



**WOODVALE
SECONDARY COLLEGE**

APPLICATION FOR ENROLMENT FORM

Filling in this form does not entitle this student to attend Woodvale Secondary College. This document becomes an enrolment form when the student is offered a place at Woodvale Secondary College.

Last Name/s: _____

First Name/s: _____

OFFICE USE ONLY:	Date received: _____	Year Level: _____
Initials: _____	Specialist Program: _____	
<u>Extra document/s received:</u> YES		
Copy of documents relating to Diagnosed Medical/Disability given to Student Services.		
Date: _____	Initial: _____	
Student resides within local intake area:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In Area Rental expiry: _____	Owner: YES <input type="checkbox"/>	NO <input type="checkbox"/>
OOA distance: _____	Sibling at WSC: YES <input type="checkbox"/>	NO <input type="checkbox"/>
SIS: Entered - _____	Checked - _____	

Please submit your completed enrolment form to:

Woodvale Secondary College: 110 Woodvale Drive Woodvale WA 6026

Contact Phone: 9309 0808



WOODVALE
SECONDARY COLLEGE

Enrolment Policy

(For enrolment in a Western Australian School)

Thank you for choosing Woodvale Secondary College as your preferred secondary school for your child.

Students are enrolled at Woodvale Secondary College according to the Department of Education Enrolment Policy and Procedures. Enrolment decisions in public schools are made according to criteria based on age, residential location, visa status and educational needs.

Since its inception in 1985, Woodvale Secondary College has established itself as a school of choice in the northern suburbs. As such, student enrolments will be based upon the following schedule, and students will be placed into appropriate cohorts according to student age.

Enrolment Procedure

1. Complete and submit an Enrolment form to the College with all relevant documents. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/Guardian details section of this form. Please place an **X** in the provided.
2. Upon receipt of the application, it will be assessed using the local intake area procedures of the Department of Education and notification will be provided in writing of the outcome of the enrolment. Unsuccessful applicants will be notified in a timely manner (*usually within three days*). If the enrolment is declined a letter will be sent to the applicant, indicating the reason/s for it being declined and information about the process to dispute the decision including a Request for Review of Application for Enrolment Decision Form.
3. Enrolment applications under consideration for the current school year or enrolments for the following school year in cohorts other than Year 7 will be scheduled an interview with an Associate Principal.
4. During the interview the student's start date and timetable will be discussed and agreed upon, taking into account time to obtain a uniform, and various other school supplies necessary.
5. The student profile will be created on the Woodvale Secondary College information system and a timetable generated for the student. The student's previous school will be notified of a change in enrolment via a Transfer Notification.
6. Relevant and appropriate staff will be notified of the enrolment and on the student's first day a teacher or student leader will meet the student and provide an orientation to the college.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/Guardian/Caregiver.

Voluntary contributions and charges invoices and statements will be sent to **one** parent/guardian. Please indicate on the form the parent/guardian responsible for voluntary contributions and charges.

According to the Department of Education's Enrolment Policy, the College reserves the right to cancel an enrolment should any of the information supplied be false, misleading or out of date.

It is very important that information is accurately entered on this form. Missing or incorrect information can lead to confusion or incorrect individuals being contacted in emergencies.

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

Assistance with completing this form

If you require assistance completing this form, including translation services, please contact your school.

Department of Education Enrolment Policy and Procedures:

<http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/enrolment-in-public-schools-policy-and-procedures.en?cat-id=3457117>



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While it is not a legal requirement to provide all of the details requested in the Enrolment Form, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements.
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

Document Checklist

When you enrol your child at Woodvale Secondary College, please provide photocopies of the following documentation:

- Birth Certificate (original must be sighted and a photocopy provided)
- Identity Documents (visa, citizenship, etc. if applicable)
- Immunisation statement (AIR – found on my.gov.au)
- Court order (if applicable)
- Proof of address – Current rates notice or lease agreement (original must be sighted and photocopy provided)

PLUS

- Copies of TWO utility bills – water, gas and/or electricity
- Latest TWO school reports

If your child was **not** born in Australia, you **must** also provide an original and photocopy of:

- Evidence of the date of entry into Australia;
- Passport or travel documents with date of entry into Australia; and
- Current visa and previous visas (if applicable) **OR**
- Citizenship Certificate.

In addition, if your child is **currently** a temporary visa holder you **must** provide:

- Confirmation of enrolment or evidence of permission to transfer provided by Education International (if holding an international full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

Once the enrolment is successful, these forms **must** be completed and returned:

- Enrolment Form
- Notebook Loan Agreement

Section 1: Student Details

I/We declare that the information provided is true, complete and correct

Name of person enrolling student:			
Relationship to student:			
Signature:		Today's Date:	
Enrolment Year Level	Year Level: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Surname			
Legal surname on birth certificate: <i>(if different from above)</i>			
Previous surname: <i>(if applicable)</i>			
1 st name: <i>(given name)</i>			
2 nd name: <i>(given name)</i>			
3 rd name: <i>(if applicable)</i>			
Preferred name:			
Date of Birth:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex		
Residential address:	Street:		
	Suburb/town:		Postcode:
Home Telephone:		Student Mobile: <i>(if applicable)</i>	
Does the student have any siblings (brothers or sisters) at Woodvale Secondary College	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sibling's name:		Date of Birth:
			DD/MM/YY
			DD/MM/YY
Is this student subject to any court orders 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 subject to Access Restriction?	<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 Child Protection and Family Services (CPFS) Chief Executive Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If YES, please specify the CPFS Case Manager, their CPFS District and their contact telephone number.</i>		
What school did the student previously attend? <i>(If previously enrolled in Home Education, please specify Education Region)</i>			
Reason for leaving			

Section 2: Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Occupation:		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for parenting	<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
Responsible for payment of Contributions and Charges Invoices will only be issued to one Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workplace:		
Workplace telephone:		
Mobile:		
Other telephone:		
Email:		
Postal address: Street		
Suburb/town		
Postcode		
Parent Signature:		

Section 3: Parent/Guardian Background Information

	Parent/Guardian 1	Parent/Guardian 2
Does the parent/guardian 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	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify
What is the highest year of primary or secondary school the parent/guardian has completed? <i>For persons who have never attended school, mark Year 9 or equivalent or below</i>	<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 is the highest qualification the parent/guardian has completed?	<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

Section 3 cont.. Parent/Guardian Background Information

	Parent/Guardian 1	Parent/Guardian 2
<p>What is the occupation group of the parent/guardian? 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></p> <p>The Australian Government requires additional information to be collected by schools as a condition for receiving Commonwealth funds directed to education. The purpose of collecting the additional information is to monitor the extent to which the education systems across Australia are providing appropriate education for all students regardless of background. These categories are determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.</p>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i>
	<input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i>	<input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i>
	<input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales and service staff</i>	<input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales and service staff</i>
	<input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers and related workers</i>	<input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers and related workers</i>
	<input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i>	<input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i>

Section 4: Additional Contacts

*For an emergency where the parent/guardian/carer cannot be contacted, please provide additional contacts below. For independent students this is the 1st point of contact in an emergency.

	Contact	Contact
Title: (Mr/Ms/Mrs/Miss)		
First name:		
Surname:		
Relationship to student: (e.g. grandmother, aunt)		
Telephone 1:		
Telephone 2:		

Section 5: Order of Emergency Contacts

Please list below the order of parent/guardian or contact to be called in case of emergency.

<p>Indicate by placing a number in the box (1, 2, 3) the order in which the following people should be contacted in an emergency.</p> <p>Telephone number MUST be specified for the preferred emergency contacts.</p>	<input type="checkbox"/> Parent/Guardian Name: Phone:	<input type="checkbox"/> Parent/Guardian Name: Phone:	<input type="checkbox"/> Other Contact Name: Phone:
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Section 6: Student Details – Additional Information

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – <i>please specify</i> _____
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
Is the student an Australian Citizen?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other – <i>please specify</i> _____
Is the student a permanent or temporary resident? Attach copy of Visa	
<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?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – <i>please specify</i> _____
Has the student ever been excluded from another school? If YES, please name school: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student in receipt of an allowance?	<input type="checkbox"/> Secondary Assistance <input type="checkbox"/> Abstudy
Does the student have a Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SWIMMING ABILITY AND QUALIFICATIONS	
<i>This is an OPEN aquatic environment, e.g. ocean or river, according to the following definitions (please choose one option)</i>	
POOR	Cannot swim in deep water, needs one on one supervision
FAIR	Can stay afloat in deep water but needs close supervision
SATISFACTORY	Confident in deep water, can comfortably swim 25 metres in choppy water, needs supervision
GOOD	Very confident in deep water, can comfortably swim 50 metres in choppy water, has at least Stage 9, needs less supervision
EXCELLENT	As for GOOD above, but able to take on a leadership role in some situations

STUDY OF A LANGUAGE

Woodvale Secondary College applies the Western Australian curriculum. A requirement of that curriculum is that all students will study a foreign language in Years 7 and 8. Further study can continue into Year 9 and above, as an elective choice.

Language/s learnt in primary school: _____

Years of language learning: _____

Have you lived in Japan? YES NO China? YES NO

Preferred language for Year 7 and 8 (**please tick**) **Japanese** **Chinese**

(Where possible, effort will be made to accommodate language preference)

Section 7: Student Health Care Summary

Evidence of AIR Immunisation History Statement provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medicare No:	_____ Valid to: ____ / _____	
Health Care Card No: <i>(if applicable)</i>	_____ - _____ - _____ Expiry Date: ____ / ____ / _____	

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE or an alternative program, this includes the transfer of their health care information to the principal or manager of that program.

Parent/Guardian name: _____ Parent/Guardian signature: _____

Note: Where appropriate students should be encouraged to participate in their health care planning.

Permission to administer First Aid
(If there is a medical emergency parents/guardians are expected to meet the cost of the ambulance)

Does the student have a disability? YES NO

If YES, please complete the details below.

Copies of documentation are required for school records (please attach with this enrolment form).

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> ADHD | <input type="checkbox"/> Specific Learning Difficulty
(Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia) |
| <input type="checkbox"/> Global Developmental Delay (prior to age 6) | <input type="checkbox"/> Vision Impairment | |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Severe Mental Disorder | |
| <input type="checkbox"/> Mental Health Condition (Anxiety/Depression) | <input type="checkbox"/> Intellectual Disability | |
| <input type="checkbox"/> Deaf or Hard of hearing | <input type="checkbox"/> Other: _____ | |

Does the student have a medical condition? YES NO (If YES please complete details below)

Medical Condition	Details
<input type="checkbox"/> Asthma	Please complete Health form on page 9
<input type="checkbox"/> Minor and Moderate Allergies	Please complete Health form on page 10
<input type="checkbox"/> Severe Allergy/Anaphylaxis	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Diabetes	
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Physical Disability _____ Other conditions or needs: _____

If your child has a condition where an emergency may occur, please indicate whether you given consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff. YES NO

Does your child have a Medic Alert bracelet or pendant? YES (if yes, please provide details) NO

ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Section A – Asthma management

List known trigger(s): Dust Pollen Smoke Exercise Animal Fur Common Cold

Other: _____

Daily management planning (if required):

Section B - Management instructions in the event of an asthma attack

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4	EMERGENCY INSTRUCTIONS If little or no improvement occurs: a) Call an ambulance immediately (dial 000). b) Call parent/carer. c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.

Section C – Medication Instructions (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration Tick appropriate box	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>
	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>

Section D – Authority to Act.

This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent/Carer signature:

Date:

Medical Practitioner's name/practice:

Medical Practitioner's Signature:

Provider Number:

Date:

Review Date:

MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Section A – Student Health Care Planning

To be completed by parent/carer - (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. hay fever, hives, eczema).
Peanuts	<input type="checkbox"/>		
Tree Nuts	<input type="checkbox"/>		
Milk	<input type="checkbox"/>		
Eggs	<input type="checkbox"/>		
Soy Products	<input type="checkbox"/>		
Wheat Products	<input type="checkbox"/>		
Shellfish	<input type="checkbox"/>		
Fish	<input type="checkbox"/>		
Insect Stings or Bites (Please specify insect(s) if known)	<input type="checkbox"/>		
Medication (Please specify which medication(s) if known)	<input type="checkbox"/>		
Other/Unknown(Please specify food(s) if known)	<input type="checkbox"/>		

Section B - Daily Management

List strategies that would minimise the risk of exposure to known allergens.

Section C – Medication Instructions (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>
Tick appropriate box	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>
Storage instructions	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>
Tick appropriate box(es)	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

Section D - Emergency Response

As per ASCIA action plan attached (This must be completed by your child's medical practitioner). Go to the ASCIA website for Action Plans and further information: <https://www.allergy.org.au/health-professionals>

Section E – Authority to Act

This mild to moderate allergy management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer signature:	Medical Practitioner's name/practice:	Review Date:
Date:	Medical Practitioner's Signature:	
	Provider Number:	Date:

Section 8: Additional Information

Is your child currently enrolled in the School of Instrumental Music Program (IMSS)?

YES NO

Is your child enrolled in any extra-curricular activities they would like to continue?

YES NO

If YES, please specify.

EVACUATION PROCEDURE

Parents are advised that in the event of an emergency, or a practice evacuation, it may be necessary to move students outside the perimeter of the school, under the direct supervision of staff members.

CONNECT AND SEQTA

The Department of Education provides secure online access for parents/carers to information about their children via an online tool called *Connect*. Initial information provided will include attendance records, course marks records and broadcast notices from the College. The College provides parents/carers access to information about their children via an online tool called SEQTA.

Only parents or responsible persons as defined in the School Education Act 1999 and verified by the school will be given access to *Connect/SEQTA*. Parents agree to use *Connect/SEQTA* in accordance with the Department of Education's policies regarding Appropriate Use of Online Services. These policies can be accessed from the *Connect* sign-in screen.

The Department of Education does not accept responsibility for any event arising from unauthorised access or use of *Connect*.

ONLINE TOOLS

Woodvale Secondary College administrators and teachers make use of online educational resources and cloud-based storage for lessons and to support the administration of the College. In order for students to make use of offsite online resources, information related to them is supplied to the third party owner. Information that may be disclosed about your child includes: student name, gender, student id, age/date of birth, year group, school/class teacher, address and student email.

Many of the providers are currently being evaluated by the Department of Education on our behalf. Those considered high to medium risk will not be used by the College staff. Staff evaluations of these tools are also made before their use by students and parents. Parents have the option of advising the College that they do not provide consent for their child to access any or all of the listed providers.

For all school recommended online tools students are required to use their school email address only. The tool used by the College for excursion processing is an offsite online tool and is called Consent2Go. This contains student information including medical information and parent information. Student photos and videos are sometimes uploaded to our social medial tools.

PARENT PERMISSION

Please read carefully before signing

1. I declare that the information provided on this form is true and understand that if found to be false, the enrolment of my child at Woodvale Secondary College may be cancelled.
2. Media Consent. I give permission for my child's image and/or their work to be published to recognise excellence or effort and may appear in newspapers, on the Internet, 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.
3. I give permission for my child to be issued with a Public Transport Smartrider Card with photo attached.
4. Viewing Consent. I give permission for my child to watch videos/DVDs/television documentaries as part of their learning. Almost always these are 'G' rated and do not require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.
5. I am aware of and agree to abide by the College Dress Code Policy.
6. I agree to and understand the conditions for *Connect* and *SEQTA* use.
7. I understand that my child's personal information will be provided to third party providers for the purpose of improved school administration or teaching and learning programs and that this information may be stored outside of Australia. I have the option to refuse consent for certain providers.
8. I understand that from time to time the College conducts surveys on students' emotional and social wellbeing. Data from these anonymous surveys are used for school planning. I give consent for my child to participate in these school surveys.

Name of person enrolling student: _____

Signature: _____

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date:/...../.....

Have relevant health care plans been issued to the parent? Yes No Date:/...../.....

Has the Principal been informed if:

- Specific training is required to support the student? Yes No
- The student's health care information is to be restricted? Yes No

Date Student Health Care Summary completed and uploaded on SIS:/...../.....

Enrolment Officer Checklist

Birth Certificate	
Immunisations	
Current rates/lease and two utility bills	
On SIS	
Timetabled	
Email sent to all timetabled teachers, Year Co, Prog Co, Homeroom and teachers, SS, Library, Finance, IT Dept. Arrange for Year Co to meet student on start day	
Student file created Map and timetable ready for start day	
Consent2Go / email address updated in SIS / SEQTA / Connect	
Transfer note sent	