



Year of enrolment: _____
Year level: _____

KENWICK SCHOOL

WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

STUDENT DETAILS

Surname: _____ Legal Surname (if different) _____

1st Name: _____ 2nd Name: _____

Preferred Name: _____

Email Address: _____

Date of Birth: ____/____/____ Current School Year: _____ Sex: Male Female

Residential Address (Home):

Telephone (Home): _____ Mobile: _____

Full Name/s of brothers and sisters attending this school: _____

Does your child receive funding through NDIS? YES NO

Does your child have a current Therapy provider? YES NO

If yes who is your provider: _____

PARENT/GUARDIAN DETAILS

Student Lives with:

Both Parents Other

Parent/Guardian/Carer 1 **Name** **Relationship to student**

Parent/Guardian/Carer 2 _____

Access Restrictions – Is this student subject to any court orders in respect of their care, welfare & development?

Yes No (If YES, please attach supporting documentation)

Is this student in the care of the Department for Child Protection & Family Support's (CPFS)?

Yes No (If YES, please attach supporting documentation)

PARENT/GUARDIAN 1 DETAILS

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Are you responsible for Fees and charges billing: Yes No If no, who is responsible: _____

Postal Address (if different from student residential address):

Phone: _____ Email Address: _____

Occupation: _____ Workplace Address: _____

Work Phone: _____ Mobile No: _____

Do you speak a language other than English at home? NO, English only YES, other – please specify:

(If more than one language, indicate the one that is spoken most often) _____

What is the highest year of primary or secondary School you have completed? What is the level of the highest qualification you have Completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non- school qualification

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

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list providing on ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months enter '8' above.)

PARENT/GUARDIAN 2 DETAILS

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Are you responsible for Fees and charges billing: Yes No If no, who is responsible: _____

Postal Address (if different from student residential address):

Phone: _____ Email Address: _____

Occupation: _____ Workplace Address: _____

Work Phone: _____ Mobile No: _____

Do you speak a language other than English at home? NO, English only YES, other – please specify:

(If more than one language, indicate the one that is spoken most often) _____

What is the highest year of primary or secondary School you have completed? What is the level of the highest qualification you have Completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non- school qualification

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

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list providing on ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months enter '8' above.)

OTHER CONTACT(S) DETAILS

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ (Work): _____ (Mobile): _____

Email Address: _____

Occupation/Workplace location: _____

STUDENT DETAILS – MEDICAL/ HEALTH

In addition to the information below, please fill out the attached Student Health Care Summary Form.

What is your child's disability? _____

Please indicate if 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"/> 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 | |

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 (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

Medical Practice (Name and Address): _____

Doctor's Name: _____ Phone: _____

Doctor's Surgery Practice Name and Address: _____

Medicare No: _____ Valid to: _____ / _____

Health Care Card (if applicable): YES NO If Yes, please provide no. _____ Expiry Date: _____

Do you have ambulance cover? YES NO
(If there is a medical emergency parents or guardian are expected to meet the cost of the ambulance)

STUDENT DETAILS - ADDITIONAL

Nationality (optional): _____ Country of Birth: _____

Student's First Language: _____ Religion: _____

Is the student's descent Aboriginal YES NO
..... Torres Strait Islander (TSI) YES NO
..... Both Aboriginal and TSI YES NO

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

Does the student mainly speak English at home? YES NO

(If more than one language, indicate the one that is NO English only
Spoken most often) YES other – please specify _____

Australian Citizenship/Permanent Resident: YES NO

Date of Arrival in Australia ____/____/____ Visa Sub – Class No: _____ Visa Sub – Class Expiry Date _____

International Fee Paying (if known): YES NO

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

COMPULSORY DOCUMENTS TO BE PROVIDED

Checklist:

Please place an 'X' in the box to indicate each document attached to this application form.

- 1. Birth Certificate or Passport
- 2. Diagnostic Report related to students Disability
- 3. Student Health Care Summary
- 4. Copy of Medicare Card
- 5. Student Immunisation Records - 1800 653 809 or www.my.gov.au
- 6. Consent for water based excursions
- 7. Additional Activity Consent Form
- 8. Guardianship details (if relevant).....
- 9. Copies of Family Court or any other court orders (if applicable).....
- 10. If you have Ambulance Cover we will require details of your Private Health Cover

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Surname: _____

Signature: _____ Date: _____