ENROLMENT FORM

Please ensure all sections are completed so the enrolment form can be processed. If you require assistance to complete this form, please contact the Enrolment Officer on 6235 7900.



PERSONAL DETAILS				
Student's surname				
Legal surname (If different)				
First Name				
Second Name				
Preferred name				
Date of Birth (dd/mm/yyyy)				
Gender	🗌 Male	Female	Indeterminate	e/Intersex
Year level enrolling in				
Residential address				
Suburb			Postcode	
Student mobile number				
Student Car Registration (If applicable)				

STUDENT NUMBER (Can be found on the first page of your Child's school reports)									

UNIQUE STUDENT IDENTIFIER NUMBER (USI)

A USI is a reference number that creates an online record of your training and qualifications attained in Australia. Your USI links to an online account which contains all your training record which you have completed from 1st January 2015 onwards.

One of the main benefits of having a USI is having easy access to your training records and transcripts. When applying for a job or enrolling in further study, you often need to provide these records. You will be able to access your USI account online anytime from your computer, tablet or smart phone.

Once you create your USI you will be able to:

- Give your USI to each training provided you study with
- View and update your details in your USI account
- View and download your training records and transcripts
- Manage which training providers can view your transcripts

To register and obtain a USI number please go to <u>www.usi.gov.au</u> and follow the instructions then print the USI in CAPITALS in the boxes below (please make sure that letters/numbers are written clearly).



PARENT/GUARDIAN 1 DETAILS						
Title Mr Mrs Ms Other		Surname				
Given Name/s						
Date of Birth (dd/mm/yyyy)						
Relationship to student						
Gender	Male	Female	□In	determinate/	Intersex	
Parental Responsibility	YES	🗌 NO	Res	ides with stud	lent	YES NO
Responsible for payment of school fees	☐ YES	🗌 NO	Rec	eive correspo	ndence	YES NO
To be contacted in an emergency	1 st	2 nd	3 r	rd 4 th		
Email						
Mobile phone number						
Telephone (work)						
Residential address						
Suburb				Posto	code	
Postal address (If different from above)						
Suburb				Postc	ode	
Does Parent/Guardian 1 mainly speak Eng	aglish at home YES NO					
Does Parent/Guardian 1 speak a language	other than Er	nglish at home	e	YES, othe	r 🗌 NO	, english only
If yes, please specify. If more than one lang is spoken most often	guage, indicat	e the one tha	at			
What is the highest year level of school	Year 12 or equivalent Year 11 or equivalent					
Parent/Guardian 1 has completed	Year 10 or equivalent Year 9, equivalent or below					
(If parent/guardian did not attend school	ol, tick 'Year S	ə or equivalen	nt or k	below')		
What is the level of the highest	Bachelor de	egree or above			Advanced di	oloma / Diploma
qualification Parent/Guardian 1 has completed	Certificate I to IV (including trade certificate) No non-school qualification					
What is the occupation group for Parent/Guardian 1 (If Parent/Guardian 2 are not currently in paid work but have had a job in the last 12 months, please use their last occupation. If Parent/Guardian 1 have not been in paid work in the last 12 months, please tick 5.)	 1. Senior Management in large business organisation, government administrations & defence, and qualified professionals 2. Other business managers, arts/media/sportspersons & associate professionals 3. Tradespeople, clerks and skilled office, sales & service staff 4. Machine operators, hospitality staff, assistants, labourers, and related workers 5. Unemployed, Retired, Student 					

	Surname				
	· · · · · · · · · · · · · · · · · · ·				
🗌 Male	Female	Indetern	ninate/Inter	sex	
YES	□ NO	Resides w	vith student		YES NO
YES	□ NO	Receive c	orresponder	nce	YES NO
1 st	2 nd	3 rd	4 th		
			Postcode		
			Postcode		
glish at home YES NO					
e other than English at home YES, other NO, english only				, english only	
anguage, indicate the one that					
Year 12 or	equivalent		Year	11 or e	equivalent
Year 10 or	equivalent		Year	9 <i>,</i> equ	ivalent or below
ol, tick 'Year 9	or equivalent	or below')			
Bachelor de	egree or above		Adva	nced d	liploma / Diploma
Certificate I to IV (including trade certificate) No non-school qualification					
 1. Senior Management in large business organisation, government administrations & defence, and qualified professionals 2. Other business managers, arts/media/sportspersons & associate professionals 3. Tradespeople, clerks and skilled office, sales & service staff 4. Machine operators, hospitality staff, assistants, labourers, and related workers 					
	YES YES YES 1 st ish at home other than En guage, indicat Wear 12 or Year 10 or 0, tick 'Year 9 Bachelor d Certificate 1. Senior admin 2. Other I profes 3. Trades 4. Machin worke	□ Male Female □ YES NO □ YES NO □ 1 st 2 nd □ ish at home Image: indicate the one that □ Year 12 or equivalent Year 10 or equivalent □ Jick 'Year 9 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ Year 10 or equivalent Image: indicate the one that □ A. Senior Management ir administrations & def Image: indicate the one that □ 1. Senior Management ir administrations & def Image: indicate the one that □ 2. Other business manage professionals Image: indicate the one that □ 3. Tradespeople, clerks and Image: indicate the one that <td>Male Female YES NO YES NO Receive c 1st 2nd 3rd ish at home YES YES NO Receive c 3rd ish at home YES Year 12 or equivalent Year 12 or equivalent Year 10 or equivalent If the Year 10 or equivalent or below') Bachelor degree or above Certificate I to IV (including trade certificate I to IV (includi</td> <td>Male Female YES NO YES NO Receive corresponder 1st 2nd 3rd 4th Postcode Postcode Postcode Postcode Postcode Postcode Postcode VES NO Postcode NO Postcode Rule Postcode P</td> <td>Male Female YES NO YES NO Receive correspondence 1st 2nd 3rd 4th Postcode Postcode Postcode Ish at home YES NO Postcode Ish at home YES NO Postcode Ish at home Yes Vear 12 or equivalent Year 12 or equivalent or below') Bachelor degree or above Advanced of Certificate 1 to IV (including trade certificate) No non-sch 1. Senior Management in large business organisation, g administrations & defence, and qualified professional 2. Other business managers, arts/media/sportspersons professionals 3. Tradespeople, clerks and skilled office, sales & service 4. Machine operators, hospitality staff, assistants, labou workers</td>	Male Female YES NO YES NO Receive c 1 st 2 nd 3 rd ish at home YES YES NO Receive c 3 rd ish at home YES Year 12 or equivalent Year 12 or equivalent Year 10 or equivalent If the Year 10 or equivalent or below') Bachelor degree or above Certificate I to IV (including trade certificate I to IV (includi	Male Female YES NO YES NO Receive corresponder 1st 2nd 3rd 4th Postcode Postcode Postcode Postcode Postcode Postcode Postcode VES NO Postcode NO Postcode Rule Postcode P	Male Female YES NO YES NO Receive correspondence 1st 2nd 3rd 4th Postcode Postcode Postcode Ish at home YES NO Postcode Ish at home YES NO Postcode Ish at home Yes Vear 12 or equivalent Year 12 or equivalent or below') Bachelor degree or above Advanced of Certificate 1 to IV (including trade certificate) No non-sch 1. Senior Management in large business organisation, g administrations & defence, and qualified professional 2. Other business managers, arts/media/sportspersons professionals 3. Tradespeople, clerks and skilled office, sales & service 4. Machine operators, hospitality staff, assistants, labou workers

SIBLINGS I	SIBLINGS DETAILS (currently attending Thornlie Senior High School)					
Name		Year Level				

OTHER CONTACT DETAILS					
Title Mr Mrs Ms Other		Surname			
Given Name/s					
Date of Birth (dd/mm/yyyy)					
Relationship to student					
Gender	Male	E Female	Indeter	minate/Intersex	
Parental Responsibility	YES	□ NO	Resides v	vith student	YES NO
Responsible for payment of school fees	YES	□ NO	Receive o	correspondence	YES NO
To be contacted in an emergency	1 st	2 nd	3 rd	4 th	
Email					
Mobile phone number					
Telephone (work)					
Residential address					
Suburb				Postcode	
OTHER CONTACT DETAILS Title Mr Mrs Mrs Ms Other		Surname			
Given Name/s					
Date of Birth (dd/mm/yyyy)					
Relationship to student					
Gender	🗌 Male	🗌 Female	Indeter	minate/Intersex	
Parental Responsibility	S YES	🗌 NO	Resides v	vith student	YES NO
Responsible for payment of school fees	YES	□ NO	Receive o	correspondence	YES NO
To be contacted in an emergency	1 st	2 nd	3 rd	4 th	
Email					
Mobile phone number					
Telephone (work)					
Residential address					

STUDENT DETAILS – ADDITIONAL INFORMATION							
Student's Religion (If applicable)							
Is the student to be withdrawn from religious inst	truction	or activities?	YES NO				
What was the first language spoken at home?							
Does the student speak another language other t	han Engl	lish at home?	YES, other	NO, english only			
If YES, please specify. (If more than one language, language, indicate the one that is spoken most of		ng Aboriginal					
Does the student mainly speak English at home?			🗌 YES 🗌 NO				
Is the student of Aboriginal or Torres Strait Island	-						
🗌 No 🗌 Yes, Aboriginal 🗌 Yes, Tor	t Islander (TSI)	🗌 Yes, both Aborigin	al and TSI				
Is this student the subject to any court orders reg welfare or development? If YES, a copy of all court orders must be provide	or long term care,	🗌 yes 🗌 no					
Is this student in the care of Director General of t Protection and Family Support (CPFS)?	nunities – Child	🗌 YES 🗌 NO					
If YES, please provide the following details	lowing details CPFS Distric						
		ase Manager					
		t number					
Is this student an Australian Citizen?		s 🗌 no					
In which country was this student born?							
If born outside of Australia, please specify the date the student entered Australia							
If the student is a permanent or temporary resid	ase attach a cop	oy of their VISA.					
Permanent Resident	Temporar	y Resident					
Passport Number		Passport Number					
VISA Sub Class number		VISA Sub Class	number				
VISA Grant Number		VISA Grant Nu	mber				
VISA expiry date		VISA expiry dat	te				

Previous School

SMARTRIDER CARD CONSENT					
I give permission for the student's details and photo to be released to the Public Transport Authority. Students will receive their SmartRider within approximately 10 business days from the date their photo is taken and will be sent a notice to collect from the Library once they arrive. You can add value to the SmartRider at					
Transperth InfoCentres, add-value machines at a station or on board a bus with cash. Enquiries regarding school bus services should be directed to the Public Transport Authority email <u>enquire@pta.wa.gov.au</u> or call 136 213.					
Parent/Guardian Name	Signature				
Date					
If you are completing this form online an declaration.	d are unable to sign this form, please tick this box to confirm your				

PERMISSION TO PUBLISH

Your permission is sought from the school to publish video or photographic images of the student and/or samples of the student's school work to be used by the school and the Department of Education. The purposes of using the images or work will be activities such as promoting the school, school events and student achievements.

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

The school will endeavour to limit identifying information that accompanies images of the student or student's work; however, there will be occasions when your child's name, class and school may be published along with the images.

Once signed, the consent will remain effective until such time as you advise the school otherwise.

PARENT/GUARDIAN DECLARATION

I give Thornlie Senior High School and the Department of Education permission for the student to be recorded and reproduction of photographic and video images and audio of the student and of their school work to be used for the purposes as stated above.

IMPORTANT – PLEASE NOTE: I understand that while Thornlie Senior High School and the Department of Education will only use and/or publish the student's information for the above-stated purposes, the internet is accessible by any person/entity worldwide. I understand that the student's information can be accessed, copied, and used by any other person/entity using the internet (e.g. shared through social media such as Facebook, You Tube etc.) I understand that once the student's information has been published on the internet the school and Department of Education has no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department of Education in writing; however, this will not affect materials that have already been published and disseminated.

l agree	I do NOT agree – please do NOT publish the student's photo/work				
Student's name					
Parent/Guardian Signature	Date				
Student Signature	Date				

PARENT GUARDIAN ENROLMENT DECLARATION

I understand that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures. That information on the enrolment form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes the Department of Health with my child's immunisation status as required.

I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I have provided all required documentation.

I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled. Information may need to be checked by the school

Signature

Parent/Guardian Name	
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Date

If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.

APPROVAL OF PRINCIPAL OR DELEGATE								
Enrolment approved	YES	NO	Date					
Principal or Delegate signature								

STUDENT HEALTH CARE SUMMARY

Please note if the student has a health condition, it is imperative that the extra health forms are completed and returned as soon as possible so the school can take appropriate action, if required. Where appropriate students should be encouraged to participate in their health care planning.



If you require assistance to complete this form, please contact the Enrolment Officer on 6235 7900.

PERSONAL DETAILS				
Student's surname				
First Name				
Date of Birth (dd/mm/yyyy)				
Gender	Male Female] Indeterminate/Inte	ersex	
SECTION A - INFORMED CONSENT				
Written authorisation must be provided for staff to administer any form of medication at school. Please request				
an Administration of Medication form if needed. All medication must be supplied by the parent/guardian.				
The student's health care information will be shared on an as-needed basis unless otherwise stated				
Do you give permission for the school to share the student's health care information? If the student is enrolled in a TAFE or alternative education program, this includes the transfer of their health care information to the principal or manager of that program.		🗌 YES 🗌 NO		
Do you give permission for the student's medical details and photo to staff?		o be on view for		
Has the student's Medical Practitioner provided a health care plan to assist the school to manage any medical conditions?		YES NO	Not Applicable	
SECTION B - MEDICAL DETAILS				
Medical Practice				
Name of Doctor				
Name of Doctor Address				
Address				
Address Phone Number	nce provider	YES NO		
Address Phone Number Do you have Ambulance Insurance?		YES □ NO YES □ NO		
Address Phone Number Do you have Ambulance Insurance? If YES, please specify the name of insura				
Address Phone Number Do you have Ambulance Insurance? If YES, please specify the name of insura Does the student have a Medic Alert bra				
Address Phone Number Do you have Ambulance Insurance? If YES, please specify the name of insura Does the student have a Medic Alert bra If YES, please specify condition				
Address Phone Number Do you have Ambulance Insurance? If YES, please specify the name of insura Does the student have a Medic Alert bra If YES, please specify condition Medicare Card Number				

SECTION C - CONDITIONS			
Does the student have a health condition? (or more than one?)	ete the remainder of this form Section D		
List the student's health condition(s)			
In the following table, please indicate the student's condition(s) and if they require the support of school staff. In response to the information below you will be given further forms for specific health conditions to complete.			
Health Conditions (Tick the box that applies)	Requires staff Support		
Severe Allergy / Anaphylaxis	YES NO		
Mild and Moderate Allergies	YES NO		
Diabetes	YES NO		
Seizures	YES NO		
Asthma	YES NO		
Activities of Daily Living	YES NO		
Other Conditions or Needs (please specify below)	YES NO		
Will school staff require any specific training to support the student?			
If YES, please provide details			

SECTION D – PARENT/GUARDIAN HEALTH CARE SUMMARY DECLARATION I confirm the information provided is true and correct. Parent/Guardian Signature Date Parent/Guardian Name I f you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.

WHAT'S NEXT

Parent / Guardian will be notified of enrolment outcomes at the completion of processing.