

# Esperance Senior High School Student Enrolment Form



*Esperance SHS: A strong community, creating opportunities for personal excellence*

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**If you need help completing this form, please do not hesitate to contact the School on the above numbers.**

***Please ensure all sections are completed in full***

Section 1: Student Details									
Surname									
Legal surname on birth certificate (if different from above)									
Previous surname (attach proof if applicable)									
First name (given name)									
Second name (middle name)	Second: <span style="margin-left: 100px;">Third:</span>								
Preferred name									
Date of Birth									
Current school and Year	School Name: <span style="margin-left: 100px;">Year Level:</span>								
Is your child's school a Brightpath School? Please supply Student Number	<input type="checkbox"/> No <input type="checkbox"/> Yes                      Brightpath Student Number: _____								
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female								
Residential address	Street								
	Suburb/town <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Postcode</span>								
Will the student be residing at the Esperance Residential College?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Home Telephone									
Student Mobile (if applicable)									
Does the student have any siblings (brothers or sisters) at Esperance Senior High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 70%;">Sibling's name</th> <th style="width: 30%;">Date of birth</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Sibling's name	Date of birth						
Sibling's name	Date of birth								
Is this student subject to any court orders/access restriction 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 in the care of the Department of Child Protection and Family Services (DCPFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify the DCPFS Case Manager, their DCPFS District and their contact telephone number.</i>								

## Section 2: Parent/Responsible Person Details

	Parent/Responsible Person 1	Parent/Responsible Person 2
Title (Mr/Ms/Mrs/Miss)		
First name		
Surname		
Relationship to student (e.g. father, grandmother)		
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal address (If different from student's residential address)		
Street/Post Office Box		
Suburb/Town		
State		
Postcode		
Contact Numbers Home		
Mobile		
Work		
Which number would you like us to use as your emergency contact number?		
Email address (for correspondence)  PLEASE PRINT CLEARLY		
Responsible for payment of Contributions and Charges: <i>(Please note: this can only be sent to one person)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I would like to receive: All correspondence Reports only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3: Parent/Responsible Person Background Information

	Parent/Responsible Person 1	Parent/Responsible Person 2
<p>Does the parent/responsible person speak a language other than English at home?</p> <p><i>(If more than one language, indicate the one that is spoken most often)</i></p>	<input type="checkbox"/> English only <input type="checkbox"/> Yes, other – please specify <hr/>	<input type="checkbox"/> English only <input type="checkbox"/> Yes, other – please specify <hr/>
<p>What is the highest year of primary or secondary school that the parent/responsible person has completed?</p> <p><i>(For persons who have never attended school, mark year 9 or equivalent or below.)</i></p>	<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
<p>What is the highest qualification the parent/responsible person has completed?</p>	<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 qualifications beyond school	<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 qualifications beyond school
<p>What is the occupation group of the parent/responsible person?</p> <p><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>	<input type="checkbox"/> <u>Group 1</u> Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> <u>Group 2</u> Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> <u>Group 3</u> Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> <u>Group 4</u> Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> <u>Other</u> Not in paid work in the last 12 months	<input type="checkbox"/> <u>Group 1</u> Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> <u>Group 2</u> Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> <u>Group 3</u> Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> <u>Group 4</u> Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> <u>Other</u> Not in paid work in the last 12 months

We appreciate your response to our questions regarding your background information as the school's funding is, in part, based on this information.

## Section 4: Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts in order, if parent/guardian 1 or 2 are not contactable. For independent students, this is the first point of contact in an emergency.

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

## Section 5: SMS communication for student unexplained absences and late arrivals

Parents will be informed by mobile phone SMS each time their child is absent or late to school when an explanation has not already been provided. If your child is absent and a reason has been provided before the time the SMS is due to be sent, you will not receive a text message. These messages will automatically go to the parent/responsible person 1, unless you indicate otherwise below.

	Parent/Responsible Person 1	Parent/Responsible Person 2
I wish to receive SMS text messages if my child is absent from school or late to school without an explanation. (Please ensure mobile phone number is provided for contact.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 6: Student Details - Additional Information

### Religion

(Please note: Religious education is not offered at ESHS)

Does the student speak a language other than English at home?

Yes

No

If more than one language, indicate the one that is spoken most often.

If yes:

Main Language \_\_\_\_\_

Second Language \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Is the student an Australian citizen?

Australian Citizen

Other

If other, please specify: \_\_\_\_\_

Is the student in receipt of an allowance?

Yes

No

If yes:

Secondary Assistance

Abstudy

Do you possess a current Centrelink Family Health Care Card?

Yes

No

If yes:

Number: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_

Is the student a permanent or temporary resident?  
(If a temporary resident, provide a copy of current visa or passport)

Permanent resident

Temporary resident

Visa Sub Class Number: \_\_\_\_\_

Visa Grant Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_/\_\_\_/\_\_\_

Date entered Australia: \_\_\_/\_\_\_/\_\_\_

Please note: If your child is on a 457 visa, a tuition fee of \$4,000 per family per year will apply.

In which country was the student born?  
(Please provide a copy of their Birth Certificate.)

Australia

Other

If other, please specify:

\_\_\_\_\_

What school did the student previously attend?  
(If previously enrolled in Home Education, please specify Education Region)

Reason for leaving previous school?

## Section 7: Student Details Additional Information – Form 1 SHCS

Please see separate Form 1 – Student Health Care Summary. This form is part of the enrolment form. Please make sure this form is completed along with the enrolment form.

## Section 7: Form 1 – Student Health Care Summary

### SECTION 7A

School	ESPERANCE SENIOR HIGH SCHOOL
Student's Name	
Address	
Date of Birth	
Gender	<input type="checkbox"/> Male <span style="margin-left: 100px;"><input type="checkbox"/> Female</span>

### Medical Details

Medical Practice	
Doctor	
Telephone	
Do you give permission for the school to seek medical attention for your child?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
Do you give permission for the school to administer First Aid if required?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
Dental Practice	
Dentist	
Telephone	
Do you give permission for the school to seek dental attention for your child?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
Do you have ambulance insurance? If there is a medical emergency, Parents/Carers are expected to meet the cost of an ambulance.	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <i>If yes, Insurance Provider</i> _____
Medicare Number	Card Number: _____ Expiry Date: __/__/__
Health Care Card	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <i>If yes:</i> Card Number: _____ Expiry Date: __/__/__

### Administration of Medication

Written authorisation must be provided for staff to administer any form of medication at school. For Long Term Medication: complete the *Medication* section of the relevant Health Care Plan – see over. For Short Term Medication: request an *Administration of Medication* form to complete and return to the school. *Note: All medication required must be supplied by parents/carers.*

### Immunisation

It is an enrolment requirement that parents provide an Immunisation History Statement to the school. Parents are reminded to ensure this is done.

The Australian Childhood Immunisation Register (ACIR) records the immunisation history of children up until they turn 7 years old. If parents do not have a copy of their child's early childhood immunisation history, they can call ACIR on 1800 653 809, present their Medicare number, and gain access to their child's record.

PLEASE NOTE: 1) This record will not list immunisations the child may have received after turning 7 years of age.

2) Only this type of statement/record will be accepted.

Immunisation History Statement provided:  Yes  No

**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 TAFE or an alternative education program, the school may transfer their health care information to the principal or manager of that program.*

*If you do not agree to have this information shared with other authorised organisations, who else can be informed of your child's health care information?*

\_\_\_\_\_

\_\_\_\_\_

Does your child have one or more health condition/s that will require support from school staff?

NO   
Please sign DISCLAIMER below and return this form to the school office. If your child's requirements change, please notify the school.

YES  - Please complete all sections below and sign the Disclaimer. You will be given additional forms to complete.

**SECTION 7B**

In the following table, please indicate your child's condition/s which require the support of school staff.  
(In response to the information below, you will be given further forms for specific health conditions to complete.)

Health Conditions	Yes/No	Will school staff require specific training to support your child?	Yes/No
Severe allergy/anaphylaxis			
Minor and moderate allergies			
Diabetes			
Seizures			
Asthma			
Activities of daily living			
Other conditions or needs. Specify _____			
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?			

If you have ticked yes for specific staff training, please discuss the type of training needed with the Principal or Deputy Principal.

**SECTION 7C – CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN**

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

Yes  No

**SECTION 7D – MEDIC ALERT INFORMATION**

Does your child have a Medic Alert bracelet or pendant?

Yes  No

If yes please provide details \_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER: I declare that the information provided on this form is true and correct according to my knowledge.**

Parent/Carer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Office Use Only**

Does this child have an allergy that needs to be flagged on SIS?

Yes  No

Have relevant health care plans been issued to the parent?

Yes  No

Has the Principal or Deputy 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 was completed and uploaded on SIS

\_\_\_/\_\_\_/\_\_\_

## Section 8: Policy Agreements

### Digital Release Permissions

*The Department of Education and Esperance Senior High School (ESHS) may record sound and/or vision of a student and their work while they are at the school, for taking part in school related activities or performances. Photographs of students and their work are often published to enable the students to share their experiences and inform parents and the community about the school's programs and events. This does not mean that the student loses ownership of their work.*

I give permission for ESHS to use images of my child in publications and digital format to promote ESHS and the Western Australian Department of Education.

1. Permission granted                       2. Permission NOT granted                       3. Restricted: Give details

(NB: Ticking box 2 will mean that your child will not appear in school publications of any nature.)

### ICT Code of Conduct Policy

*All students at ESHS must accept responsibility for knowing the contents of the ESHS ICT Code of Conduct Policy and must agree to abide by the policy.*

*Failure to follow the rules will result in loss of network and device use.*

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the Acceptable Network Usage Policy. Please tick here

### Mobile Phones and Portable Devices Policy

*To ensure that the privacy and security of all people within our school are protected and teaching/learning is not negatively affected by these devices, student use during school hours and school functions must be appropriate and within the guidelines of our policy.*

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the mobile phones and portable devices policy. Please tick here

### Student Uniform Policy

*Students at ESHS are expected to maintain a high level of dress standard and personal presentation at all times. Parents and students agree to the wearing of the school uniform at all times as a condition of enrolment.*

We (Parent/Guardian and Student) HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE UNIFORM POLICY. Please tick here

### For Parents/Guardians coming onto the School Site (E.g. Reading programs/canteen etc.)

*I am aware of the special responsibilities associated with working with children. I declare that I do not have a criminal record and that there are no other circumstances that might preclude my working with children. N.B. If volunteers intend to work with children for 5 days or more in a calendar year, they must apply for a Working with Children check. Parents/guardians attending overnight camps must have a Working with Children card. See [www.checkwwc.wa.gov.au](http://www.checkwwc.wa.gov.au) for further information.*

Please tick here

### Educational Precinct Incursions

*ESHS sometimes finds it necessary to take students to the Residential College (Hostel) or South Regional TAFE Esperance Campus for various purposes.*

I give consent for my son/daughter to go, under ESHS staff guidance and control, to the above areas from time to time as deemed necessary by the school staff. Please tick here

### Smart Rider Permission with student photo

*All students at ESHS will be issued a Smart Rider card to enable access to our library system and to concessional fares on Transperth. These cards are also an important form of photo identification.*

We (Parent/Guardian and Student) agree to our child being issued a Smart Rider Card that includes an identity photograph. Please tick here

### Behaviour Management Policy

*ESHS has numerous procedures in place to ensure students behave appropriately. A student who has been suspended is prohibited from participating in any extra-curricular activities for a period of 20 school weeks (and this will carry over school terms and, where applicable, into the following year, excluding school holidays).*

We (Parent/Guardian and Student) have read and fully understand and agree to comply with the school's Behaviour Management Policy (available on request or on the school's website at [www.esperanceshs.wa.edu.au](http://www.esperanceshs.wa.edu.au)).

Please sign: \_\_\_\_\_

Date: \_\_\_\_\_



**Section 9: Declaration**

It is your responsibility to notify Esperance Senior High School in writing of any changes to the information provided on this enrolment form.

Name of parent/responsible person enrolling the student and providing consents:

\_\_\_\_\_

*(Please print)*

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Student Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**OFFICE USE ONLY**

**ACCEPTANCE OF ENROLMENT APPLICATION**

Deputy Principal: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**OFFICE USE ONLY**

Student name: \_\_\_\_\_

Feeder school (if relevant): \_\_\_\_\_

Year: \_\_\_\_\_

Form: \_\_\_\_\_

Entry Date: \_\_/\_\_/\_\_

Date Transfer Note Sent: \_\_/\_\_/\_\_

Student Number: \_\_\_\_\_

UPN: \_\_\_\_\_

Previous School: \_\_\_\_\_

Records Received  Yes  No

Immunisation records provided:  Yes  No

Birth certificate sighted:  Yes  No Date: \_\_/\_\_/\_\_

Entered on School Information system by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_