

**WESTERN AUSTRALIAN INDEPENDENT PUBLIC SCHOOL**  
**STUDENT ENROLMENT FORM**  
**(CONFIDENTIAL)**

Enrolling in to:

YEAR \_\_\_\_\_

**Student Details**

Student Surname		Legal Surname		Previous Surname	
First Name		Second Name		Preferred Name	
Gender (Circle) M / F	Date of Birth: dd/mm/yyyy	Previous School:		Year	
<b>Student ID Number:</b>					
Student Address:					
Post Code:			Student Mobile Number		
Names of siblings currently attending this school		1.		2.	
Student lives with (please tick):	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	

**CONFIDENTIAL**

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development?

YES  If YES, please specify and attach a copy of supporting documentation.

NO

Is the student in the care of the Department of Child Protection and Family Support's (DCPFS) Director General?

YES  NO

If YES, please specify the name of the DCPFS Case Manager, their DCPFS District and their contact phone number.

**PARENT/GUARDIAN - 1 DETAILS – First Contact**

**Parent/Guardian 1 – Relationship to Students:** Mother Father Aunt/Uncle Grand Parent Guardian Other

(Mr/Mrs/Ms/Miss) First Name:	Do you mainly speak English at home? YES/NO	Do you require a translator for meetings?
Surname:	If No, please specify language:	YES/NO

As a parent do you have a specific requirement for giving/receiving information from the school eg disability such as deafness/physical mobility.

YES  NO

Details:

Address

Post Code:

Home Phone	Work Occupation/Work Location	What is the highest level of schooling you have completed? (Please circle)	Y9 Y10 Y11 Y12
Mobile Number	What is the highest qualification you have completed? (Please circle)	a. Bachelor Degree or above b. Certificate I to IV c. Advanced Diploma/Diploma d. None	
<b>Email – (This is important as all correspondence will be sent to your e-mail address). Please write clearly.</b>		What is your occupation group? (See Parent Occupation Group on back page)	(Write 1, 2, 3, 4 or 8)

FAMILY MAIL MARKER (please tick) This is where all school correspondence/fees will be sent to.

Parent/Guardian 1  Parent/Guardian 2  Other

**\*IMPORTANT INFORMATION NEEDS TO BE COMPLETED FOR ENROLMENT TO PROCEED.**

**PARENT/GUARDIAN - 2 DETAILS – Second Contact**

Parent/Guardian 2 – Relationship to Students:		Mother	Father	Aunt/Uncle	Grand Parent	Guardian	Other
Mr/Mrs/Ms/Miss)	Do you mainly speak English at home? YES/NO	Do you require a translator for meetings?					
First Name:	If No, please specify language:	YES/NO					
Surname:							
As a parent do you have a specific requirement for giving/receiving information from the school eg disability such as deafness/physical mobility.							YES <input type="checkbox"/> NO <input type="checkbox"/>
Details:							
Address							
						Post Code:	
Home Phone	Work Phone Number	What is the highest level of schooling you have completed? (Please circle)			Y9 Y10 Y11 Y12		
	Occupation/Work Location						
* <b>Email – (This is important</b> as all correspondence will be sent to your e-mail address). <b>Please write clearly.</b>		What is the highest qualification you have completed? (Please circle)			a. Bachelor Degree or above b. Certificate I to IV c. Advanced Diploma/Diploma d. None		
Mobile Phone Number		What is your occupation group? (See Parent Occupation Group on back page))			(Write 1, 2, 3, 4 or 8)		

**\* COMPULSORY EMERGENCY CONTACT – IMPORTANT INFORMATION IF 1<sup>ST</sup> TWO CONTACTS ARE UNAVAILABLE**

(Mr/Mrs/Ms) First Name: Surname:

Relationship to student: eg: Grandparent/Aunt/Friend/Sibling

Home Number \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Place: \_\_\_\_\_

**\* STUDENT ADDITIONAL INFORMATION**

* Students First Language:		Main Language other than English spoken at home:					
* Permanent Resident		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please provide the following:			
Visa Sub Class No: _____		Date Entered Australia: _____		Country of Birth: _____			
Visa Grant Number: _____							
International Fee Paying (if known)		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
English as a Second Language		YES <input type="checkbox"/>	NO <input type="checkbox"/>	ESL Stage (Office Use only)		1 <input type="checkbox"/>	2 <input type="checkbox"/>
* Is the Student of Aboriginal or Torres Strait Islander origin		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please indicate below.			
Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both Aboriginal and Torres		<input type="checkbox"/>			
Religion: (Optional)							
Does the student receive any of the following allowances? Please tick the appropriate box:							
Secondary Assistance Allowance <input type="checkbox"/>		Assistance for Isolated Children (AIC) <input type="checkbox"/>					
Youth Allowance <input type="checkbox"/>		ABSTUDY <input type="checkbox"/>					

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**SUSPENSION/EXCLUSION DETAILS**

Is your child currently under suspension from another school?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
	If yes, please state which school	
Has your child ever been suspended from another school?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
	If yes, please state which school and year level.	
Has your child ever been excluded from another school?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
	If yes, please state which school	

**MEDICAL DETAILS**

\* Does your child have a medical, psychological AND/ OR behavioural condition that would require a health care plan? YES  NO

If **YES** please provide doctors letters.

Allergies – Severe – Anaphylaxis	Allergies – Minor to Moderate	Asthma
Diabetes	Diagnosed Migraine/headaches Vision Condition	Hearing Condition
Physical disability	Seizures/disorder (e.g. epilepsy)	Other

**DIAGNOSED LEARNING DISABILITY**

Does your child receive a disability allocation for additional support at school (Student Centred Funding)?

YES  NO

Please attached support documents.

**OTHER LEARNING DIFFICULTIES**

Autistic Spectrum Disorder Asperger's Autism	Dyslexia	Mental Health Depression Anxiety
Intellectual	Other	Behavioural ADD ADHD

Does your child have a diagnosed psychological condition?

YES  NO  Please provided supporting documentation.

Medical Practice Name and Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Preferred Doctor: \_\_\_\_\_

**Do you give permission to:**

Call your Doctor YES  NO  Permission to administer First Aid YES  NO

Do you have Ambulance Cover YES  NO  Ambulance Cover Provider: \_\_\_\_\_

**+PLEASE BE AWARE THAT AN AMBULANCE WILL BE CALLED IN AN EMERGENCY+**

Please provide a copy of your child's immunisation records and completed health care form.

\* Medicare Number    Your child's number on the card

Expiry Date: \_\_\_\_\_

Do you have a Health Care Card? YES  NO  Expiry Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Health Care Card Number:

\* **Signature of Parent/Guardian:** \_\_\_\_\_

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# Consent Form

At Leeming SHS we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

## MEDIA CONSENT (PHOTOS)

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters (available online) or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.  
 No, I do not give consent.

In addition see the [Student's online policy](#).

## INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.  
 No, I do not give consent.

In addition, see the School's policy and the [Student's online policy](#).

## VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.  
 No, I do not give consent.

## LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.  
 No, I do not give consent.

## SCHOOL CURRICULUM AND STANDARDS AUTHORITY (SCSA)

I give permission for the following action to be taken.

SCSA Awards      YES          NO   

You agree that in circumstances where your child sits the WACE and receives a SCSA Award or other recognition, your child's name and school details can be published.

SCSA                      YES          NO   

You agree that circumstances where your child sits the WACE and produces an outstanding answer, your child's work can be published by SCSA for other students to use as a model answer.

Careers Information    YES          NO   

You agree that SCSA is permitted to release your postal details so that career information can be directly sent to your home address by Universities, TAFE, SCSA and other agencies.

By signing this consent form, I am giving the school authority to act **AS I HAVE INDICATED ABOVE**.

Name of Parent/Guardian:    Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_    Please indicate relationship to the student (e.g. parent/guardian): \_\_\_\_\_

Name of student: \_\_\_\_\_    Year: \_\_\_\_\_

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## Connect Registration for Parents

Dear Parents/Guardians,

The Department of Education provides secure online access for parents or responsible persons such as guardians to teaching and learning information about their children via Connect.

By signing up for the service, a parent or guardian understands and accepts the attached Conditions of Use.

Please read this form carefully, complete the following details and return both pages to Leeming SHS.

Once this information is confirmed in the system and you have been processed to access Connect you will be provided with a user name and a password as well as details on how to access the service.

Yours sincerely,

Brendon Wallwork  
Principal  
Leeming Senior High School

### Student Details

### Office Use Only

Student First Name:	
Student Last Name:	
Teacher Name:	
Class Code	Optional information to be completed by School
<b>Parent Details</b>	
Parent First Name:	
Parent Last Name:	

Provisioning Status	
Registered	
P-Number	
Associated	
Connect Validation	
Email sent	
Password	

Email: Please print your full email address clearly in the boxes below (including and full stops) and check that it is correct. Any errors in your email address will result in delays in setting up your access to Connect.




## Connect Conditions of Use for Parents

1. Only parents or responsible persons as defined in the *School Education Act 1999* and verified by the school will be given access to Connect.
2. The person signing up for the service understands his/her responsibility for keeping the service access details (username and password) confidential.
3. The Department of Education does not accept responsibility for any event arising from unauthorised access or use of Connect.
4. Parents agree to use Connect in accordance with Department of Education's policies regarding Appropriate Use of Online Services. These policies can be accessed from the Connect Sign In screen. Parents are required to accept that they have read and understood these policies before access to Connect is provided.

### Limits of the Service

Connect is an initiative by the Department of Education to improve communication between schools and parents/guardians on matters impacting student education. It is an optional communication channel and the Department of Education does not undertake to provide all student-related information via Connect. The Department of Education is providing Connect as a trial and reserves the right to modify or withdraw the service at any time.

### When using Connect, I agree that:

1. The information contained in Connect is personal and private information.
2. The parent username and password is only shared between the child's legal parents or guardians.
3. I will not interfere with network security, the data of another user, or attempt to log into the network with a user name and/or password of another user.
4. If I become aware of unauthorised access to my parent account I will immediately inform the school.
5. I consent to the logging, monitoring, auditing and disclosure of my use of Connect.
6. Any breach of these conditions for which I am responsible will result in my access to Connect being suspended or revoked.
7. I agree to use Connect in accordance with Department of Education's policies regarding Appropriate Use of Online Services. These policies can be accessed from the Connect Login screen.

Parent Signature: .....

Date: ...../...../20.....

**Please return this form to the school in order to receive login information for Connect**



## Learning Technologies Acceptable Usage Agreement Years 7-12

If you use the online services of the Department of Education you must agree to the following rules:

- I have read and agree to abide by the Leeming SHS Network & Bring Your Own Device Policy which is located on the school website under Policies.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others. Nor will I post photos, videos etc. without the person's permission.
- I will not give anyone my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will not use or distribute material from another source unless authorised to do so by the copyright owner.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity, to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

I understand that:

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences dictated in Schools policy; and
- I may be held legally liable for offences committed using online services.

I agree to abide by the Leeming SHS Learning Technologies Acceptable Usage Agreement for school students.

I understand that if I am given online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* Policy.

**Name of student:** \_\_\_\_\_ **Year group** 7 8 9 10 11 12

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**I will be participating in the Leeming SHS BYOD programme** Y N

Office use only: Date processed: / /

Processed by (initials):

## Permission for students to have an online services account

The Department of Education's online services currently provide:

- individual email accounts for all students and staff;
- access to the internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school.
- access to the online teaching and learning services such as web-conferencing, digital resources and online learning activities;
- access to online file storage and sharing services; and
- access to Portal services from home if the home computer is connected to the Internet.

If you agree to your son or daughter making use of these online services, please complete the permission slip attached to this letter. You will also need to ensure that your son or daughter reads or understands the acceptable usage agreement, also attached to this letter, before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure.

You should also be aware that general Internet browsing by your child from home or locations other than school is **not** monitored or filtered by the Department since it is not conducted via the Department's online services and that you are responsible for supervision of your child's use of the internet from home.

### Parents / responsible persons

Do you give permission for your child to have an online services account? **Yes / No (circle one)**

I agree to and understand the responsibilities my child has in using the online services provided at school for educational purposes in accordance with the acceptable usage agreement for school students. I also understand that if my child breaks any of the rules in the agreement, that the principal may take disciplinary action as provided in policies of the school or the Department of Education.

Name of parent or responsible person: \_\_\_\_\_

Signature of parent or responsible person: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Note: while every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter Internet content accessed by your child from home or from other locations away from school. The Department recommends the use of appropriate Internet filtering software.



## ENROLMENT AGREEMENT

### Signature of Parent/Guardian and Student

#### I understand and agree:

- The completion of the enrolment process indicates **acceptance and adherence** to the school policies including daily wearing of the school uniform. Before signing this enrolment please visit the school website [www.leeming.wa.edu.au](http://www.leeming.wa.edu.au) and read all of the school policies, eg School Policy and Procedures, Electronic Device Policy, IT Agreement etc.
- Inappropriate use of the internet will result in access being denied to the school computer system.
- I understand that if the school determines that an ambulance is required for my child, the **cost will be my responsibility.**
- I am aware that it is the Department of Education's policy that any personal property belonging to the students, parents or visitors which has been lost or stolen is not covered by the Department of Education's Insurance.
- To give the school two weeks' notice, in writing, in the event that my child will be leaving Leeming SHS. My child will complete a clearance form prior to exiting the school.
- All school fees to be up-to-date and cleared prior to students exiting the school.

I declare that I have read and agreed to abide by all of the school's policies (as outlined on the school website) and conditions of enrolment.

**Name of Parent/Guardian:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

## OCCUPATION GROUP

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form. Please select the appropriate parental occupation group from the list provided. \*If you are not currently in **paid** work, but have had a job in the last 12 Months, or have returned in the last 12 months, please use the person's last occupation. \*If the person has not been in paid work in the last 12 months, enter '8' in the box.

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sports persons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation.  <b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.  <b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.  <b>Specialist manager</b> [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].  <b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].  <b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].  <b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author].                      media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].  <b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.  <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.  <b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].  <b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.  <b>Clerks</b> [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].  <b>Skilled office, sales and service staff</b>  <b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].  <b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].  <b>Service</b> [aged/disabled/refugee/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b>  <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].  <b>Office assistants, sales assistants and other assistants</b>  <b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].  <b>Sales</b> [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].  <b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].  <b>Labourers and related workers</b>  <b>Defence Forces</b> ranks below senior NCO not included in other groups.  <b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].  <b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

**These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories**

**\*IMPORTANT INFORMATION NEEDS TO BE COMPLETED FOR ENROLMENT TO PROCEED.**

**CHECK LIST  
DOCUMENTS TO BE PROVIDED**

Please place **X** in  to indicate each document is attached to this application form.

- |    |  |                          |
|----|--|--------------------------|
| 1. | Birth Certificate or extract or other identity documents if applicable.        | <input type="checkbox"/> |
| 2. | Immunisation Records.  | <input type="checkbox"/> |
| 3. | Copies of Family Court or any other court orders (if applicable).              | <input type="checkbox"/> |
| 4. | Proof of address, copy of bills, statements, lease agreements etc.             | <input type="checkbox"/> |
| 5. | Information relating to suspensions or exclusions.                             | <input type="checkbox"/> |
| 6. | Copy of last 2 school reports (most recent)                                    | <input type="checkbox"/> |
| 7. | Copy of last NAPLAN results (most recent)                                      | <input type="checkbox"/> |
| 8. | Information relating to any disability/learning difficulties/medical condition | <input type="checkbox"/> |

If your child was not born in Australia, you must provide evidence of:

- |    |  |                          |
|----|--|--------------------------|
| 1. | Date of Entry into Australia                                     | <input type="checkbox"/> |
| 2. | Passport or travel documents                                     | <input type="checkbox"/> |
| 3. | Current visa subclass and previous visa subclass (if applicable) | <input type="checkbox"/> |

If your child is a temporary visa holder, you must also provide:

- Confirmation of enrolment or evidence of any permission to transfer provided by Education and Training International (ETI) at [study.tiwa@dtwd.wa.gov.au](mailto:study.tiwa@dtwd.wa.gov.au) (if holding an International full fee student visa, sub class 571); or
- Evidence of the visa for which the student has applied if the student holds a bridging visa.

**OFFICE USE ONLY**

ENROLMENT ACCEPTED: YES <input type="checkbox"/>		NO <input type="checkbox"/>		START DATE: _____ YEAR _____	
NAME AND SIGNATURE OF ENROLLING OFFICER: _____					
STUDENT NUMBER FROM REPORTS: _____					
Copy of Birth Certificate or Visa Provided:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Copy of Last 2 School Reports Provided:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Copy of Last NAPLAN Results Provided	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Evidence of Current Address Provided:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Transfer Note Produced and Sent:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	