

Office Use Only

Received By	Date	Interview Name / Time / Date

If you need help completing this form, including translation services, please contact the School Administration on 9550 6100.

Please ensure all sections are completed in full

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

Section 2: Parent/Responsible Person Details		
	Parent/Responsible Person 1	Parent/Responsible Person 2
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for payment of Contributions and Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive correspondence, reports etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connect Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile/Emergency Number:		
Postal address: <i>Street</i>		
<i>Suburb/town</i>		
<i>Postcode</i>		
Work telephone:		
Email address:(for correspondence)		

Section 3: Parent/Responsible Person Background Information	
Does the parent/responsible person speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	
Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify
What is the highest year of primary or secondary school the parent/responsible person has completed? <i>For persons who have never attended school, mark Year 9 or equivalent or below</i>	
Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below

What are the highest qualification the parent/responsible person has completed?	
Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
What is the occupation group of the parent/responsible person? Please select the appropriate parental occupation group below (for more details refer to Appendix 2). <i>If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.</i>	
Parent/Responsible Person 1	Parent/Responsible Person 2
<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 Tradesmen/women, 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	<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 Tradesmen/women, 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

Section 4: Additional Emergency Contacts		
* For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.		
	Contact	Contact
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Telephone 1:		
Telephone 2:		

Section 5: Additional Information

Religion:	
Does the student speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <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 <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student live outside the Local Intake Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student an Australian citizen?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other – please specify
Is the student in receipt of an allowance?	<input type="checkbox"/> Secondary Assistance <input type="checkbox"/> Abstudy
Do you possess a current Centrelink Family Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current Centrelink Pensioner Concession Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current Veterans' Affairs Pensioner Concession Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Permanent resident Visa Sub Class Number: Visa Expiry Date: Date entered Australia:	<input type="checkbox"/> Temporary resident Visa Sub Class Number: Visa Expiry Date: Date entered Australia:
---	---

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

<input type="checkbox"/> Permanent resident Visa Sub Class Number: Visa Expiry Date: Date entered Australia:	<input type="checkbox"/> Temporary resident Visa Sub Class Number: Visa Expiry Date: Date entered Australia:
---	---

In which country was the student born? Please provide a copy of Birth Certificate	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify
---	---

What school did the student previously attend? <i>(If previously enrolled in Home Education, please specify Education Region)</i>	
--	--

Has the student ever been excluded from another school? <i>If YES, please name school.</i>	
---	--

Section 6: Medical/Health

Immunisation

It is an enrolment requirement that a photocopy of each student's immunisation record is provided to the school. **Parents are reminded to ensure this has been done.**

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

Immunisation certificate/record provided

Medical Practice:
(Name and Address)

Doctor's name:

Telephone:

Medicare No. and Expiry date:

Health Care Card No. and Expiry Date:

Dental Practice:
(Name and Address)

Dentist Practice Telephone:

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

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

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

Other, please specify

.....

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

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

Please provide details of any condition that calls for special steps to be taken	
Is there any medical or psychological condition which may require an Emergency Action Plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES have you completed the Medical Action Form provided</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student required to take any medications during the course of the school day? <i>If YES, please supply details of any treatments, care or medication required. (Contact school for relevant forms)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have ambulance cover? <i>If there is a medical emergency, parents/responsible persons are expected to meet the cost of ambulance conveyance.</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes - Ambulance Cover Insurance Provider: _____
Do you give permission to call the Doctor named in case of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission to administer First Aid if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission for information you have provided on the Student Health Care Summary to be shared?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, who will be informed?	

An additional form – “Form 1 – Student Health Care Summary” enclosed must also be completed and returned for the use of the College’s Nurse

Section 7: Policy Agreements

Digital Release Permissions

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

1. I give my permission. **2. I do not give my permission**
(NB: Ticking box 2 will mean that your child will not appear in school publications of any nature)

I HAVE READ AND FULLY UNDERSTAND THE DIGITAL RELEASE PERMISSIONS POLICY.

Please tick here

iPad and Acceptable Network Usage Policy

All students at BSC must accept responsibility for knowing the contents of the BSC iPad and Acceptable Network Usage Policy, and must agree to abide by the policy.

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

We (Parent/Guardian and Student) agree to follow the guidelines of this policy.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE IPAD AND ACCEPTABLE NETWORK USAGE POLICY.

Please tick here

Mobile Phones and Portable Devices Policy

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

We (Parent/Guardian and Student) agree to follow the guidelines of this policy.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE MOBILE PHONES AND PORTABLE DEVICES POLICY.

Please tick here

Student Uniform Policy

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

We (Parent/Guardian and Student) agree to follow the guidelines of this policy.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE UNIFORM POLICY.

Please tick here

Biometrics

Biometrics will be used to identify students for the College's automated systems (including attendance, library, café, printing credits).

I understand that this will be a digital scan of my child's finger print ridges only and will be stored in encrypted form on our secure server.

We (Parent/Guardian and Student) agree to the use of biometric identification.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE BIOMETRICS STATEMENT.

Please tick here

Smart Rider Permission

All students at BSC will be issued a Smart Rider card to enable access to concessional fares on Transperth, our Library system as well as other systems as they come online and are also an important form of photo identification.

We (Parent/Guardian and Student) agree to our child being issued with a Smart Rider card.

I HAVE READ AND FULLY UNDERSTAND THE SMART RIDER PERMISSION.

Please tick here

Section 8: Declaration

It is your responsibility to notify Byford Secondary College in writing of any changes to the information provided on this enrolment form.

Name of parent/responsible person enrolling the student and providing consents:

.....
(Please print)

Relationship to student:

Signature: Date:

Student Signature: Date:

ACCEPTANCE OF ENROLMENT

.....
Principal

.....
Date

.....
Associate Principal

.....
Date

OFFICE USE ONLY

Entry Date: ____/____/____

Date Transfer Note Sent: ____/____/____

Previous School: _____

Records Received: YES NO

Immunisation records provided: YES NO

Birth certificate sighted: YES NO

Proof of Address sighted: YES NO

Contact Class: _____ House: _____

Entered on School Information System by: _____ Date: ____/____/____

Leave Date: ____/____/____ Destination: _____ Records Sent: YES NO