





The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>.

SCHOOL NAME		
School name	SWAN VIEW PRIMARY SCHOOL Year Level entering	
STUDENT DETAILS		
Student surname		
Legal sumame (if different)		
Previous Surname (if applicable)		
1st Name	2nd Name 3rd Name	
Preferred Name		
Date of birth (dd/mm/yy)	/ / Gender O Male O Female Other	
Residential Address		
	Postcode	
Telephone (Home)	Car Registration (if applicable)	
Student's Religion (if applicable)		
Is the student to be withdrawn from religious instruction or activities?   YES  NO		

STUDENT DETAILS (Continued)			
Is the student of Aboriginal or Torres Strait Islander origin?  No Yes, Aboriginal Yes, Torres Strait Islander (TSI) Yes, both Aboriginal and TSI			
Does the student speak a language other than English at home?			
○ No, English only ○ Yes, Aboriginal English ○ Yes, other language - please specify			
(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)			
What was the first language spoken at home?			
Does the student mainly speak English at home? YES NO			
EVIDENCE OF IMMUNISATION STATUS			
The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:			
Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer			
SIBLING DETAILS			
Full Name/s of siblings attending this school			
Student lives with:			
Both Parents			
Parent/Carer 1 Name Relationship to student			
Parent/Carer 2 Name Relationship to student			
Independent minor Name Relationship to student			
Adult Student Name Relationship to student			
Other, please specify Name Relationship to student			
DECIDENCY CTATUS			
RESIDENCY STATUS			
Nationality (optional) Country of Birth			
Is the student an Australian citizen?   YES  NO			
If No, Is the student a permanent resident of Australia?   NO YES - If Yes, Visa Sub Class Number			
Is the student a temporary resident of Australia?			
If Yes, Date of Arrival in Australia / Visa Sub Class Number			
Visa Expiry Date / / (if applicable)			

PREVIOUS SCHOOL	
Province Calcul	
Previous School	
If previously enrolled in Home Education, specify the Edu	cation Region
DISABILITY	
Does the student have a disability?	○ YES ○ NO
If Yes, please specify	
Please tick if you can provide documentation about (The	school will request copies of this information)
Autism	Physical Disability
Deaf or Hard of Hearing	Severe Mental Disorder
Global Developmental Delay (prior to age 6)	Specific Speech and/or Language Impairment
Intellectual Disability	Vision Impairment
Other, please specify	
CONFIDENTIAL INFORMATION	
Is this student subject to any court orders in respect of the	heir care, welfare and development or access restrictions?
○ YES ○ NO	
If YES, please specify and attach supporting documentation.	
Does the family or student have a Health Care Card?	○ YES ○ NO
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If Yes, please provide card number	Expiry Date / /
	ment of Communities - Child Protection and Family Support (CPFS)?  PFS Case Manager, their CPFS District and their contact phone number.
	rrs case manager, their crrs district and their contact phone number.
District	
Name	Contact Number
	0.00
Does the student receive any of the following allowances'	
Secondary Assistance Youth Allowance Assista	ance for Isolated Children (AIC) Abstudy

PARENT / CARER 1 DETAI	LS		
Title		First Name	
Surname			
Relationship to the student			
Date of birth (dd/mm/yy)	/ /	Gender Male Female Other	
Postal Address (if different from student			
residential address)		Postcode	
Telephone		Mobile Number	
Email Address			
All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.  Does Parent/Carer 1 speak a language other than English at home?			
○ NO, English only ○ YES	, other - please specify		
(If more than one language, inc	dicate the one that is spoken most o	ften)	
Year 12 or equivalent	school Parent/Carer 1 has comple	Year 11 or equivalent	
Year 10 or equivalent		Year 9 or equivalent or below	
(If you did not attend school, mark 'Year 9 or equivalent or below')			
_	est qualification Parent/Carer 1 h	•	
Bachelor degree or above	( tdd:Et-)	Advanced diploma/Diploma	
Certificate I to IV (including trade certificate)  No non-school qualification			
What is the occupation group for Parent/Carer 1? (Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)			
1. Senior Management in large business organisation, government administration & defence, and qualified professionals			
2. Other business managers, arts/media/sportspersons & associate professionals			
3. Tradesmen/women, clerks and skilled office, sales & service staff			
<ul> <li>4. Machine operators, hospitality staff, assistants, labourers and related workers</li> </ul>			
○ 8. Unemployed, Retired, Student			
(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 month, enter '8'.)			

PARENT / CARER 2 DETA	LS		
Title		First Name	
Surname			
Relationship to the student			
Date of birth (dd/mm/yy)	1 1	Gender Male Female Other	
Postal Address (if different from student residential address)		Postcode	
Telephone		Mobile Number	
Email Address			
All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.  Does Parent/Carer 2 speak a language other than English at home?			
NO, English only YES	, other - please specify		
(If more than one language, inc	dicate the one that is spoken most of	ften)	
What is the highest year of s	school Parent/Carer 2 has complet	ted?	
Year 12 or equivalent	chool Parent/Carer 2 has complet	Year 11 or equivalent	
Year 10 or equivalent		Year 9 or equivalent or below	
(If you did not attend school, mark 'Year 9 or equivalent or below')			
Bachelor degree or above	est qualification Parent/Carer 2 ha	as completed?  Advanced diploma/Diploma	
Certificate I to IV (including	(trade certificate)	No non-school qualification	
What is the occupation group for Parent/Carer 2? (Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)			
○ 1. Senior Management in large business organisation, government administration & defence, and qualified professionals			
2. Other business managers, arts/media/sportspersons & associate professionals			
3. Tradesmen/women, clerks and skilled office, sales & service staff			
4. Machine operators, hospitality staff, assistants, labourers and related workers			
8. Unemployed, Retired, Student			
(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 month, enter '8'.)			

## OTHER FAMILY DETAILS

### If applicable, please talk to your school about:

- · arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

### OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

OTHER CONTACT DETAILS	(People other than Parent/Carer 1	and Parent/Carer 2 who may be	contacted in an emergency.)
CONTACT 1:			
Title		First Name	
Surname			
Relationship to the student			
Postal Address (if different from student			
residential address)			Postcode
Telephone (Home)		Mobile Number	
Email Address			
CONTACT 2:			
		E-11	
Title		First Name	
Surname			
Relationship to the student			
Postal Address (if different from student			
residential address)			Postcode
Telephone (Home)		Mobile Number	
Email Address			

## Please tick to confirm: 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 providing the Department of Health with my child's immunisation status as requested. I declare: This is the only enrolment I have made for the student. I understand that I am required to notify the school as soon as any of the enrolment details for the student change. I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled. I have provided all documentation available to me. Name of person enrolling student Title First Name Surname Relationship to the student Signature Date (Independent minors and those aged 18 years or older may sign on their own behalf) If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school. APPROVAL OF PRINCIPAL OR DELEGATE ○ YES ○ NO Principal's approval Enrolment approved Date Signature

PRIVACY AND DECLARATION

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
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 captair/officer/pilot, flight officer, flying instructor, air traffic controller].	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]. or 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.	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/refuge/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor].	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, weterinary nurse, nursing assistant, museum/gallery attendant, usher, horne 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].

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# Swan View Primary School

380 Morrison Road, Swan View 6056 Tel: (08) 9257 0400 ABN 77 379 584 763

### PERMISSION FOR STUDENTS TO HAVE AN ONLINE SERVICE ACCOUNT

Student's First Name:	_Last Name:
Student Year:	-
Parent	
☐ I give permission for my child to have ☐ I DO NOT give permission for my child I understand and agree that my child has responded at school for educational purposes, Agreement for school students.  I also understand that if my child breaks any of the may take disciplinary action in accordance with the and Procedures.	It to have an online services account.  It is national to have an online services account.  It is national to have an online services account.  It is national to have an online services account.  It is national to have an online services account.
Name of Parent:	
Signature of Parent:	Date:
Note: While every reasonable effort is made by school student exposure to inappropriate online content while is not possible to completely eliminate the risk of sinternet content accessed by your child from home. The Department recommends the use of appropriate	en using the Department's Online Services, it uch exposure. The Department cannot filter or from other locations away from the school.

#### PERMISSION TO PHOTOGRAPH MY CHILD

Your permission is sought for the school 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, email, 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, class and school may be published along with images.

If you agree to this use of your child's image and school work please complete the consent below and return this whole permission form to the school. Once signed, the consent will remain effective until such time as you advise the school otherwise.

Mrs Margaret Dove		
Principal		
	PERMISSION (do not detach)	

I agree to the photographing or videoing 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 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.

Name of student:	_ Form / Class:
Signature of student:	Date:
Signature of parent:	_ Date:

Note: This consent form will be filed by the school and a copy provided to the parent on request.

### **CONNECT REGISTRATION FOR PARENTS**

As part of our teaching and learning program, *Swan View Primary 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. Please ensure you provide the same email and address details to us as you have to the other school/s.

us as you have to the other school/s.	
☐ I am already using Connect and would like my chill My Pnumber (if known) is	d/ren to be added to my Connect account.
OR	
Please provide the details of the student/s and guar Connect in the form below.	dians/s who you would like to register for
Student (1) Details Student First Name:	Last Name:
Year Level:	
Teal Level.	Form Class:
Student (2) Details Student First Name:	Last Name:
Year Level:	Form Class:
Student (2) Details	
Student (3) Details Student First Name:	Last Name:
Year Level:	Form Class:
Please print your full email address clearly in the boxe that it is correct. Any errors will result in delays	` ' '
Parent/Guardian (1) Details	
Parent First Name:FULL EMAIL ADDRESS	Last Name:
Domant Occording (2) Dataile	
Parent/Guardian (2) Details Parent First Name:	Last Name:
FULL EMAIL ADDRESS	