

# AVELEY SECONDARY COLLEGE

## ENROLMENT

### Year 7



#### STUDENT DETAILS

Surname \_\_\_\_\_ Address \_\_\_\_\_

Legal Surname \_\_\_\_\_

1st Name \_\_\_\_\_ Postcode \_\_\_\_\_

2nd Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Preferred Name \_\_\_\_\_ Student Mobile \_\_\_\_\_

Male [ ] Female [ ] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

#### ADDITIONAL INFORMATION

1. Is this student in the care of the Child Protection and Family Support's (CPFS) Director General? YES  NO   
 If YES, please specify the name of the CPFS Case Manager, their CPFS District and their phone number.  
 \_\_\_\_\_
2. Is this student subject to any court orders in respect of their care, welfare and development? YES  NO   
**If YES, please specify and attach supporting documentation.**  
 Is this student subject to Access Restriction? YES  NO   
**If YES, please attach supporting documentation.**
3. Religion \_\_\_\_\_
4. Out of College intake area YES  NO   
 Current school \_\_\_\_\_ Movement reason (if applicable) \_\_\_\_\_  
 If previously enrolled in Home Education, specify the Education District \_\_\_\_\_
5. Names of brothers and sisters attending this College  
 Name \_\_\_\_\_ Year \_\_\_\_\_ Name \_\_\_\_\_ Year \_\_\_\_\_
6. Is the student  
 Aboriginal YES  NO   
 Torres Strait Islander (TSI) YES  NO   
 Both Aboriginal and Torres Strait Islander YES  NO
7. Is the student's first language English? YES  NO  Please specify \_\_\_\_\_  
 Does the student mainly speak English at home? YES  NO   
 Does the student speak a language other than English at home? YES  NO  Please specify \_\_\_\_\_
8. In which country was the student born? Australia [ ] Other – please specify \_\_\_\_\_  
 Australian Citizenship/Permanent Resident YES  NO   
 Passport Sighted YES  NO  Passport No \_\_\_\_\_  
 Date Entered Australia \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa Grant No \_\_\_\_\_  
 Visa Sub-class No Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa Sub-class No \_\_\_\_\_  
 International Fee Paying (if known) YES  NO
9. In Receipt of Allowance Secondary Assistance  Youth Allowance   
 Assistance for Isolated Children (AIC)  Abstudy
10. Is the student part of an Instrumental Music Program? YES  NO  If yes, what instrument? \_\_\_\_\_

## PARENT/GUARDIAN/CAREGIVER DETAILS

Child mainly lives with: Parent/Guardian/Caregiver 1  Parent/Guardian/Caregiver 2  Both Parents   
Independent Minor

Is either Parent/Guardian/Caregiver a member of the Defence Force? YES  NO

Please rank the order in which the following people should be contacted in an emergency from 1-3  
Parent/Guardian/Caregiver 1  Parent/Guardian/Caregiver 2  Other contact

### Parent/Guardian/Caregiver 1 Details

Please indicate your relationship to the student

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Mailing Address (If different from student address)  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile No \_\_\_\_\_

Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

### Will you be responsible for paying contributions and charges?

YES  NO

Do you mainly speak English at home?

YES  NO

Do you speak a language other than English at home?

NO, English only

YES, other - please specify: \_\_\_\_\_

What is the highest year of secondary school you have completed? *(please circle)*

Year: 9 or below, 10, 11, 12 or equivalent

What is the level of highest qualification you have completed?

Bachelor degree or above

Advanced Diploma/Diploma

No non-school qualification

Certificate I to IV (including trade certificate)

What is your occupation group? **(see page 4)**

*(Write 1, 2, 3, 4 or 8) 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, please use your last occupation.*

*If you have not been in paid work in the last 12 months, enter '8' above.*

Occupation/Workplace \_\_\_\_\_

### Parent/Guardian/Caregiver 2 Details

Please indicate your relationship to the student

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Mailing Address (If different from student address)  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile No \_\_\_\_\_

Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

### Will you be responsible for paying contributions and charges?

YES  NO

Do you mainly speak English at home?

YES  NO

Do you speak a language other than English at home?

NO, English only

YES, other - please specify: \_\_\_\_\_

What is the highest year of secondary school you have completed? *(please circle)*

Year: 9 or below, 10, 11, 12 or equivalent

What is the level of highest qualification you have completed?

Bachelor degree or above

Advanced Diploma/Diploma

No non-school qualification

Certificate I to IV (including trade certificate)

What is your occupation group? **(see page 4)**

*(Write 1, 2, 3, 4 or 8) 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, please use your last occupation.*

*If you have not been in paid work in the last 12 months, enter '8' above.*

Occupation/Workplace \_\_\_\_\_

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.

## EMERGENCY CONTACT DETAILS

**Other Contact Details** (other than Parent/Guardian/Caregiver 1 or 2)

	Name	Mobile No.	Relationship to student
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration &amp; defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons 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><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]  <b>Defence Forces</b> Commissioned Officer  <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  <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.  <b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]  <b>Air/sea transport</b> [aircraft/ship's 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>Tradesperson</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</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. Hospitality staff</b> [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, 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.			

## STUDENT MEDICAL/HEALTH DETAILS

Medical Practice (Name & Address) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Permission to call doctor? YES  NO

Permission to Administer First Aid? YES  NO

Dental Practice (Name & Address) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have ambulance cover YES  NO  Ambulance Cover Insurance Provider \_\_\_\_\_

I agree to pay for an ambulance for my child if required in an emergency YES  NO   
(If there is a medical emergency parents/guardians are expected to meet the cost of the ambulance)

Medicare No \_\_\_\_\_ Expiry Date \_\_\_\_\_

Health Care Card No (if applicable) \_\_\_\_\_ Expiry Date \_\_\_\_\_

Does the student have a disability? YES  NO  If YES, please specify.

Disability \_\_\_\_\_

Please indicate where you have documentation about your child's disability in any of the following areas.  
**You are required to provide copies of this documentation for the school records.**

- |  |  |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder            | <input type="checkbox"/> Severe Mental Disorder                      |
| <input type="checkbox"/> Deaf or Hard of Hearing             | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment                           |
| <input type="checkbox"/> Intellectual Disability             | <input type="checkbox"/> Physical Disability                         |

Does the student have a diagnosed **medical condition** or **intensive health care need**? YES  NO   
If YES, please specify.

- |   |  |
|---|--|
| <input type="checkbox"/> Anaphylactic (Please Specify): _____ | <input type="checkbox"/> CAPD (Central Auditory Processing Disorder) |
| <input type="checkbox"/> Allergies (Please Specify): _____    | <input type="checkbox"/> ADD   |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> ADHD  |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Dyslexic                                    |
| <input type="checkbox"/> Coeliac                              | <input type="checkbox"/> Dysgraphia                                  |
| <input type="checkbox"/> Migraines                            | <input type="checkbox"/> Dyscalculia                                 |
| <input type="checkbox"/> Anxiety                              | <input type="checkbox"/> Depression                                  |
| <input type="checkbox"/> Other: _____                         |  |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Plan which will be sent to you once your child has commenced at Aveley Secondary College.

Please provide details here of any other information you would like noted (eg emergency procedures)

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## PARENT PERMISSIONS

At Aveley Secondary College 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.

**Please read carefully before signing. Please indicate if there are any statements you wish to discuss with the Associate Principal.**

1. I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of these images or samples of work of my child in ways including, but not limited to, public web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper. I will notify the school if I decide to withdraw this consent.
2. I acknowledge there may be occasions where students are recorded, including lessons recorded for staff professional development and areas that have CCTV for safety and security.
3. Permission is granted for student details and photograph to be released to the Public Transport Authority for the purposes of issuing a Student Smartrider card.
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. There may be occasions when students, as a part of their learning program, will undertake local excursions, (e.g. excursions in walking distance under the supervision of a teacher) to attend other schools, facilities or shops. On these occasions parents will be notified of any excursion or local excursion activities and consent obtained.

Please note – student access to the neighbouring Ellenbrook District Open Space playing fields will not be considered as an excursion. We anticipate that our students may regularly use these spaces, especially sporting teams.

6. I have read and understood the Dress Code, Online Services Policy, School Mobile Phone Policy, and Permission to Publish Images Policy (located on the College website).

**I acknowledge and consent to the above statements.**

Parent/Caregiver: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## SIGNATURES

I/We declare the information provided is true, complete, and correct and understand that if found to be false the enrolment of my child at Aveley Secondary College may be cancelled.

Parent/Caregiver \_\_\_\_\_ Student \_\_\_\_\_