

APPLICATION FOR ENROLMENT (INTO A WESTERN AUSTRALIAN PUBLIC SCHOOL)

ACADEMIC YEAR: 7 8 9 10 11 12

FOR CALENDAR YEAR:

FOR CALENDAR TEAR.						
	Stude	ent Details				
Legal Surname (as on birth certificate/extract, passport, name change form or family court order)						
Given Name/s (as on birth certificate/extract, passport, name change form or family court order)						
Preferred Given Name			Date of Birth			
Gender	Male Female	Other	Student Mobile Number			
Student School Email						
	Street					
Residential Address	Suburb Postcode					
	☐ Yes ☐ No					
Does the student have any			Date of Birth			
siblings at Southern River						
College?						
Unique Student Identifier -	To register and obtain a USI number please go to www.usi.gov.au and follow the instructions then print the USI in CAPITALS in the boxes below (please make sure that letters/numbers are written clearly).					
USI (if known)						
SCSA Student Number (if						
known)						
Is this student in the care of the Child Protection and Family	☐ Yes ☐ No If YES, specify the: CPFS Case Manager					
Services (CPFS) Chief Executive Officer?	CPFS District					
Officer:	CPFS Telephone					
Is this student subject to any court orders/access restriction in respect of their care, welfare and development?	☐ Yes ☐ No	If YES, please s	specify and attach	supporting	documentation	

Supporting Documents

Please ensure that you attach all supporting documents

ENROLMENTS MUST INCLUDE	~	Notes
Council Rates or Lease Agreement		
Address Supporting Documents x3		
Examples include		
Power AccountsGas Accounts		
- Water Rates Account		
- Home Telephone/Internet Account		
Birth Certificate / Proof of Identity		
Immunisation Certificate		
Medicare Card		
Health Care / Pensioner Card (if applicable)		
Diagnosis / Disability Evidence (if applicable)		
Court Orders / Access Restrictions (if applicable)		
Latest School Report		

IF THE STUDENT WAS NOT BORN IN AUSTRALIA	~	Notes
Evidence of date of entry into Australia		
Passport or travel documents		
Visa Documentation and Visa Grant Number		
Citizenship Certificate (if applicable)		

Parent/Guardian 1 Details						
Title (Mr/Ms/Mrs/Miss/Mx/Dr):		Surname:				
Given Name/s:						
Relationship to Student: (e.g. mother, father, etc.)						
Parental Responsibility	☐ Yes ☐ No Lives with Student ☐ Yes ☐				□ No	
Responsible for Fees and Charges	□ Yes □ No		Receive Correspond	dence	□ Yes	□ No
Mobile Number:			Home telep	ohone:		
Email Address:						
	Street					
Residential Address:	Suburb					Postcode
Occupation:						
Workplace:			Work telep	hone:		
Does the parent speak a language other than English at home?	□ No, English o	nly	☐ Yes, ot	her – please	specify:	
What is the highest year of primary or secondary school the parent/guardian has completed?	☐ Year 9 or equivalent or below For persons who have never attended school, mark Year 9 or equivalent					
What is the highest qualification the parent/guardian has completed?	or below. □ Bachelor degree or above □ Advanced diploma/Diploma □ Certificate I to IV - including trade certificate □ No non-school qualification					
	☐ Group 1		_	n large busing ation, and qu	_	
What is the employment	☐ Group 2	Other busin	_		dia/sports	spersons, and
category of the parent/guardian?	☐ Group 3	Trades peo	ple, clerks a	and skilled of	fice, sales	and service
	☐ Group 4	Machine operators, hospitality staff, assistants, labou and related workers.				nts, labourers
	☐ Other Not in paid work in the last 12 months.					

Parent/Guardian 2 Details						
Title (Mr/Ms/Mrs/Miss/Mx/Dr):		Surname:				
Given Name/s:						
Relationship to Student: (e.g. mother, father, etc.)						
Parental Responsibility	☐ Yes ☐ No Lives with Student ☐ Yes				□ No	
Responsible for Fees and Charges	□ Yes □ No		Receive Correspond	dence	□ Yes	□ No
Mobile Number:			Home telep	ohone:		
Email Address:						
	Street					
Residential Address:	Suburb					Postcode
Occupation:						
Workplace:			Work telep	hone:		
Does the parent speak a language other than English at home?	□ No, English o	nly	☐ Yes, ot	her – please	specify:	
What is the highest year of primary or secondary school the parent/guardian has completed?	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below For persons who have never attended school, mark Year 9 or equivalent or below.					
What is the highest qualification the parent/guardian has completed?	☐ Bachelor degree or above ☐ Advanced diploma/Diploma ☐ Certificate I to IV - including trade certificate ☐ No non-school qualification					
	☐ Group 1		_	large busing ation, and qu	_	
	☐ Group 2 Other business managers, arts/media/sportspers associate professionals			spersons, and		
What is the employment category of the parent/guardian?	☐ Group 3	Trades peo staff.	ple, clerks a	and skilled of	fice, sales	and service
	☐ Group 4	Machine op and related		spitality staf	f, assistar	nts, labourers
	☐ Other Not in paid work in the last 12 months.					

Additional Emergency Contact (Other than Parent/Guardian): In an emergency, where the parent/guardian cannot be contacted, please provide alternative contact/s. For independent students, this is the 1st point of contact in an emergency.

Emergency Contact 3 Details							
Title (Mr/Ms/Mrs/Miss/Mx/Dr):	Surnan	ne:					
Given Name/s:							
Relationship to Student: (eg aunty, uncle, grandmother etc)							
Mobile Number:		Other telephone:					
Email Address							
	Street						
Residential Address:	Suburb	Postcode					
	Emergency Conta	act 4 Details					
Title (Mr/Ms/Mrs/Miss/Mx/Dr):	Emergency Conta						
Title (Mr/Ms/Mrs/Miss/Mx/Dr): Given Name/s:							
Given Name/s: Relationship to Student:							
Given Name/s: Relationship to Student: (eg aunty, uncle, grandmother etc)		me:					
Given Name/s: Relationship to Student: (eg aunty, uncle, grandmother etc) Mobile Number:		me:					

Student Details – Additional Information						
Religion	☐ No ☐ Yes, please specify					
Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	☐ No, English only ☐ Yes, other – please specify					
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 of the Local Intake Area?	□ No □ Yes					
Is the student subject to any court orders in respect of their care, welfare and development?	☐ No ☐ Yes — please attach supporting documentation.					
Is this student subject to any Access Restriction?	☐ No ☐ Yes — please attach supporting documentation.					
Is the student an Australian citizen?	☐ Australian citizen ☐ Other — please specify					
In which country was the student born?	☐ Australia ☐ Other — please specify					
Is the student in receipt of an allowance?	☐ No ☐ Abstudy ☐ Secondary Assistance					
Visa Information (only complete if child is not an Australian Citizen)					
If the student is a permanent or tempora	ary resident: Attach copy of visa. Please complete ALL details in full.					
Permanent Resident □	Temporary Resident □					
Date Entered in Australia:						
Visa Grant Number (13 digits):						
Visa Expiry Date:						
Visa Sub Class Number:						
Passport Number:						
Office Use Only						
EAL/D Status: 1						
	Movement History					
Has the student attended this school previously?	□ No □ Yes					
What school/home education region did the student previously attend?	Reason for Movement:					
Has the student ever been suspended from a previous school?	□ No □ Yes, please provide details:					

Student Health Care Summary								
Student Name:						Date of	Birth:	
Immunisation R	ecords have been p	rovided [] Yes	□ No				
It is an enrolment requirement that a photocopy of each student's immunisation record is provided to the school								
-	munisation records in a ralian Immunisation R	-	-		e account	through <u>m</u> y	<u>/Gov</u> , or	
	ow link on how to acce cesaustralia.gov.au/ho	-		-	ts?context	<u>=22436</u>		
Medical Practice	e Name:							
Addross	Street							
Address:	Suburb				Postcod	e		
Telephone Number:				Name of Doctor:				
Dental Practice	Name:							
	Street							
Address:	Suburb				Postcod	e		
Telephone				Name of				
Number: Doctor:								
Do you give perr	nission to call the De	entist named in	case of a	n emergency?	☐ Ye	s 🗆 No		
		Student	Health	Care Sumn	nary			
Medicare Nur	nber:							
Individual Ref	erence Number:			Medica	re Expiry	' :	л М	YY
Health Care C	ard:							
Health Care Expiry: D D M M Y Y								
•	nbulance cover? is your insurance	provider?					□ Yes	□ No
Do you give pe	rmission to call the	e doctor in cas	e of an	emergency?			☐ Yes	□ No
Do you give pe	rmission to admin	ister first aid?					☐ Yes	□ No
, , ,	rmission for the so		•				☐ Yes	□ No
		and discillative						
Parent Sign	ature:				Date:	/		_/

Medical Conditions / Ad	ditional Learning Needs					
Student Name:	Date of Birth:					
Does the student have any of the following specified disabilities boxes that apply) (Diagnosis and action plate) (In response to the information below, you will be given for	an are required for all conditions below)					
☐ Allergies (F2) ☐ Anaphylaxis (F4) ☐ Asthma (F8) ☐ Diabetes (Appropriate Form) ☐ Diagnosed migraine/headaches (F2) ☐ Intellectual/learning impairment (e.g. dyslexia) (F2) ☐ Mental health or behavioural issue (e.g. depression, ADHD)(F2) ☐ Seizure Disorder (e.g. epilepsy) (F7)	□ Autism spectrum disorder (F2) □ Deaf or hard of hearing (F2) □ Intellectual disability (F2) □ Physical disability (F2) □ Severe mental disorder (F2) □ Specific speech language impairment (F2) □ Vision impairment (e.g. colour blindness) (F2) □ Wears glasses for reading (F2)					
Have you provided the school with the diagnosis documenta	tion? ☐ Yes ☐ No					
Have you provided the school with an action plan?	☐ Yes ☐ No					
If the specific condition is not listed above or is noted in brackets, please provide the full name of the medical condition or additional learning need.						
Please provide relevant details to support the school's commitment to delivering the highest quality care.						
Is there any medical or psychological condition which may require an Emergency Action Plan? ☐ Yes ☐ No						
CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S H	EALTH CARE PLAN					
If your child has a condition where an emergency may occur, your child's medical details and photo on view to provide im-	, ,					
I give permission for my child's medical details and photo to	be on view for staff ☐ Yes ☐ No					
MEDIC ALERT INFORMATION Does your child have a medic alert bracelet or pendant? If yes, provide details:	□ Yes □ No					
Parent Name Signat	ture Date					

SmartRider Card Consent

Southern River College partners with the Public Transport Authority (PTA) to issue SmartRiders at a concessional (student) rate. As part of this, the College is required to provide the PTA with a list of student names, student reference numbers and the College identification photograph. This information is confidential and protected under a Memorandum of Understanding between the Department of Education and the PTA. Parents/guardians who wish to provide their student with a Student SmartRider must give permission for their child's details and photograph to be released to the PTA.

Permission to Publish Students Images and Work for School Purposes Consent

Southern River College, at times, publishes video or photographic images of students and/or samples of student's schoolwork. The purpose of using these images or work is to promote the College, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to College newsletters, email, school and Department of Education intranet, internet sites including social media websites (e.g. Facebook, YouTube etc.), third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

Southern River College will endeavour to limit identifying information that accompanies images of your child or child's work; however, there will be occasions when your child's name, year level and school may be published along with images.

- I understand that while Southern River College and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide.
- I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.).
- I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure.
- I understand that I can withdraw this permission at any time by contacting Southern River College in writing; however, this will not affect materials that have already been published and disseminated. I also understand that all students will have an identification photo taken for the purpose of staff identification.

Connect Access

Connect is an online learning and communication platform developed by the Department of Education Western Australia (WA) to enhance collaboration between schools, teachers, students, and parents. It provides a secure environment where users can access learning materials, school notices, and student progress updates.

Parent/Guardian 1 and 2 will automatically get access to Connect. This is the easiest way to talk to teachers and keep track of your child's progress.

Student Uniform Consent

Southern River College has a School Uniform Code designed to promote the public image of our school and to increase school ground safety through easy identification of students. It also enhances a student's sense of belonging and pride in the school community. All students must wear the College uniform whilst attending school.

College Mobile Phone Policy

(1) Mobile Phone ("off and away all day")

The use of mobile phones for all students is not permitted from the time they enter the College grounds until the conclusion of their school day. "Off and away all day"

- Students are permitted to have mobile phones in their possession during the school day, however they must be turned off and neither seen nor heard.
- The use of a mobile phone to monitor a health condition may be permitted, under a College approved documented health care plan.
- Southern River College has duty of care for all students when they are attending the school. All communication between parents and students, during school hours, should occur via the Front Office or Wellbeing Centre.

Breach of Policy

- Students that breach the policy by using mobile phones/electronic devices and their accessories will be required to hand the device to the classroom teacher for the remainder of the lesson.
- Refusal of this will result in referral of behaviour to Head of Department and the phone will be confiscated for the remainder of the day and can be collected from the Wellbeing Centre.
- Students who record (video/photograph), upload to social media or distribute images of students fighting or acts of violence, will be immediately suspended for a period of time consistent with Regulation 43 of the School Education Regulations 2000.
- Southern River College does not take responsibility for any lost or damaged devices students bring these at their own risk.

Good Standing Policy

Southern River College encourages students to develop a growth mindset and strive for excellence, shaping them into responsible members of the school and community.

The school follows the **Good Standing policy**, based on the **RIVER Way**, which rewards students for positive behavior and grants them extra-curricular privileges. Students who fail to meet expectations lose these privileges and must demonstrate improvement to regain Good Standing.

Loss of Good Standing applies to students involved in violence (including participating, filming, or threatening) as part of the "Standing Together Against Violence" and "Connect and Respect" initiatives.

All students start with **Good Standing** and maintain it by meeting the following criteria:

- Attendance At least 85% attendance (or 80–85% with no unauthorized absences).
- **Behaviour** Appropriate behaviour and respect for others.
- Participation Engaging in coursework and completing assessments.
- **Digital Devices** Following the DOE mobile phone and device policy.
- Uniform Wearing the correct school uniform as per the Conduct Policy.
- Vaping No vape-related incidents.

Online Services Acceptable Use Agreement

By using ICT and online services provided by the Department of Education and Southern River College, you agree to follow these guidelines to ensure responsible and appropriate use.

General Responsibilities:

- Account Security: Keep your login details confidential and do not share your password.
- **Appropriate Use:** Use online services only for learning and research purposes. Do not access websites blocked by the school or the Department of Education.
- **Privacy & Safety:** Seek teacher approval before sharing personal details or images of yourself or others online. Do not reveal personal information such as names, addresses, phone numbers, or financial details.
- **Copyright & Referencing:** Acknowledge all sources in your schoolwork and obtain permission before reusing copyrighted material for portfolios, competitions, or other purposes beyond personal study.
- **Online Conduct:** Use respectful and appropriate language in all online discussions and communications, following SRC's Online Discussion Guidelines.
- File Management: Be mindful of sharing or transmitting large files to avoid disruptions.
- **Email & Communication:** Ensure all emails and online submissions are polite, well-structured, and appropriate for a school environment.
- **Security & Integrity:** Do not attempt to access other users' accounts, bypass security measures, or cause damage to the school's ICT systems or networks.
- **Reporting Issues:** Immediately inform a teacher or ICT Technician if you encounter inappropriate content, security threats, or unauthorized use of your account.

Prohibited Activities:

The following activities are strictly not allowed while using the school's ICT and online services:

- Unauthorized file sharing via Airdrop or Bluetooth
- Distributing or downloading multimedia, software, or software updates
- Making online purchases using school networks
- Messaging or engaging in social networking (Facebook, Instagram, Snapchat, and YouTube are specifically banned)
- Playing online or pre-installed games
- **Using proxy sites** to bypass security restrictions
- Streaming or watching music/videos for non-educational purposes

Use of Personal Devices (e.g., MacBook):

If you bring a personal device to school, you must:

- Use it only for school-related activities.
- Bring it fully charged and keep it in a protective case when not in use.
- Follow teacher instructions regarding its use.
- Only use it in designated areas during recess or lunch.
- Have monitoring software installed to ensure appropriate use.
- Install and maintain an approved antivirus program.
- Not loan or share your device with others.
- Regularly back up your work to prevent data loss.

Understanding Consequences:

- You are responsible for all actions taken under your account.
- Any misuse of ICT or online services may lead to disciplinary action, in accordance with the Department's Behaviour Management in Schools policy.
- The school and Department of Education monitor online activities and can track user activity.

By accessing the school's ICT and online services, you acknowledge and agree to abide by these guidelines.

Declaration

- 1. It is your responsibility to notify Southern River College in writing of any changes to the information provided on this enrolment form.
- 2. You understand that if you provide false or misleading information, this student's enrolment may be reconsidered or cancelled.
- 3. You understand that, as the parent/guardian enrolling the student, you are the responsible for the payment of contributions, charges and fees (and will receive all statements/invoices).
- 4. You and the student have read, understand and consent to the following areas contained in the enrolment pack:

Consent Area	YES	NO
Smart Rider Consent		
Permission to Publish Students Images and Work		
Connect Access	YES	
Student Uniform Consent		
College Mobile Phone Policy		
Good Standing Policy		
Online Services Acceptable Use Agreement		

Name of Parent/Gu	ıardian:		
Relationship to Stu	dent:		
Signature:			Date:
Student Name:		Student Signature:	

Note for Office:

This document is to be handed to the IT department once completed

Third Party and Online Services Account Consent and Notifications

We require parent/guardian consent for your child to access various third-party services that enhance and support their learning in the classroom. These services are provided by external vendors and are not managed by the Department of Education. However, each service has been reviewed and approved for use in WA public schools by the Department of Education.

By providing consent, you allow the college to share some personal information about your child with these third-party providers. The type of information shared varies depending on the service, and a detailed breakdown is provided below each listed service for your reference.

If consent is not provided, your child will not have access to these third-party applications. This will have an impact on their learning opportunities in the classroom.

Given the significant educational benefits these services offer, if you choose not to provide consent or do not respond, the school will contact you to discuss your decision.

The List of Services that require your Consent:

Please review the list below and if you DO NOT approve, please indicate with a tick below

123 Test	Destiny	Olna support
3P Learning (Reading Eggs,	Dropbox	Olna WA
Mathletics, Mathseeds)	EDpuzzle	OnShape for Education
Adobe- Creative Cloud K-12	Educreations	Padlet
Apple Services	Elastik	Prodigy
Autocad	Flowlab	Quizizz
Autodesk Inventor	Fusion 360	Resilient Youth Survey
Bebras Challenge	GameMaker Studio 2	Smiling Mind
Big History Project	Garage Band	Socrative
Blooket	Gizmo	Soundtrap for Education
Book Creator One	Google Maps	sQuizya
BrainPOP	Google Workspace for	Study skills Handbook
Brave-Online	Education	Studyladder
Canva for Education	Grok Learning	Survey Monkey
Cisco Networking Academy	Hack The Box	Tell Them From Me
Clickview	Hudl	That Quiz
Code Combat	JamF school	Tinkercad
Code org	Kahoot	Trinket
Coggle	123 Test	Twinkl
Comic Life	Mangahigh	Typing.com
CoSpaces Edu	Mathspace	Wordwall
Cuttle	Netball WA	Youtube and Youtube Kids

For more detailed information on all software and websites listed in the above Third-party services – Consent, see pdf attached here:

https://www.southernrivercollege.wa.edu.au/wp-content/uploads/2024/11/Third-party-services-Consent 2025 Onwards.pdf

The List of Services that require I	Notification:	
 Career tools Career Voyage Classroombookings Compass Education Consent2go Countrynet(PTO) 	 Cura Education Perfect Enotes.com MyFuture Passtab Schoolzine 	 SEQTA Skillsroad Snipe-IT Stile Education Survey Gizmo The Career Department
pdf attached here:	all software and websites listed in the e.wa.edu.au/wp-content/uploads/202	e above Third-party services – Notification, see 24/11/Third-party-services-
☐ I give permission for m	child to access all online third-party	services, applications providers.
☐ I do NOT consent to all child to use	the applications listed above and hav	e marked which services I do not want my
Name of Parent/Guardian:		
Full name of student:		

Signature:

Date:

OFFICE USE ONLY							
Student Name:					Year:		
DATE RECEIVED:			RECEIVED BY:				
DATE PROCESSED INTO SIS:			ENTERED BY:				
SUPPORTING DOCUMENTS							
	DAT	E RECEIVED	СОРҮ МАГ	COPY MADE		COMMENTS	
BIRTH CERTIFICATE							
COUNCIL RATES OR LEASE							
ADDRESS SUPPORTING DOCS							
BIRTH CERTIFICATE							
IMMUNISATION CERTIFICATE							
MEDICARE CARD							
HEALTH CARE CARD							
DISABILITY DOCUMENTS							
PASSPORT/VISA DOCUMENTS							
COURT/LEGAL DOCUMENTS							
INSPIRE PROGRAM/S							
MEDICAL CONDITION(S)							
Does the child have an allergy that needs to be flagged in SIS? YES \square NO \square							
Have relevant health care plans been issued to the parent? YES \square NO \square							
Date additional Health Care forms sent home (if required) / /							
OUT OF AREA APPLICATION							
OUT OF AREA ENROLMENT:	YES 🗆	NO □	.		1		
IF YES, REVIEWED BY:			DAT	DATE:			
CAPACITY:	YES 🗆	NO 🗆					
APPROVAL (PRINCIPAL / DELEGATE)							
ENROLMENT APPROVED	YES 🗆	NO 🗆			T	_	
APPROVED BY:			DAT	E:			
IF NO, REASON:							
IF YES, PLANNED ENTRY DATE:							
IF ACCEPTED							
DATE NOTIFICATION SENT: (print and attach)			SEN	T BY:			
DATE TRANSFER NOTE SENT:							