



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

Enrolling into: 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
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 Student: 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? YES/NO
Surname:	If No, please specify language:	

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
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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
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Email – (This is important as all correspondence will be sent to your e-mail address). Please write clearly.	What is your occupation group? (See Parent Occupation Group on back page)	(Write 1, 2, 3, 4 or 8)
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FAMILY MAIL MARKER (please tick) This is where all school correspondence/fees will be sent to.
 Parent/Guardian 1 Parent/Guardian 2 Other

*

PARENT/GUARDIAN - 2 DETAILS – Second Contact

Parent/Guardian 2 – Relationship to Student: 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? YES/NO
First Name:			
Surname:	If No, please specify language:		
As a parent do you have a specific requirement for giving/receiving information from the school eg disability such as deafness/physical mobility. Details: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Address			
			Post Code:
Home Phone	Work Phone Number Occupation/Work Location	What is the highest level of schooling you have completed? (Please circle)	Y9 Y10 Y11 Y12
* Email – (This is important as all correspondence will be sent to your e-mail address). Please write clearly.		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 1ST 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: _____
Visa Grant Number: _____	Country of Birth: _____
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"/>

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

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 complete health care information.

*

Medicare Number Your child's number on the card

Expiry Date: _____

Do you have a Centrelink Health Care Card? YES NO Expiry Date: ____/____/20____

Parent 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

Your permission is sought for Leeming SHS to publish video or photographic images of your child and/or samples of your child's school work to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, 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 school newsletters, emails, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers 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 your child or child's work, however there will be occasions when your child's name, year group and school may be published along with images.

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 [Students Online in Public Schools 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 [Students Online in Public Schools 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.

I agree to the videoing or photographing of my child and my child's school work during school activities for use by the school and the Department of Education in the ways stated above.

IMPORTANT: I understand that while the school and the 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 the school or Department in writing; however this will not affect materials that have already been published and disseminated. By signing this consent form, I am giving the school authority to act **AS I HAVE INDICATED ABOVE**.

Name of student: _____ Form/House: _____

Signature of student: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Name of parent/guardian (please circle): _____

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

Connect Registration for Parents

Dear Parents/Guardian,

As part of our teaching and learning program, Leeming Senior High School will provide you with an account for Connect. Connect is a secure online environment that has been developed by the Department of Education Western Australia and provides parents with a way to engage with their child's learning easily and safely online.

Please let the school know if you are already using Connect and would like your child/ren to be added to your existing login.

I am already using Connect and would like my child/ren to be added to my Connect account.

OR

Please provide the details of the student and guardian/s who you would like to register for Connect in the form below.

Student Details

Student First Name: _____

Student Last Name: _____

Year Level: _____ Form Class: _____

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

Parent/Guardian (1) Details

Parent First Name: _____

Parent Last Name: _____

Email:

Parent/Guardian (2) Details

Parent First Name: _____

Parent Last Name: _____

Email:

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

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. Any person/s 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.

Limits of the Service

The Department of Education provides Connect as an online service for teachers, students, parents and Department staff. Connect is a communication channel that schools may use to communicate with parents/guardians on matters impacting student education. The Department of Education does not undertake to provide all student-related information via Connect.

When using Connect, I agree that:

1. The information contained in Connect is personal and private information.
2. 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.
3. If I become aware of unauthorised access to my parent account I will immediately inform the school.
4. I consent to the logging, monitoring, auditing and disclosure of my use of Connect.
5. Any breach of these conditions for which I am responsible will result in my access to Connect being suspended or revoked.

Parent Name: _____

Parent Signature: _____ Date: _____

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

Learning Technologies Acceptable Use Agreement Years 7-12

I agree to follow the rules set out below when I use the Department- provided online services:

- I will only use online services for purposes which support my learning and educational research.
- I understand that I am responsible for all activity in my online services account.
- I will check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I understand the school and the Department of Education can monitor my use of online services.
- 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 material, or content that is offensive, intimidating or encourages dangerous or illegal activity.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate other or access or send inappropriate materials including software that may damage computer, data or networks.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will get permission from the copyright owner of any material used in my school work before I reuse it in a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will use appropriate language in all internet communications.
- I will not try to access internet sites that have been blocked by the school or the Department of Education.
- 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 disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* policy; and
- I may be held liable for offences committed using online services.

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

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

Signature of student: _____ **Date:** ____/____/20____

Signature of parent: _____ **Date:** ____/____/20____

I will be participating in the Leeming SHS BYOD programme Yes / No **(Circle One)**

Office use only: Date processed: / / Processed by (initials):

Permission for students to have an Online Services Account

Our School provides access to Department of Education online services. These enhance the contemporary learning opportunities available to students and the range of teaching tools available to staff to deliver the Western Australian Curriculum.

Leeming Senior High School seeks approval for your child to be given access to these online services.

The Department's online services current provide students with access to:

- individual email and calendar accounts;
- the internet, with all reasonable care taken by central office and schools to monitor and control students' access to web sites while at school.
- online teaching and learning services such as Connect, web-conferencing and digital resources;
- online file storage and sharing services; and
- these online services at locations other than school.

If you agree to your child using these online services, please sign the Acceptable Use Agreement form and complete the permission slip below. Please explain the content of the *Acceptable Use Agreement* to your child before the permission slip is signed.

Both forms should be returned to school so that an online services account can be created for your child.

Parents / responsible persons

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

I understand and agree that my child has responsibilities when 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 in accordance with the *Department's Student Behaviour Policy and Procedures*.

Name of parent or responsible person: _____

Signature of parent or responsible person: _____ Date: ____/____/20____

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

Be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and internet access records are discoverable in the event of legal action and are subject to provisions of the *Freedom of Information Act 1992*. (www.foi.wa.gov.au)

You should also be aware that general internet browsing not conducted via the Department's network is not monitored or filtered by the Department. The Department encourages close family supervision of all internet use by children in locations other than school, and strongly recommends the use of appropriate internet filtering software. Advice on managing internet use at home can be found on the Office of the E-Safety Commissioner website. (www.esafety.gov.au/iparent).

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 and read all of the school policies, eg. School Policy and Procedures, Electronic Device Policy, etc. <http://www.leeming.wa.edu.au/our-school/about-us/policies/>
- 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>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation. Public service manager (section head or above), regional director, health/education/police/ fire services administrator. Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director]. Defence Forces Commissioned Officer. Professionals 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. Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]. Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business. Specialist manager [finance/engineering/production/ personnel/ industrial relations/ sales/marketing]. Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]. Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]. Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]. Associate professionals generally have diploma/technical qualifications and support managers and professionals. Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional. Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]. Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group. Clerks [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]. Skilled office, sales and service staff Office [secretary, personal assistant, desktop publishing operator, switchboard operator]. Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]. Service [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>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]. Office assistants, sales assistants and other assistants Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]. Sales [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]. Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]. Labourers and related workers Defence Forces ranks below senior NCO not included in other groups. Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]. Other worker [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
(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"/>
Immunisation	YES	<input type="checkbox"/>	NO <input type="checkbox"/>