



## WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the *Student Enrolment Form* and return it to the school for confirmation of this student's enrolment. 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/Responsible Person details section of this form.

Please place an X in  provided.

When you enrol your child at this school, please check that you have the following:

- |                                    |                          |
|------------------------------------|--------------------------|
| Birth certificate                  | <input type="checkbox"/> |
| Identity documents (if applicable) | <input type="checkbox"/> |
| Immunisation certificate           | <input type="checkbox"/> |
| Court order (if applicable)        | <input type="checkbox"/> |
| Proof of address                   | <input type="checkbox"/> |

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

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

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

- Confirmation of enrolment or evidence of permission to transfer provided by Education and Training 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).

### Information to be provided

**Where an item is marked with an asterisk (\*) the information must be provided.**

This information is required by the Western Australian Department of Education to meet legal obligations. All other information is needed to meet the purposes outlined below.

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. For a student with a disability who has significant and complex support needs the Principal will negotiate to delay the first day of attendance with the parent/carer if the necessary teaching and learning adjustments are not currently available at the school;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet state and national reporting requirements.

**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/responsible person.**

### Security and Confidentiality

The information provided in *Enrolment Form* 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.

# YULE BROOK COLLEGE

One Student at a Time



## ENROLMENT FORM (CONFIDENTIAL)

Address: 61 Dellar Road Maddington 6109  
Phone: (08) 9251 8333  
Email: yulebrook.college@education.wa.edu.au  
Web: www.yulebrookcollege.wa.edu.au

### STUDENT DETAILS

\*SURNAME \_\_\_\_\_ \*Date of birth \_\_\_\_\_ \*No. & STREET \_\_\_\_\_  
\*Legal surname \_\_\_\_\_ / / \_\_\_\_\_ \*SUBURB \_\_\_\_\_  
\*FIRST NAME \_\_\_\_\_ \*POSTCODE \_\_\_\_\_  
\*SECOND NAME \_\_\_\_\_  Male \*PHONE \_\_\_\_\_  
Preferred name \_\_\_\_\_  Female STUDENT \_\_\_\_\_  
\*Email address (if applicable) \_\_\_\_\_ MOBILE: \_\_\_\_\_  
Academic year: \_\_\_\_\_

Child lives with:

Both parents  Neither parent  Parent 1  Parent 2

Is this student subject to access restriction? YES  NO

If YES, please attach supporting documentation.

### PARENT/RESPONSIBLE PERSON 1 DETAILS

TITLE \_\_\_\_\_ \*FIRST NAME: \_\_\_\_\_ \*SURNAME: \_\_\_\_\_  
Relationship to student \_\_\_\_\_ *Eg: stepmother, father's partner, aunt, grandmother*  
\*POSTAL ADDRESS (if different from student's residential address): \_\_\_\_\_  
\*EMAIL: \_\_\_\_\_  
\*HOME PHONE: \_\_\_\_\_ \*MOBILE: \_\_\_\_\_  
\*WORK PHONE: \_\_\_\_\_ Occupation/workplace: \_\_\_\_\_  
\*BIRTH COUNTRY: \_\_\_\_\_ Do you mainly speak English at home? YES  NO   
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)  
NO, English only  YES, other – please specify \_\_\_\_\_

### PARENT/RESPONSIBLE PERSON 2 DETAILS

TITLE: \_\_\_\_\_ \*FIRST NAME: \_\_\_\_\_ \*SURNAME: \_\_\_\_\_  
Relationship to student \_\_\_\_\_ *Eg: stepmother, father's partner, aunt, grandmother*  
\*POSTAL ADDRESS (if different from student's residential address): \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
\*HOME PHONE: \_\_\_\_\_ \*MOBILE: \_\_\_\_\_  
\*WORK PHONE: \_\_\_\_\_ Occupation/workplace: \_\_\_\_\_  
\*BIRTH COUNTRY: \_\_\_\_\_ Do you mainly speak English at home? YES  NO   
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)  
NO, English only  YES, other – please specify \_\_\_\_\_

**PARENT/CARER – ADDITIONAL INFORMATION** see back page for group types

What is the highest year of primary or secondary school you have completed?

	<u>PG1</u>	<u>PG2</u>
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

*(If you did not attend school, mark "Year 9 or equivalent or below")*

What is the level of the highest qualification you have completed?

	<u>PG1</u>	<u>PG2</u>
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced diploma/diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (incl trade)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

What is your occupation group? **PG1** \_\_\_\_\_ **PG2** \_\_\_\_\_ *(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.*

**SIBLINGS**

Names of brothers and sisters attending/have attended Yule Brook College:

\_\_\_\_\_ in Year \_\_\_\_\_  
\_\_\_\_\_ in Year \_\_\_\_\_

**OTHER CONTACT(S) DETAILS**

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal address: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOBILE: \_\_\_\_\_ Email address: \_\_\_\_\_

Please advise the college if there are any other contacts you would like recorded.

**ADDITIONAL INFORMATION**

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Student's first language: \_\_\_\_\_

Does the student mainly speak English at home?  YES  NO

Does the student speak a language other than English at home? NO, English only

*(If more than one language, indicate the one that is spoken most often)* YES, other – please specify \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin?

NO  YES, Aboriginal  YES, Torres Strait Islander

*For students of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes*

Out of school intake area YES  NO  \*Access restriction YES  NO

\*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 in the care of the Department for Child Protection and Family Support (CPFS) Chief Executive Officer?

YES  NO  If YES, please specify the name of the CPFS case manager, their CPFS District and their contact phone number  
\_\_\_\_\_

\*Citizenship Australian  Other – please specify \_\_\_\_\_

\*Permanent resident YES  NO  \*Temporary Resident YES  NO

\*Visa sub class number \_\_\_\_\_ \*Visa sub class number \_\_\_\_\_

\*Visa expiry date: \_\_\_\_\_ \*Visa expiry date \_\_\_\_\_

\*Date entered Australia \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Date entered Australia \_\_\_\_/\_\_\_\_/\_\_\_\_

In Receipt of allowance: Secondary assistance  Youth allowance   
 Assistance for isolated children (AIC)  Abstudy

Birth certificate seen YES  NO  Date sighted \_\_\_\_/\_\_\_\_/\_\_\_\_

In which country was the student born?  Australia  
 Other – please specify \_\_\_\_\_

\*Previous school \_\_\_\_\_ or  
 \*If previously enrolled in home education, specify the education district: \_\_\_\_\_

Movement reason (if applicable) \_\_\_\_\_

**PERMISSION TO RELEASE STUDENT DETAILS TO PUBLIC TRANSPORT AUTHORITY FOR SMARTRIDER CARD**

I give permission for student details to be released to the PTA for the purposes of issuing a Student SmartRider card.  
 Parent/carer signature: \_\_\_\_\_

**PERMISSION TO USE PHOTOGRAPHS/VIDEO FOOTAGE/DIGITAL IMAGES OF STUDENTS**

The undersigned parent or carer (delete as applicable) hereby grants copyright to the Department of Education and Government of Western Australia and permission to use written and verbal quotes, photographs and digital images of my child in posters, publications, print and electronic media, banners, brochures, presentations, promotional materials and websites related to department and government programmes, initiative and campaigns.

Signed: \_\_\_\_\_ (parent/carer) Name: \_\_\_\_\_

**PERMISSION TO TRAVEL IN A PRIVATE CAR/YBC CAR**

The undersigned parent or carer (delete as applicable) hereby consents to my child \_\_\_\_\_  
 (full name of child) to travel in the private vehicle of a YBC staff member or the school car. Such vehicle will comply with the Department of Education's roadworthiness, licensing and insurance requirements and will have been sighted by the principal.

Signed: \_\_\_\_\_ (parent/carer) Name: \_\_\_\_\_

## ONLINE SERVICE ACCOUNT

Our school provides access to online services provided by the Department of Education. These increase the range of teaching tools available to staff and enhance the learning opportunities available to students.

The Department's online services currently provide:

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

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

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

You should 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.

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.

### Permission for students to have an online services account

#### Parents / responsible persons

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

I agree to and understand the responsibilities my child has 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:** \_\_\_\_\_

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

## ACCEPTABLE USAGE AGREEMENT

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

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others when online.
- I will not give anyone my logon password.
- I will not let others logon and / or use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts without permission from the teacher.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account without permission.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will obtain permission from the copyright owner of any materials inserted into my school work before I subsequently reuse it as a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online.

I understand that:

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

I agree to abide by the Acceptable Usage Agreement for school students.

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

**Name of student:** \_\_\_\_\_ **Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SPECIAL LEARNING NEEDS

\*Does the student have any special learning needs? YES  NO  If YES, please specify below.

\*Please indicate whether you have documentation about your child's disability in any of the following areas. **Copies of this documentation will be required for school records.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Autism spectrum disorder   | <input type="checkbox"/> Intellectual disability                        | <input type="checkbox"/> Vision impairment            |
| <input type="checkbox"/> Deaf or hard of hearing    | <input type="checkbox"/> Severe mental disorder                         | <input type="checkbox"/> Physical disability          |
| <input type="checkbox"/> Speech language impairment | <input type="checkbox"/> Global developmental delay<br>(prior to age 6) | <input type="checkbox"/> Dyslexia                     |
|   |   | <input type="checkbox"/> Other (please comment below) |

### IMMUNISATION DETAILS OF STUDENT

Evidence provided YES  NO  Date sighted \_\_\_\_\_

Measles/mumps/rubella vaccination (MMR) Diphtheria, tetanus and pertussis vaccination (DTP)

Date of last tetanus vaccination \_\_\_\_\_

### MEDICAL DETAILS OF STUDENT

Does the student have a medical condition or intensive health care need? YES  NO

If YES, please specify.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy – anaphylaxis            | <input type="checkbox"/> Hearing condition (e.g. otitis media)                    |
| <input type="checkbox"/> Allergy – other _____            | <input type="checkbox"/> Mental health or behavioural (e.g. depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Intensive health care need (e.g. tube feeding)           |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Diagnosed migraine/headaches     |   |
| <input type="checkbox"/> Seizure disorder (e.g. epilepsy) |   |

If the student has a medical condition or intensive health care need you will also need to complete a separate health care authorisation.

**Medical practice (name and address):** \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide details of any other information you would like noted.

\_\_\_\_\_

**Dental practice (name and address):** \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Permission to

call dentist YES  NO

call doctor YES  NO

administer first aid YES  NO

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

I agree to pay for an ambulance for my child if required in an emergency: YES  NO

Medicare No. provided YES  NO  Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Approval for photo on SHCS & SPs YES  NO

SHCS (student health care summary) SP (standardised plans)

Health care card (Centrelink) YES  NO  Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

**Parental occupation groups:  
(Relates to questions in parent/carer 1 and parent/carer 2 sections)**

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation, government administration and defence and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/fire services administrator</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director/research facility director]</p> <p><b>Defence forces</b> commissioned officer</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others</p> <p><b>Health, education, law, social welfare, engineering, science, computing</b> professional</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/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</p> <p><b>Specialist manager</b> [finance/engineering/production/personnel/industrial relations/sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><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]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</p> <p><b>Health, education, law, social welfare, engineering, science, computing</b> technician/associate professional</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence forces</b> senior non-commissioned officer</p>	<p><b>Tradesmen/women</b> generally have completed a four year trade certificate, usually by apprenticeship. All tradesmen/women are included in this group</p> <p><b>Clerks</b> [bookkeeper, bank/PO/statistical/actuarial/accounting/claims/audit/payroll clerk/recording/registry/filing /betting/stores/inventory/purchasing/order clerk/freight/transport/shipping clerk/bond clerk/customs agent, customer services clerk/admissions clerk]</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [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]</p>	<p><b>Drivers, mobile plant, production/processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><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]</p> <p><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]</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><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]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

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



## SIGNATURES

Name of person enrolling student: \_\_\_\_\_  
(please print)

I declare the particulars on this enrolment form to be true and correct in every respect.

Parent/responsible person 1: \_\_\_\_\_

Parent/responsible person 2: \_\_\_\_\_ (if available)

Admission of this student is confirmed:

ASSOCIATE PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

### Western Australian Department of Education

*This form must be retained at the college until the student turns 25 years of age then passed to the Australian Archives for permanent storage.*

#### YULE BROOK COLLEGE

61 Dellar Road, Maddington, Western Australia 6109

Phone: (08) 9251 8333

Email: [yulebrook.college@education.wa.edu.au](mailto:yulebrook.college@education.wa.edu.au)

Web: [www.yulebrookcollege.wa.edu.au](http://www.yulebrookcollege.wa.edu.au)

**Office Use Only**

Academic year \_\_\_\_\_ Advisory group \_\_\_\_\_  
 Enrolled by \_\_\_\_\_  
 Commencement date \_\_\_\_\_ Re-entry date \_\_\_\_\_  
 SCSA number \_\_\_\_\_  
 UPN number \_\_\_\_\_  
 Previous school \_\_\_\_\_

Date transfer note *sent* to previous school \_\_\_/\_\_\_/\_\_\_  
 Date transfer note *received* from new school \_\_\_/\_\_\_/\_\_\_

Date left \_\_\_\_\_ New school or reason \_\_\_\_\_

Entered on school information system (SIS) by: \_\_\_\_\_ Date: \_\_\_\_\_

Contributions and charges billing: PG1  \_\_\_% PG2  \_\_\_% Other  \_\_\_%

- Birth Certificate sighted/copied
- Centrelink Health Care Card (not student)  N/A
- Visa/Passport /Visa grant notice sighted/copied  N/A
- Check Visa Numbers some incur up-front fees  N/A
- Immunisation records sighted/copied
- CPFS orders (if applicable) copied and recorded
- Court order (if applicable) sighted/copied  N/A
- Medicare No. recorded
- Medical Practice recorded
- Timetable completed
- File made
- Print of necessary health care plans sent to parent where required
- Parent email address
- ESL student?  Yes/no
- Secondary Assistance Form/eligible  Yes/no

**Print and attach to front of file:**

- Student Timetable
- Transfer Note

- Advise all staff by email of new enrolment including classes
- Send email requesting the following if not supplied at enrolment:

**Students first day:**

- Give student a timetable
- Take students photo
- Scan transfer note to previous school – email school
- Search SCSA for student number
- Apply through SCSA email (numbers@scsa.wa.edu.au)
- Bring student across to Current roll (tick accepted) and ensure daily record is created for the student
- Order smartrider
- Add email to schoolzine
- Add student to Consent2go