provide a copy of Birth Certificate

- Australia
- Other – please specify -

What school did the student previously attend?
(If previously enrolled in Home Education, please specify Education Region)

Name of Previous School:

Has the student ever been suspended from previous school?

If YES, please give details.

Reason for transferring Schools

Section 6:**Medical/Health****Immunisation**

It is an enrolment requirement that a **photocopy** of each student's immunisation record is provided to the school.

Parents are reminded to ensure this has been done.

The Australian Childhood Immunisation Register (ACIR) records the immunisation history of children up until they turn 7 years old. If parents do not have a copy of their child's early childhood immunisation history they can call ACIR on 1800 653 809, present their Medicare number, and gain access to their child's record. NOTE: This record will not list immunisations the child may have received after turning 7 years of age.

Immunisation certificate/record provided

Medical Practice:
(Name and Address)

Doctor's name:

Telephone: _____

Medicare No. and Expiry date:

Expiry Date:

Health Care Card No. and Expiry Date:

Dental Practice:
(Name and Address)

Dentist Practice Telephone:

Do you give permission to call the Dentist named in case of an emergency? Yes No

Does the student have any of the following specified disabilities, medical conditions or intensive health care needs?
(Tick all the boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Deaf or Hard of Hearing |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Global Developmental Delay (<i>prior to age 6</i>) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Diagnosed migraine/headaches | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Hearing condition (<i>e.g. otitis media</i>) | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Intellectual/learning impairment (<i>e.g. dyslexia</i>) | <input type="checkbox"/> Specific Speech Language Impairment |
| <input type="checkbox"/> Mental health or behavioural issue
(<i>e.g. depression, ADD/ADHD</i>) | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Seizure Disorder (<i>e.g. epilepsy</i>) | <input type="checkbox"/> Wears glasses for reading |
- Other, please specify
.....

If you have ticked any of the boxes above please provide further information.

- Please provide **copies of any documentation** which exists in relation to the disability listed. Copies of this documentation are required for school records.
- Please **provide details** if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc.).
- If the student has a medical condition or intensive health care need you will also need to complete a **separate Health Care Authorisation**.

Please provide details of any condition that calls for special steps to be taken

Is there any medical or psychological condition which may require an Emergency Action Plan?

- Yes No
If YES have you completed the Medical Action Form provided
 Yes No

Is the student required to take any medications during the course of the school day? *If YES, please supply details of any treatments, care or medication required. (Contact school for relevant forms)*

Yes _____ No

Do you have ambulance cover?

If there is a medical emergency, parents/responsible persons are expected to meet the cost of ambulance conveyance.

Yes No **If Yes:** Ambulance Cover Insurance Provider _____

Do you give permission to call the Doctor named in case of an emergency?

Do you give permission to administer First Aid if required? Yes No

Yes No

Do you give permission for information you have provided on the Student Health Care Summary to be shared?

Yes

No

If not, who will be informed? _____

Please ensure you have fully completed the enclosed "Form 1 – Student Health Care Summary" and return with this Enrolment

Please refer to our website: www.SouthernRiverCollege.wa.edu.au for further information on our College.

Our Policies can be located under the 'Student and Parent Information' tag.

Section 7:

Policy Agreements (upon request)

Digital Release Permissions

Department of Education and Southern River College may record sound and/or vision of a student and their works while they are at the College or taking part in College related activities or performances. Photographs of students, and works by students, are often published to enable the students to share their experiences and to enable parents and others in the community to be informed about the College's work. This does not mean that the student loses ownership of the works.

I give permission for Southern River College to use images of my child in publications and digital format to promote this College and the Western Australian Department of Education

1. Permission granted

2. Permission NOT granted

(NB: Ticking box 2 will mean that your child will not appear in school publications of any nature)

Laptop and Acceptable Network Usage Policy

All students at Southern River College must accept responsibility for knowing the contents of the SRC Laptop and Acceptable Network Usage Policy, and must agree to abide by the policy.

Failure to follow the rules will result in loss of network and device use.

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the laptop and acceptable Network usage policy. Please tick here

Mobile Phones and Portable Devices Policy

To ensure that the privacy and security of all people within our College is respected and teaching/learning is not negatively affected by these devices, their use during College hours and College functions must be appropriate and within the guidelines of our policy.

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the mobile phones and portable devices policy. Please tick here

Student Uniform Policy

Students at SRC are expected to maintain a high level of dress and personal presentation at all times. Parents and students agree to the wearing of the College uniform at all times as a condition of enrolment.

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the uniform policy. Please tick here

Biometrics

Biometrics will be used to identify students for the College's automated system for attendance, (in future this process may be expanded to include the library, café and printing credits). This will necessitate a digital scan of the student's finger print ridges only, which will be stored in encrypted form on our secure server.

We (Parent/Guardian) fully understand and agree to comply with the Biometrics processes used within Southern River College. Please tick here

Smart Rider Permission

All students at SRC will be issued a Smart Rider card to enable access to concessional fares on Transperth, our Library system, and other systems as they come online.

We (Parent/Guardian and Student) agree to our child being issued a Smart Rider Card that includes an identity photograph. Please tick here

Good Standing Policy

All students at SRC commence the year with the status of Good Standing. This aims to assist students take responsibility for their actions and to encourage them to reach their educational potential.

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the Good Standing Policy. Please tick here



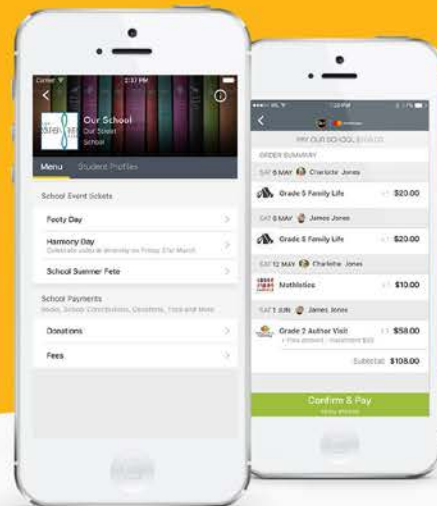
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Step 2 Register

Select your Country of Residence as 'Australia' and follow the steps to register

Step 3 Find our school

Our school will appear in 'Nearby Locations' if you're within 10kms of the school, or search for our school by name.

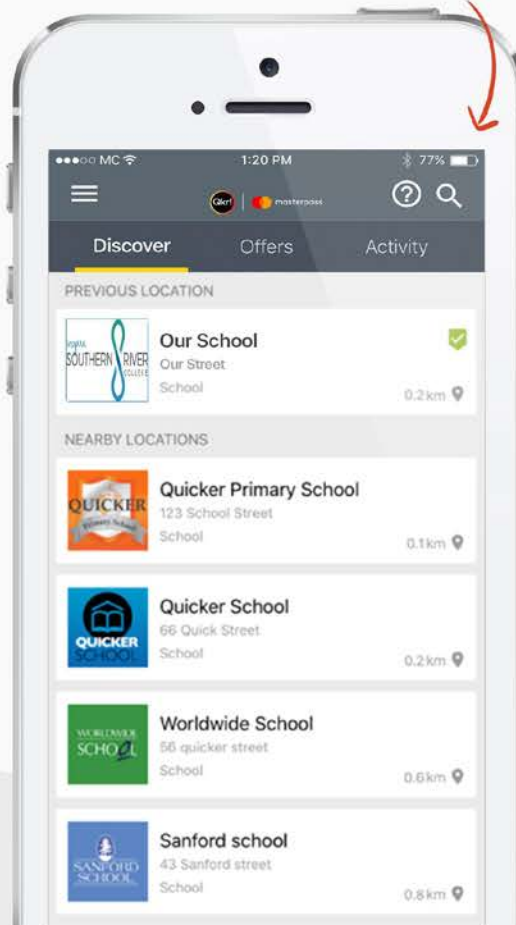
Step 4 Register your children

When first accessing our school you will be prompted to add a student profile for your child. This allows you to make orders and payments for them.

If you have made a purchase you can select our school from 'Previous Location'

If you're within 10 kms of the school, you can select our school from 'Nearby Locations'

Search for our school name

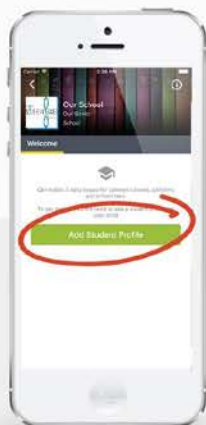




masterpass

Add your children's details in Student Profiles

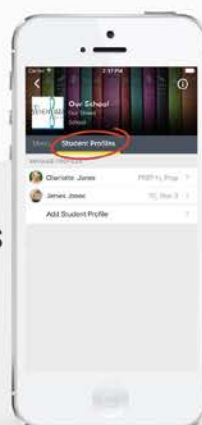
Select
'Add student profile'



Add each
child's details

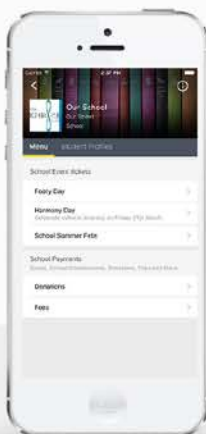


Manage each
child's details in
Student Profiles



Purchase school items

Select a menu
from our school

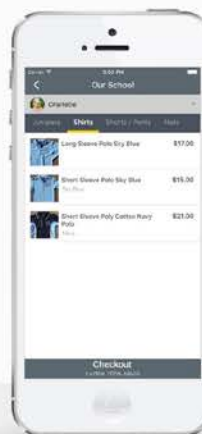


Select child
you are
ordering for



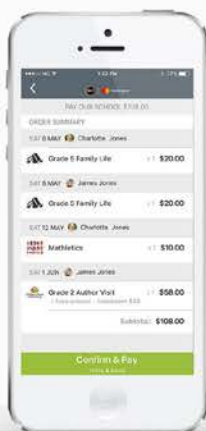
Select your items

Tap 'Checkout'
then confirm and pay



Making payments

Add up to 5 cards to your wallet



At checkout select which card to
pay with.

Pay with any cards accepted
by the school.

Once your payment is approved you
can continue to the home page, or
view your receipt.