

REQUIRED DOCUMENTATION TO BE PROVIDED WITH CHILD ENROLMENT CHECK LIST

The Department of Education has designated Southern River College as a **local intake area secondary public school (Year 7-12)**. With the growing number of residents in the area and the changes to the public school system we are unlikely to consider out of boundary applications unless you are accepted into one of our Inspire Focus Programs.

PROOF OF USUAL PLACE OF RESIDENCE

The College requires a copy of your current rates bill, if owner occupied.

OR

A copy of your Rental Agreement, showing a minimum of 12 months tenancy.
(from a registered Real Estate Agent)

If you are unable to provide one of the above, you must complete a **Statutory Declaration** as well as the person you are residing with. It must state- who you are residing with, the address you are residing, how long you have been residing there and how long you intend to reside at that address.

The College reserves the right to suspend an enrolment should any of the information supplied on the enrolment application be fraudulent.

→ Student Name _____ Year _____ 20__

Parent Check Office Check

PLUS (minimum of 3 recent documents) these may include copies of	Parent Check	Office Check
❖ Power Accounts	<input type="checkbox"/>	<input type="checkbox"/>
❖ Gas Accounts	<input type="checkbox"/>	<input type="checkbox"/>
❖ Removalist Account	<input type="checkbox"/>	<input type="checkbox"/>
❖ Water Rates Account	<input type="checkbox"/>	<input type="checkbox"/>
❖ Telephone Accounts (not mobile phone accounts)	<input type="checkbox"/>	<input type="checkbox"/>
❖ Centrelink Health Care Card	<input type="checkbox"/>	<input type="checkbox"/>
❖ Any other documents that may support the application as proof of residence	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Full Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Passport/Visa (if born overseas)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Immunisation Records	<input type="checkbox"/>	<input type="checkbox"/>
Copy of latest School Report & Copy of latest NAPLAN/OLNA Reports (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Completed ICT Agreement (Available on our website)	<input type="checkbox"/>	<input type="checkbox"/>
Completed Medical Form (available on our website)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Diagnosed Learning Difficulty Report (If you have selected YES for Diagnosed Learning Difficulty)	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Online Service Form Completed – link https://forms.office.com/Pages/ResponsePage.aspx?id=-RaA4P3Ru0yDsLdutDYWJ-SnwCGnT05PrKEpl0uJn2pUOEY4WFgxTTVHOEhSMVhST0JaSijUMDY2Wi4u	<input type="checkbox"/>	<input type="checkbox"/>

Students are required to supply their own Laptop Computer as per our Parent Owned Laptop Program

After checking that all the required documents are included, please submit this enrolment application to the Front Administration Office at Southern River College. 71 Southern River Road, GOSNELLS WA 6110

OFFICE USE ONLY

	Date	Comment
Entered by		
Transfer sent		
Student Number Requested		
Emergency Action Plans		
Advised : Finance		
Mail Chimp		



Student Enrolment Form

If you need help completing this form, including translation services, please contact the School Administration on 9391 6500.
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:		USI Number: _ _ _ _ _	
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	Parent Driver Licence
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)		
Connect permission Yes <input type="checkbox"/> No <input type="checkbox"/> for accessing student reports and monitoring student information. PLEASE PRINT CLEARLY in the boxes supplied. →		

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, Standard English only <input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> No, English only 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 tor 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"/> please tick?	

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:	
Is the student of Aboriginal or Torres Strait Islander origin? Aboriginal English (AE) is spoken by most Aboriginal Australians. At SRC we want to celebrate and acknowledge AE as one of the many languages spoken by our students.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language or dialect other than Standard Australian English at home?	1. Mainly speak Standard Aus. English at home? Yes <input type="checkbox"/> No <input type="checkbox"/> 2 If not Standard Aus, English, what is the main language / dialect spoken at home? _____ 3. Students first language or dialect - <i>Standard Aust. English</i> <input type="checkbox"/> <i>Aboriginal English</i> <input type="checkbox"/> <i>Karen</i> <input type="checkbox"/> <i>Tagalog</i> <input type="checkbox"/> <i>Other</i> _____ 4. Previously assessed on the EAL/D Progress Maps Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student live outside the Local Intake Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student an Australian citizen?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other – please specify
Is the student in receipt of an allowance?	<input type="checkbox"/> Secondary Assistance <input type="checkbox"/> Abstudy
Do you possess a current Centrelink Family Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current Centrelink Pensioner or Concession Card	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Permanent resident Visa Sub Class _____ Date entered Australia: _____	<input type="checkbox"/> Temporary resident Visa SubClass Number: _____ Visa Expiry Date: _____ Date entered Australia: _____
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Is the parent/guardian a permanent or temporary resident? Attach copy of Visa and provide Passport

<input type="checkbox"/> Permanent resident Visa Sub Class _____ Date entered Australia: _____	<input type="checkbox"/> Temporary resident Visa SubClass Number: _____ Visa Expiry Date: _____ Date entered Australia: _____
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In which country was the student born? Please provide a copy of Birth Certificate	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify - _____
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What school did the student previously attend? <i>(If previously enrolled in Home Education, please specify Education Region)</i>	Name of Previous School: _____
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Has the student ever been suspended from previous school? <i>If YES, please give details.</i>	_____ _____ _____
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Reason for transferring Schools	_____ _____ _____
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Section 6:	FORM 1 – STUDENT HEALTH CARE SUMMARY
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SECTION A

Students Name:	Date of Birth:
Address:	Gender: Male/ Female

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 Yes No

Medical Practice:
 (Name and Address)

Doctor's name:

Telephone: _____

Medicare No. _____ 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

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 to the principal or class teacher.
Note: All medication required must be supplied by parents/carers

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 _____

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

Do you give permission to call the Doctor named in case of an emergency? Yes No
 Do you give permission to administer First Aid if required? Yes No

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 Section A of this form to the school office. If your child's requirements change, please notify the school.
 Signature: _____ Date: _____

NEW DIAGNOSIS/ DIAGNOSIS UPDATE

Health Care Plan

Student Name: _____ DOB: _____

Address: _____ Gender: Female/ Male

SECTION B – MEDICAL CONDITION - IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF

(In response to the information below, you will be given further forms for specific health conditions to complete)

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 (F2) | <input type="checkbox"/> Autism Spectrum Disorder (F2) |
| <input type="checkbox"/> Anaphylaxis (F4) | <input type="checkbox"/> Deaf or Hard of Hearing (F2) |
| <input type="checkbox"/> Asthma (F8) | <input type="checkbox"/> Global Developmental Delay (<i>prior to age 6</i>) (F2) |
| <input type="checkbox"/> Diabetes (Appropriate Form) | <input type="checkbox"/> Intellectual Disability (F2) |
| <input type="checkbox"/> Diagnosed migraine/headaches (F2) | <input type="checkbox"/> Physical Disability (F2) |
| <input type="checkbox"/> Hearing condition (<i>e.g. otitis media</i>) (F2) | <input type="checkbox"/> Severe Mental Disorder (F2) |
| <input type="checkbox"/> Intellectual/learning impairment (<i>e.g. dyslexia</i>) (F2) | <input type="checkbox"/> Specific Speech Language Impairment (F2) |
| <input type="checkbox"/> Mental health or behavioral issue (F2)
(<i>e.g. depression, ADD/ADHD</i>) | <input type="checkbox"/> Vision impairment (F2) |
| <input type="checkbox"/> Seizure Disorder (<i>e.g. epilepsy</i>) (F7) | <input type="checkbox"/> Wears glasses for reading (F2) |

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

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILDS 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 staff. Yes No

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No

If yes, provide details:

Parent Name: _____

Signature: _____

Date: _____

_____/_____/____

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 Trans Perth, 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.

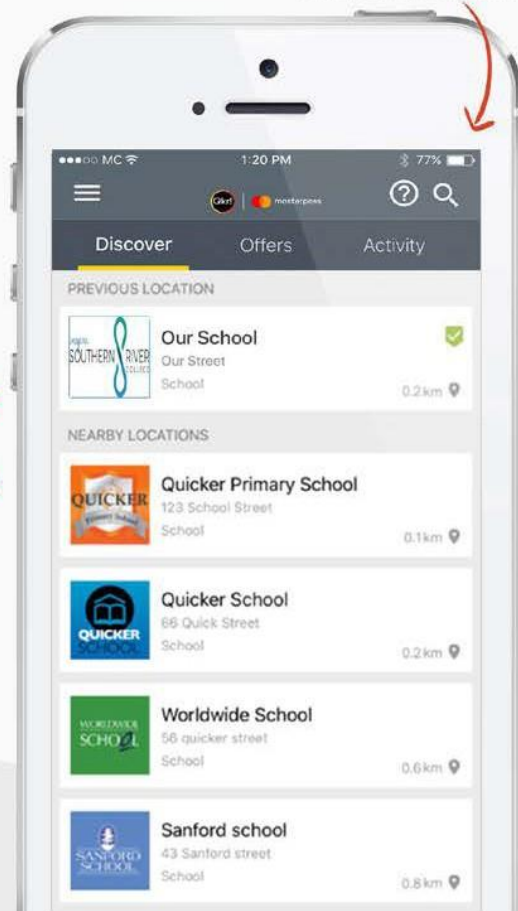
Step 4 Register your children

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.

Search for our school name

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'





masterpass

Add your children's details in Student Profiles

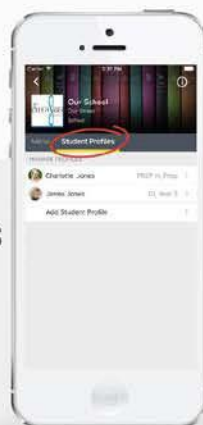
Select
'Add student profile'



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



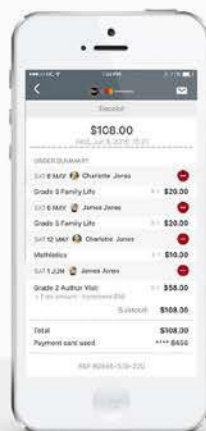
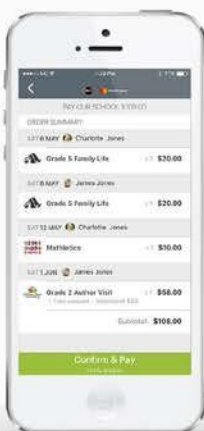
Select your items

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.