

## APPLICATION FOR ENROLMENT

(INTO A WESTERN AUSTRALIAN PUBLIC SCHOOL)

ACADEMIC YEAR:                7                8                9                10                11                12

FOR CALENDAR YEAR: \_\_\_\_\_

| Student Details                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|--|--|--|--|--|--|--|--|--|--|
| First Name/s<br>(as on birth certificate/extract, passport, name change form or family court order)               |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| Middle Name/s<br>(as on birth certificate/extract, passport, name change form or family court order)              |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| Legal Surname<br>(as on birth certificate/extract, passport, name change form or family court order)              |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| Preferred Given Name                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              | Date of Birth         |               |  |  |  |  |  |  |  |  |  |  |
| Gender                                                                                                            | Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 | Student Mobile Number |               |  |  |  |  |  |  |  |  |  |  |
| Student School Email                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| Residential Address                                                                                               | Street                                                                                                                                                                                                                                                                                                                                                                                                       |                       |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                   | Suburb                                                                                                                                                                                                                                                                                                                                                                                                       |                       | Postcode      |  |  |  |  |  |  |  |  |  |  |
| Does the student have any siblings at Southern River College?                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                     |                       |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                   | Sibling's Name                                                                                                                                                                                                                                                                                                                                                                                               |                       | Date of Birth |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| Unique Student Identifier - USI (if known)                                                                        | <p>To register and obtain a USI number please go to <a href="http://www.usi.gov.au">www.usi.gov.au</a> and follow the instructions then print the USI in CAPITALS in the boxes below (please make sure that letters/numbers are written clearly).</p> <table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |                       |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| SCSA Student Number (if known)                                                                                    | <table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>                                                                                                                                                                                                                                                                         |                       |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |  |  |  |  |  |  |  |  |  |  |
| Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If YES, specify the:</b><br>CPFS Case Manager _____<br>CPFS District _____<br>CPFS Telephone _____                                                                                                                                                                                                                                            |                       |               |  |  |  |  |  |  |  |  |  |  |
| 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 <b>If YES, please specify and attach supporting documentation</b>                                                                                                                                                                                                                                                                                   |                       |               |  |  |  |  |  |  |  |  |  |  |

## 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 Accounts                                   |   |       |
| - Gas Accounts                                     |   |       |
| - Water Rates Account                              |   |       |
| - Home Telephone/Internet Account                  |   |       |
| Birth Certificate / Proof of Identity              |   |       |
| Immunisation Certificate                           |   |       |
| <b>Medicare Card *</b>                             |   |       |
| Health Care / Pensioner Card (if applicable)       |   |       |
| Diagnosis / Disability Evidence (if applicable)    |   |       |
| Court Orders / Access Restrictions (if applicable) |   |       |
| Latest School Report                               |   |       |
| NAPLAN/OLNA Results                                |   |       |

| IF THE STUDENT WAS NOT BORN IN AUSTRALIA        | ✓ | Notes |
|-------------------------------------------------|---|-------|
| Evidence of date of entry into Australia        |   |       |
| Passport or travel documents                    |   |       |
| Visa Documentation <b>and</b> Visa Grant Number |   |       |
| Citizenship Certificate (if applicable)         |   |       |

\* A Medicare card is required to create a USI for every student. A USI (Unique Student Identifier) is a lifelong identifier for Australian students and stores their record of nationally recognised training, including VET courses and workplace learning.

| Parent/Guardian 1 Details                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                          |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Title (Mr/Ms/Mrs/Miss/Mx/Dr):                                                              |                                                                                                                                                                                                                                                                                                 | Surname:                                                                                                 |                                                          |
| Given Name/s:                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                          |
| Relationship to Student:<br>(e.g. mother, father, etc.)                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                          |
| Parental Responsibility                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                        | Lives with Student                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Responsible for Fees and Charges                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                        | Receive Correspondence                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobile Number:                                                                             |                                                                                                                                                                                                                                                                                                 | Home telephone:                                                                                          |                                                          |
| Email Address:                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                          |
| Residential Address:                                                                       | Street                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                          |
|                                                                                            | Suburb                                                                                                                                                                                                                                                                                          |                                                                                                          | Postcode                                                 |
| Occupation:                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                          |
| Workplace:                                                                                 |                                                                                                                                                                                                                                                                                                 | Work telephone:                                                                                          |                                                          |
| Does the parent speak a language other than English at home?                               | <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/guardian has completed? | <input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or below<br>For persons who have never attended school, mark Year 9 or equivalent or below. |                                                                                                          |                                                          |
| What is the highest qualification the parent/guardian has completed?                       | <input type="checkbox"/> Bachelor degree or above<br><input type="checkbox"/> Advanced diploma/Diploma<br><input type="checkbox"/> Certificate I to IV - including trade certificate<br><input type="checkbox"/> No non-school qualification                                                    |                                                                                                          |                                                          |
| What is the employment category of the parent/guardian?                                    | <input type="checkbox"/> Group 1                                                                                                                                                                                                                                                                | Senior management in large business organisation, government administration, and qualified professionals |                                                          |
|                                                                                            | <input type="checkbox"/> Group 2                                                                                                                                                                                                                                                                | Other business managers, arts/media/sportspersons, and associate professionals                           |                                                          |
|                                                                                            | <input type="checkbox"/> Group 3                                                                                                                                                                                                                                                                | Trades people, clerks and skilled office, sales and service staff.                                       |                                                          |
|                                                                                            | <input type="checkbox"/> Group 4                                                                                                                                                                                                                                                                | Machine operators, hospitality staff, assistants, labourers and related workers.                         |                                                          |
|                                                                                            | <input type="checkbox"/> 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:<br>(e.g. mother, father, etc.)                                    |                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                          |
| Parental Responsibility                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                            | Lives with Student                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Responsible for Fees and Charges                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                            | Receive Correspondence                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobile Number:                                                                             |                                                                                                                                                                                                                                                                                                     | Home telephone:                                                                                          |                                                          |
| Email Address:                                                                             |                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                          |
| Residential Address:                                                                       | Street                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                          |
|                                                                                            | Suburb                                                                                                                                                                                                                                                                                              |                                                                                                          | Postcode                                                 |
| Occupation:                                                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                          |
| Workplace:                                                                                 |                                                                                                                                                                                                                                                                                                     | Work telephone:                                                                                          |                                                          |
| Does the parent speak a language other than English at home?                               | <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/guardian has completed? | <input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or below<br><br>For persons who have never attended school, mark Year 9 or equivalent or below. |                                                                                                          |                                                          |
| What is the highest qualification the parent/guardian has completed?                       | <input type="checkbox"/> Bachelor degree or above<br><input type="checkbox"/> Advanced diploma/Diploma<br><input type="checkbox"/> Certificate I to IV - including trade certificate<br><input type="checkbox"/> No non-school qualification                                                        |                                                                                                          |                                                          |
| What is the employment category of the parent/guardian?                                    | <input type="checkbox"/> Group 1                                                                                                                                                                                                                                                                    | Senior management in large business organisation, government administration, and qualified professionals |                                                          |
|                                                                                            | <input type="checkbox"/> Group 2                                                                                                                                                                                                                                                                    | Other business managers, arts/media/sportspersons, and associate professionals                           |                                                          |
|                                                                                            | <input type="checkbox"/> Group 3                                                                                                                                                                                                                                                                    | Trades people, clerks and skilled office, sales and service staff.                                       |                                                          |
|                                                                                            | <input type="checkbox"/> Group 4                                                                                                                                                                                                                                                                    | Machine operators, hospitality staff, assistants, labourers and related workers.                         |                                                          |
|                                                                                            | <input type="checkbox"/> 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 1<sup>st</sup> point of contact in an emergency.

| Emergency Contact 3 Details                                    |        |                  |          |
|----------------------------------------------------------------|--------|------------------|----------|
| Title (Mr/Ms/Mrs/Miss/Mx/Dr):                                  |        | Surname:         |          |
| Given Name/s:                                                  |        |                  |          |
| Relationship to Student:<br>(eg aunty, uncle, grandmother etc) |        |                  |          |
| Mobile Number:                                                 |        | Other telephone: |          |
| Email Address                                                  |        |                  |          |
| Residential Address:                                           | Street |                  |          |
|                                                                | Suburb |                  | Postcode |

| Emergency Contact 4 Details                                    |        |                  |          |
|----------------------------------------------------------------|--------|------------------|----------|
| Title (Mr/Ms/Mrs/Miss/Mx/Dr):                                  |        | Surname:         |          |
| Given Name/s:                                                  |        |                  |          |
| Relationship to Student:<br>(eg aunty, uncle, grandmother etc) |        |                  |          |
| Mobile Number:                                                 |        | Other telephone: |          |
| Email Address                                                  |        |                  |          |
| Residential Address:                                           | Street |                  |          |
|                                                                | Suburb |                  | Postcode |

| Student Details – Additional Information                                                                                                |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Religion                                                                                                                                | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____                                                                                                                        |
| Does the student speak a language other than English at home?<br>If more than one language, indicate the one that is spoken most often. | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify _____                                                                                               |
| Is the student of Aboriginal or Torres Strait Islander origin?                                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander<br><input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander |
| Does the student live outside of the Local Intake Area?                                                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                              |
| Is the student subject to any court orders in respect of their care, welfare and development?                                           | <input type="checkbox"/> No <input type="checkbox"/> Yes – please attach supporting documentation.                                                                                                    |
| Is this student subject to any Access Restriction?                                                                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes – please attach supporting documentation.                                                                                                    |
| Is the student an Australian citizen?                                                                                                   | <input type="checkbox"/> Australian citizen <input type="checkbox"/> Other – please specify _____                                                                                                     |
| In which country was the student born?                                                                                                  | <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify _____                                                                                                              |
| Is the student in receipt of an allowance?                                                                                              | <input type="checkbox"/> No<br><input type="checkbox"/> Abstudy <input type="checkbox"/> Secondary Assistance                                                                                         |

| Visa Information (only complete if child is not an Australian Citizen)                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| If the student is a permanent or temporary resident: <b>Attach copy of visa.</b> Please complete <b>ALL</b> details in full. |  |
| Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/>                                      |  |
| Date Entered in Australia:                                                                                                   |  |
| Visa Grant Number (13 digits):                                                                                               |  |
| Visa Expiry Date:                                                                                                            |  |
| Visa Sub Class Number:                                                                                                       |  |
| Passport Number:                                                                                                             |  |
| <b>Office Use Only</b>                                                                                                       |  |
| EAL/D Status: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>                               |  |

| Movement History                                                     |                                                                                         |                      |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|
| Has the student attended this school previously?                     | <input type="checkbox"/> No <input type="checkbox"/> Yes                                |                      |
| What school/home education region did the student previously attend? |                                                                                         | Reason for Movement: |
| Has the student ever been suspended from a previous school?          | <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details: _____ |                      |

## Student Health Care Summary

Student Name:

Date of Birth:

Immunisation Records have been provided ☐ Yes ☐ No

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

To access your immunisation records in Australia, you can use your Medicare online account through [myGov](https://myGov), or by calling the Australian Immunisation Register (AIR) on 1800 653 809

Please see the below link on how to access your immunisation history statement

<https://www.servicesaustralia.gov.au/how-to-get-immunisation-history-statements?context=22436>

### Medical Practice

Name of Practice:

|                   |        |                 |          |
|-------------------|--------|-----------------|----------|
| Address:          | Street |                 |          |
|                   | Suburb |                 | Postcode |
| Telephone Number: |        | Name of Doctor: |          |

### Dental Practice

Name of Practice:

|                   |        |                 |          |
|-------------------|--------|-----------------|----------|
| Address:          | Street |                 |          |
|                   | Suburb |                 | Postcode |
| Telephone Number: |        | Name of Doctor: |          |

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

## Student Health Care Summary

Medicare Number:

|                 |                     |     |
|-----------------|---------------------|-----|
| [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] | [ ] |
|-----------------|---------------------|-----|

Individual Reference Number:

|     |
|-----|
| [ ] |
|-----|

Medicare Expiry:

|   |   |   |   |
|---|---|---|---|
| M | M | Y | Y |
|---|---|---|---|

Health Care Card:

|             |             |             |     |
|-------------|-------------|-------------|-----|
| [ ] [ ] [ ] | [ ] [ ] [ ] | [ ] [ ] [ ] | [ ] |
|-------------|-------------|-------------|-----|

Health Care Expiry:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Do you have ambulance cover?

If yes, who is your insurance provider? \_\_\_\_\_

☐ Yes ☐ No

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

☐ Yes ☐ No

Do you give permission to administer first aid?

☐ Yes ☐ No

Do you give permission for the school to share your child's health care information?

This includes excursions, TAFE, PEAC and alternative education programs if applicable

☐ Yes ☐ No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Conditions / Additional Learning Needs

Student Name:

Date of Birth:

Does the student have any of the following specified disabilities, medical conditions or intensive health care needs? (Tick all boxes that apply) (**Diagnosis and action plan are required for all conditions below**)

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Allergies (F2)<br><input type="checkbox"/> Anaphylaxis (F4)<br><input type="checkbox"/> Asthma (F8)<br><input type="checkbox"/> Diabetes (Appropriate Form)<br><input type="checkbox"/> Diagnosed migraine/headaches (F2)<br><input type="checkbox"/> Intellectual/learning impairment (e.g. dyslexia) (F2)<br><input type="checkbox"/> Mental health or behavioural issue (e.g. depression, ADHD)(F2)<br><input type="checkbox"/> Seizure Disorder (e.g. epilepsy) (F7) | <input type="checkbox"/> Autism spectrum disorder (F2)<br><input type="checkbox"/> Deaf or hard of hearing (F2)<br><input type="checkbox"/> Intellectual disability (F2)<br><input type="checkbox"/> Physical disability (F2)<br><input type="checkbox"/> Severe mental disorder (F2)<br><input type="checkbox"/> Specific speech language impairment (F2)<br><input type="checkbox"/> Vision impairment (e.g. colour blindness) (F2)<br><input type="checkbox"/> Wears glasses for reading (F2) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Have you provided the school with the diagnosis documentation? ☐ Yes ☐ No

Have you provided the school with an action plan? ☐ Yes ☐ No

Please provide the full name of the medical condition or additional learning need, even if mentioned above.

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 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

### MEDIC ALERT INFORMATION

Does your child have a medic alert bracelet or pendant? ☐ Yes ☐ No

If yes, provide details:

Parent Name

Signature

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/Guardian: |  |                    |  |
| Relationship to Student: |  |                    |  |
| Signature:               |  | Date:              |  |
| Student Name:            |  | Student Signature: |  |

### 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**

|                                                                            |                                                         |                                                   |
|----------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 123 Test                                          | <input type="checkbox"/> Destiny                        | <input type="checkbox"/> Olna support             |
| <input type="checkbox"/> 3P Learning (Reading Eggs, Mathletics, Mathseeds) | <input type="checkbox"/> Dropbox                        | <input type="checkbox"/> Olna WA                  |
| <input type="checkbox"/> Adobe- Creative Cloud K-12                        | <input type="checkbox"/> EDpuzzle                       | <input type="checkbox"/> OnShape for Education    |
| <input type="checkbox"/> Apple Services                                    | <input type="checkbox"/> Educreations                   | <input type="checkbox"/> Padlet                   |
| <input type="checkbox"/> Autocad                                           | <input type="checkbox"/> Elastik                        | <input type="checkbox"/> Prodigy                  |
| <input type="checkbox"/> Autodesk Inventor                                 | <input type="checkbox"/> Flowlab                        | <input type="checkbox"/> Quizizz                  |
| <input type="checkbox"/> Bebras Challenge                                  | <input type="checkbox"/> Fusion 360                     | <input type="checkbox"/> Resilient Youth Survey   |
| <input type="checkbox"/> Big History Project                               | <input type="checkbox"/> GameMaker Studio 2             | <input type="checkbox"/> Smiling Mind             |
| <input type="checkbox"/> Blooket                                           | <input type="checkbox"/> Garage Band                    | <input type="checkbox"/> Socrative                |
| <input type="checkbox"/> Book Creator One                                  | <input type="checkbox"/> Gizmo                          | <input type="checkbox"/> Soundtrap for Education  |
| <input type="checkbox"/> BrainPOP                                          | <input type="checkbox"/> Google Maps                    | <input type="checkbox"/> sQuizya                  |
| <input type="checkbox"/> Brave-Online                                      | <input type="checkbox"/> Google Workspace for Education | <input type="checkbox"/> Study skills Handbook    |
| <input type="checkbox"/> Canva for Education                               | <input type="checkbox"/> Grok Learning                  | <input type="checkbox"/> Studyladder              |
| <input type="checkbox"/> Cisco Networking Academy                          | <input type="checkbox"/> Hack The Box                   | <input type="checkbox"/> Survey Monkey            |
| <input type="checkbox"/> Clickview                                         | <input type="checkbox"/> Hudl                           | <input type="checkbox"/> Tell Them From Me        |
| <input type="checkbox"/> Code Combat                                       | <input type="checkbox"/> JamF school                    | <input type="checkbox"/> That Quiz                |
| <input type="checkbox"/> Code org                                          | <input type="checkbox"/> Kahoot                         | <input type="checkbox"/> Tinkercad                |
| <input type="checkbox"/> Coggle                                            | <input type="checkbox"/> 123 Test                       | <input type="checkbox"/> Trinket                  |
| <input type="checkbox"/> Comic Life                                        | <input type="checkbox"/> Mangahigh                      | <input type="checkbox"/> Twinkl                   |
| <input type="checkbox"/> CoSpaces Edu                                      | <input type="checkbox"/> Mathspace                      | <input type="checkbox"/> Typing.com               |
| <input type="checkbox"/> Cuttle                                            | <input type="checkbox"/> Netball WA                     | <input type="checkbox"/> Wordwall                 |
|                                                                            |                                                         | <input type="checkbox"/> 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](https://www.southernrivercollege.wa.edu.au/wp-content/uploads/2024/11/Third-party-services-Consent_2025_Onwards.pdf)

**The List of Services that require Notification:**

|                                                                                                                                                                                               |                                                                                                                                                                   |                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Career tools</li><li>• Career Voyage</li><li>• Classroombookings</li><li>• Compass Education</li><li>• Consent2go</li><li>• Countrynet(PTO)</li></ul> | <ul style="list-style-type: none"><li>• Cura</li><li>• Education Perfect</li><li>• Enotes.com</li><li>• MyFuture</li><li>• Passtab</li><li>• Schoolzine</li></ul> | <ul style="list-style-type: none"><li>• SEQTA</li><li>• Skillsroad</li><li>• Snipe-IT</li><li>• Stile Education</li><li>• Survey Gizmo</li><li>• The Career Department</li></ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

[https://www.southernrivercollege.wa.edu.au/wp-content/uploads/2024/11/Third-party-services-Notification\\_2025\\_Onwards.pdf](https://www.southernrivercollege.wa.edu.au/wp-content/uploads/2024/11/Third-party-services-Notification_2025_Onwards.pdf)

- ☐ I give permission for my child to access all online third-party services, applications providers.
- ☐ I do NOT consent to all the applications listed above and have marked which services I do not want my child to use

|                          |  |       |
|--------------------------|--|-------|
| Name of Parent/Guardian: |  |       |
| Full name of student:    |  |       |
| Signature:               |  | Date: |

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| OFFICE USE ONLY                                                              |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
|------------------------------------------------------------------------------|--|----------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------|-------|-----------------------------|----------------------------------------------------------------------|---|
| Student Name:                                                                |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| D.O.B:                                                                       |  |                                                          |           | Year: _____ in 20____ |                                                             |       |                             |                                                                      |   |
| PREVIOUS SCHOOL:                                                             |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| DATE RECEIVED:                                                               |  |                                                          |           |                       | RECEIVED BY:                                                |       |                             |                                                                      |   |
| DATE PROCESSED INTO SIS:                                                     |  |                                                          |           |                       | ENTERED BY:                                                 |       |                             |                                                                      |   |
| OUT OF AREA APPLICATION                                                      |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| OUT OF AREA ENROLMENT:                                                       |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |           |                       |                                                             |       |                             |                                                                      |   |
| IF YES, REVIEWED BY:                                                         |  |                                                          |           |                       |                                                             | DATE: |                             |                                                                      |   |
| SUPPORTING DOCUMENTS                                                         |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
|                                                                              |  | RECEIVED<br><small>Please Tick</small>                   |           |                       |                                                             |       |                             | RECEIVED<br><small>Please Tick</small>                               |   |
| COUNCIL RATES OR LEASE                                                       |  |                                                          |           |                       | COURT ORDER/LEGAL DOCUMENTS                                 |       |                             |                                                                      |   |
| 3x BILLS                                                                     |  | 1                                                        | 2         | 3                     | SCHOOL REPORTS                                              |       |                             |                                                                      |   |
| BIRTH CERTIFICATE/ PASSPORT                                                  |  | B                                                        |           | P                     | NAPLAN/OLNA RESULTS                                         |       |                             | N                                                                    | O |
| IMMUNISATION CERTIFICATE                                                     |  |                                                          |           |                       | VISA DOCUMENTS                                              |       |                             |                                                                      |   |
| MEDICARE CARD                                                                |  |                                                          |           |                       | INSPIRE PROGRAM/S<br><small>(Circle all that apply)</small> |       |                             | ACADEMIC<br>MECHATRONICS<br>MUSIC<br>NETBALL<br>SOCCER<br>VOLLEYBALL |   |
| HEALTH CARE CARD                                                             |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| DIAGNOSIS DOCUMENTS                                                          |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| MEDICAL CONDITION(S)                                                         |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| Does the child have an allergy or diagnosis that needs to be flagged in SIS? |  |                                                          |           |                       | YES <input type="checkbox"/>                                |       | NO <input type="checkbox"/> |                                                                      |   |
| Allergy or diagnosis title: _____                                            |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| Have relevant health care plans been supplied by the parent/guardian?        |  |                                                          |           |                       | YES <input type="checkbox"/>                                |       | NO <input type="checkbox"/> |                                                                      |   |
| Date additional Health Care forms sent home (if required)                    |  |                                                          |           |                       | /                                                           |       | /                           |                                                                      |   |
| IF ACCEPTED                                                                  |  |                                                          |           |                       |                                                             |       |                             |                                                                      |   |
| ACCEPTANCE LETTER SENT:                                                      |  | YES / NO                                                 | DATE: / / |                       | SENT BY:                                                    |       |                             |                                                                      |   |
| TRANSFER NOTE SENT:                                                          |  | YES / NO                                                 | DATE: / / |                       | SENT BY:                                                    |       |                             |                                                                      |   |
| BILLING DOCUMENTS                                                            |  | YES / NO                                                 | DATE: / / |                       | SENT BY:                                                    |       |                             |                                                                      |   |