



## Leda Primary School

Feilman Drive LEDA WA 6170  
PH: (08) 9439 2299

# Student Enrolment Form

Interview Date/Time: \_\_\_\_\_

Year: \_\_ Room: \_\_ Faction: \_\_

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

If you need help completing this form, including translation services, please contact the School Administration on 9439 2299.

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

Section 1:	Student Details	
Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (attached proof)		
1 <sup>st</sup> name: (given name)		
2 <sup>nd</sup> name: (middle name)		
3 <sup>rd</sup> name: (if applicable)		
Preferred name:		
<b>Date of Birth:</b>	<b>Year:</b>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:	<i>Street</i>	
	<i>Suburb/town</i>	<i>Postcode:</i>
Home Telephone:		
Does the student have any siblings (brothers or sisters) <b>at Leda Primary School?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 Community Protection's (DCP) Chief Executive Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify the DCP Case Manager, their DCP District and their Contact telephone number.</i>	

## Section 2: Parent/Responsible Person Details

	Parent/Responsible Person 1	Parent/Responsible Person 2
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for payment of Contributions and Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive correspondence, reports etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile/Emergency Number:		
Postal address: <i>Street</i>		
<i>Suburb/town</i>		
<i>Postcode</i>		
Occupation:		
Work telephone:		
Email address: (for correspondence) PLEASE PRINT CLEARLY		

## Section 3: Parent/Responsible Person Background Information

Does the parent/responsible person **speak** a language other than English at home?

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

Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> No, English only	<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> Yes, other – please specify

What is the **highest** year of primary or secondary school the parent/responsible person has completed?

*For persons who have never attended school, mark Year 9 or equivalent below.*

Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 12 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 9 or equivalent or below

What are the <b>highest</b> qualifications the parent/responsible person has completed?	
Parent/Responsible Person 1	Parent/Responsible Person 2
<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 non-school qualification	<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 non-school qualification
What is the <b>occupation group</b> of the parent/responsible person? Please select the appropriate parental occupation group below (for more details refer to Parent Occupation Groups included in this Enrolment Pack). <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>	
Parent/Responsible Person 1	Parent/Responsible Person 2
<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months	<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months

Section 4: Additional Emergency Contacts		
<ul style="list-style-type: none"> <li>For an emergency where the parents/guardian/carer cannot be contacted please provide alternative contacts.</li> </ul>		
	Contact	Contact
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname		
Relationship to student: <i>(eg father, grandmother)</i>		
Address:		
Telephone 1:		
Telephone 2:		

Section 5: Student Additional Information	
Religion:	
Does the student <b>speak</b> a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	Main Language _____ Second Language _____
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student live outside the Local Intake Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student an Australian citizen?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other – please specify
Do you possess a current Centrelink Family Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current Centrelink Pensioner Concession Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current Veterans' Affairs Pensioner Concession Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the student a permanent or temporary resident? Attach copy of Visa and provide Passport
<input type="checkbox"/> Permanent Resident Visa Sub Class Number:.....                      Visa Expiry Date: .....  Date entered Australia:.....

Is the parent a permanent or temporary resident? Attach copy of Visa and provide Passport	
<input type="checkbox"/> Permanent Resident Visa Sub Class Number:..... Visa Expiry Date: ..... Date entered Australia:.....	<input type="checkbox"/> Permanent Resident Visa Sub Class Number:..... Visa Expiry Date: ..... Date entered Australia:.....

In which country was the student born? <b>Please provide a copy of Birth Certificate.</b>	
What school did the student previously attend? <i>(If previously enrolled in Home Education, please specify Education Region)</i>	
Has the student ever been excluded from another school? <i>If YES please name school.</i>	

## Section 6: Medical/Health

### Immunisation

It is an enrolment requirement that a **photocopy** of each student's immunisation record is provided to the school.

**Parents are reminded to ensure this has been 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. NOTE: This record will not list immunisations the child may have received after turning 7 years of age.

Immunisation certificate/record provided

Medical Practice:  
(Name and Address)

Doctors name:

Telephone:

Medicare No. and Expiry date:

Health Care Card No. and Expiry Date:

Dental Practice:  
(Name and Address)

Dental Practice Telephone:

Do you give permission to call the Dentist names in case of an emergency?  Yes  No

Does the student have any of the following specified disabilities, medical conditions or intensive health care needs?  
(Tick all the boxes that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Autism Spectrum Disorder                             |
| <input type="checkbox"/> Anaphylaxis  | <input type="checkbox"/> Deaf or Hard of Hearing                              |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Global Developmental Delay ( <i>prior to age 6</i> ) |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Intellectual Disability                              |
| <input type="checkbox"/> Diagnosed migraine/headaches   | <input type="checkbox"/> Physical Disability                                  |
| <input type="checkbox"/> Hearing condition ( <i>eg Otitis Media</i> )                             | <input type="checkbox"/> Severe Mental Disorder                               |
| <input type="checkbox"/> Intellectual/learning impairment ( <i>eg dyslexia</i> )                  | <input type="checkbox"/> Seizure Disorder ( <i>eg epilepsy</i> )              |
| <input type="checkbox"/> Mental health or behavioural issue<br>( <i>eg depression, ADD/ADHD</i> ) | <input type="checkbox"/> Specific Speech Language Impairment                  |
|   | <input type="checkbox"/> Vision impairment                                    |

Other, please specify .....

If you have ticked any of the boxes above please provide further information.

- Please provide **copies of any documentation** which exists in relation to the disability listed. Copies of this documentation are required for school records
- Please **provide details** if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc)
- If the student has a medical condition or intensive health care need you will also need to complete a **separate Health Care Authorisation**.

Please provide details of any condition that calls for special steps to be taken

Is there any medical or psychological condition which may require an Emergency Action Plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES have you completed the Medical Action Form provided</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student required to take any medications during the course of the school day? <i>If YES, please supply details or any treatments, care or medication required (Contact school for relevant forms).</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have ambulance cover?</b> <i>If there is a medical emergency, parents/responsible persons will be required to meet the cost of the ambulance conveyance.</i>	
<input type="checkbox"/> Yes (If yes - Ambulance Cover Insurance Provider: _____)	<input type="checkbox"/> No
Do you give permission to call the Doctor names in case of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission to administer First Aid if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for information you have provided on the Student Health Care Summary to be shared?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, who may be informed?)	

***If you have noted any medical conditions that require further explanation/action, please ensure you request a “Form 1 – Student Health Care Summary” form to complete and return to the School Office.***

## Section 7: Policy Agreements

### Digital Release Permissions

Department of Education and Leda Primary School (LPS) may record sound and/or vision of a students and their works while they are at the School or taking part in School related activities or performances. Photographs of students, and works by students are often published to enable the students to share their experiences and to enable parents and others in the community to be informed about the School's works. This does not mean that the student loses ownership of the works. *Please refer to Use of Video/Photographic Images Permission included in this enrolment pack.*

**I give permission for Leda Primary School to use images of my child in publications and digital format to promote this School and the Western Australian Department of Education.**

1. Permission Granted

2. Permission NOT granted

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

### Mobile Phones and Portable Devices Policy

To ensure that the privacy and security of all staff and students within our school is respected and teaching/learning is not affected by these devices, their use during school hours and school functions is not permitted. All portable devices must be handed in at the front office at the commencement of the school day and will be held securely until collected at the end of the school day.

**We (Parent/guardian and Student) have read, and fully understand and agree to comply with the Mobile Phones and Portable Devices Policy.**

Please tick here

### Acceptable Network Usage Policy

All students at Leda Primary School must accept responsibility for knowing the Computer Usage Agreement and must agree to abide by the policy. *Please refer to the Computer Usage Agreement included in this enrolment pack.*

**FAILURE TO FOLLOW THE RULES WILL RESULT IN LOSS OF NETWORK AND DEVICE USE.**

**We (Parent/guardian and Student) have read, and fully understand and agree to comply with the Computer Usage Agreement.**

Please tick here

### Behaviour Management Policy

The overall intention of Leda Primary School's Behaviour Management Plan is to develop and maintain the best possible teaching – learning environment. **In doing so, we promote respect for self and others.** *Please refer to the Behaviour Management Policy included in this enrolment pack.*

**We (Parent/guardian and Student) have read, and fully understand and agree to comply with the Behaviour Management Policy.**

Please tick here

### School Dress Code

The aim in encouraging students to wear school uniform is to promote a positive image of the school and to develop a sense of pride and identity. We believe that while students wear the school uniform and colours that it should not suppress a child's individuality and or personal, cultural and religious beliefs. *Please refer to the Dress Code included in this enrolment pack.*

**We (Parent/guardian and Student) have read, and fully understand the Leda Primary School Dress Code.**

Please tick here

## Section 8: Declaration

It Is your responsibility to notify Leda Primary School in writing of any changes to the information provided on this enrolment form.

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

.....  
(Please print)

Relationship to student:.....

Signature:..... Date:.....

Signature:..... Date:.....

### ACCEPTANCE OF ENROLMENT

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Deputy Principal Date

### OFFICE USE ONLY

Year Level : \_\_\_\_\_ Form / Room: \_\_\_\_\_ Faction : \_\_\_\_\_

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

Date Transfer Note sent: \_\_\_/\_\_\_/\_\_\_

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

Records Received: Yes  No

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

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

Immunisation Records provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Computer Adm/Cur <input type="checkbox"/>	Drop File <input type="checkbox"/>
Birth Certificate sighted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attendance <input type="checkbox"/>	Tchr Copy <input type="checkbox"/>
Proof of Address sighted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fees <input type="checkbox"/>	Library Copy <input type="checkbox"/>
Out of school intake area:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	T/F Note <input type="checkbox"/>	News Subscription <input type="checkbox"/>
			Advise Teacher <input type="checkbox"/>	Original Filed <input type="checkbox"/>
			Advise Specialists <input type="checkbox"/>	

Entered on School Information System (SIS) by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Leave Date: \_\_\_/\_\_\_/\_\_\_ Destination: \_\_\_\_\_ Records sent: Yes  No

Computer  T/F Records  Fees  Move to former



# Parent Occupation Groups

Relates to Section 3, page 2/3 of Enrolment Form

<b>Group 1</b>	<b>Senior Management in large business organisation government administration &amp; defence and qualified professionals.</b>
<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/shops/captain/officer/pilot, flight officer, flying instructor, air traffic controller.</p>	
<b>Group 2</b>	<b>Other business managers, art/media/sportspersons and associate professionals</b>
<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 stationer, 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 professional</b> generally have diploma/technical qualifications and support managers and professionals  <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> 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].  <b>Defence Forces</b> senior Non-Commissioned Officer.</p>	
<b>Group 3</b>	<b>Tradesmen/women clerks and skilled office, sales and service staff</b>
<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually be 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>Skills office, sales and service staff</b>  <b>Office</b> secretary, personal assistant, desktop publishing operator, switchboard operator.  <b>Sales</b> company sales rep, auctioneer, insurance agent, assessor/loss adjuster, market researcher.  <b>Service</b> aged/disabled/refuge/child care workers, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor.</p>	
<b>Group 4</b>	<b>Machine operators, hospitality staff, assistants, labourers and related workers.</b>
<p><b>Drivers, mobile plant, production/processing machinery and other machine operators.</b>  <b>Hospitality staff</b> hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper.  <b>Office assistant, 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 sales person, 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/teachers aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant  <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.</p>	