



CASTLETOWN PRIMARY SCHOOL

At Castletown Primary School, we inspire and educate all students to succeed in becoming productive and valued citizens.

Inspire - Educate - Succeed

Student Enrolment Form

Address: Easton Road, Castletown, ESPERANCE WA 6450

Phone: (08) 9076 2800

Website: www.castletownprimaryschool.wa.edu.au

Email: Castletown.PS@education.wa.edu.au

OFFICE USE ONLY

Student Name: _____

Date of Birth: _____

Year Level: _____

Class: _____

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)					
Third name (if applicable)					
Preferred name					
Date of birth					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex					
Email Address					
Residential address					
Street		Suburb/town		State	
				Postcode	
Mobile Number					
Home telephone					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the student have any siblings (brothers or sisters) at Castletown Primary School				Sibling's name	
				Date of birth	
Will your child be the family representative? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section 2: Parent/Responsible Person Details

	Parent/Responsible Person 1	Parent/Responsible Person 2
Title (Mr/Ms/Mrs/Miss)		
Surname		
First name		
Relationship to student (e.g. father, grandmother)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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
Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mail Marker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile		
Other phone		
Emergency Contact Rank	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Address		
Suburb		
Post Code		
Email		
Workplace		
Work Phone		

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><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>Main Language</p> <p>_____</p> <p>Second Language</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>Main Language</p> <p>_____</p> <p>Second Language</p> <p>_____</p>
<p>What is the highest year of primary or secondary school that the parent/responsible person has completed?</p> <p><small>(For persons who have never attended school, mark year 9 or equivalent or below.)</small></p>	<p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent or below</p>	<p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent or below</p>
<p>What is the highest qualification the parent/responsible person has completed?</p>	<p><input type="checkbox"/> Bachelor degree or above</p> <p><input type="checkbox"/> Advanced diploma/Diploma</p> <p><input type="checkbox"/> Certificate I to IV (including trade certificate)</p> <p><input type="checkbox"/> No qualifications beyond school</p>	<p><input type="checkbox"/> Bachelor degree or above</p> <p><input type="checkbox"/> Advanced diploma/Diploma</p> <p><input type="checkbox"/> Certificate I to IV (including trade certificate)</p> <p><input type="checkbox"/> No qualifications beyond school</p>
<p>What is the occupation group of the parent/responsible person?</p> <p><small>(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.)</small></p>	<p><input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals</p> <p><input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals</p> <p><input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff</p> <p><input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers</p> <p><input type="checkbox"/> Other Not in paid work in the last 12 months</p>	<p><input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals</p> <p><input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals</p> <p><input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff</p> <p><input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers</p> <p><input type="checkbox"/> Other Not in paid work in the last 12 months</p>

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 (optional)

For an emergency where parent/guardian/carer 1 and 2 cannot be contacted, please provide alternative contacts in order.

For independent students, this is the first point of contact in an emergency.

	Contact	Contact
Title (Mr/Ms/Mrs/Miss)		
Surname		
First Name		
Relationship to student (e.g. father, grandmother)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Emergency Contact Rank	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Mobile		
Address		
Telephone 2		

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	Contact	Contact
Title (Mr/Ms/Mrs/Miss)		
Surname		
First Name		
Relationship to student (e.g. father, grandmother)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Emergency Contact Rank	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6
Mobile		
Address		
Telephone 2		

Section 5: Student Details – Additional Information

Nationality			
Religion			
Student's first language			
Is there a language other than English spoken at home?			
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander		
Is the student an Australian citizen/Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please fill out the following information.	Date of arrival: ___ / ___ / _____	Visa Grant No.: _____	Visa SC No. Expiry: ___ / ___ / _____
	Visa Sub Class No.: _____	Int. Fees Paying: _____	
Country of Birth			
Has your child been previously enrolled in another school?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If yes, which school: _____		
What date did your child leave the previous school?	_____ / _____ / _____		
Reason for leaving previous school?			

Section 6: CONFIDENTIAL – Access Restriction

Access restriction – 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's (CPFS) Director General?

Yes No

If Yes, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

Section 7: Medical Information

Medical practice	Place:	Doctor:
	<input type="checkbox"/> Permission to call doctor	
Dental practice	Place:	Dentist:
	<input type="checkbox"/> Permission to call dentist	
Ambulance cover If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, who with _____	
Permission to administer first aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicare Details	Card No.: _____	Expiry: ____ / _____
Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Card No.: ____ - ____ - _____	Expiry: ____ / ____ / _____

Section 8: Disability/Medical Condition Information

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the disability		
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Severe Mental Disorder	
<input type="checkbox"/> Global Development Delay	<input type="checkbox"/> Specific Speech Language Impairment	
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Vision Impairment	
<input type="checkbox"/> Other:		
Does the student have a medical condition or intensive health care need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the medical condition		
<input type="checkbox"/> Allergy _____	<input type="checkbox"/> Seizure Disorder	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Condition (Eg Otitis Media)	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental Health or Behavioural (Eg depression, ADHD)	
<input type="checkbox"/> Diagnosed Migraine/Headaches	<input type="checkbox"/> Intensive Health Care Need (Eg tube feeding)	
<input type="checkbox"/> Other:		

PRIVACY AND INFORMATION SHARING

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Second Name: _____

Surname: _____

Relationship to student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____

APPROVAL OF PRINCIPAL OR DELEGATE

Signature

Approved / Not Approved

Date: _____

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

Media Consent: Publication of images of the student and their work.

Internet Access: Appropriate use of internet services by students.

Viewing Consent: For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration

Local Excursions: Agreement to minor excursions, not including excursions which require individual agreement.

Bus: To fill out if your child/ren will be catching a bus to and/or from school.

STUDENT HEALTH CARE

The Department's Student Health Care policy clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For the identified as having health conditions requiring support at school, additional form/s will be provided by the school.