

2017 Years 1 to 6 APPLICATION FOR ENROLMENT

The Application for Enrolment includes the following information and documentation for your reference and completion:

- 1. Enrolment Process including School Intake Area**
- 2. Enrolment Application Form**

Please complete the application form (page 4) and return complete with supporting documents to the Administration Office, 85 Camden Boulevard, Aubin Grove WA 6164.

1. Enrolment Process

Enrolment applications to Aubin Grove Primary School are subject to families providing proof that they reside within the school's local intake area.

To enrol at the school there a number of eligibility requirements for local intake enrolments. These are as follows:

Application and Eligibility

The school only has places for a student whose family is residing within the boundaries of the Aubin Grove Primary School local intake area as determined by the Department of Education, Western Australia at the time the enrolment commences. A list of streets within the local intake area is available from the school, or please see below local area definition.

To assist the school to determine the student's eligibility under local intake, the following documentation **needs to be provided with the enrolment application**:

Main Document:

- Proof of ownership of the property where the student will reside. This may be a rates notice from the local council.

or

- Where the family is in a rental agreement, a copy of the rental agreement (**minimum 12 months**).

Secondary Documents:

Applications will be required to provide further pieces of evidence (**minimum of 3**) to confirm their residential address. These may include:

- Power accounts
- Gas accounts
- Telephone accounts
- Current bank statements showing the address
- Driver's licence
- Contents insurance
- Any other documents that may support the application as proof of residence.

Note I:

In accordance with the Education Act (1999), Division 2.20, the Principal reserves the right to review enrolment if it is found that false or misleading information has been provided. This applies in instances both prior to, and after the student has commenced at the school.

Note II:

Enrolment at Aubin Grove Primary School does not guarantee automatic enrolment at Atwell College. This is a separate enrolment process to be undertaken with the College.

Aubin Grove Primary School Local-Intake Area From 2017

The Local-Intake area for Aubin Grove Primary School is defined as follows:

AUBIN GROVE PRIMARY SCHOOL (Jun16)

The following will define the local-intake area of this school from 2017:

From the intersection of the Kwinana Freeway and Rowley Road, east along Rowley Road (north side included) to Liddelow Road, north along Liddelow Road (west side included) to Wilga Court, west along Wilga Court (both sides included) and west along its extension to Sheoak Court, west along Sheoak Court (both sides included) to the junction with Beenyup Road, west from this junction to Aubin Grove Link, north and west along Aubin Grove Link (southern and western sides included) to Lyon Road, south along Lyon Road to 176 Lyon Road, west along the northern lot boundary (with 176 Lyon Road included and 174 Lyon Road excluded) and continuing west along the lot boundary on the northern side of 8 Cornell Way (with 8 Cornell Way included and 10 Cornell Way excluded) to Cornell Way, south to the junction of Cornell Way and London Link, west along London Link (south side included) to Sorbonne Turn and continuing west to the lot boundary on the north side of 39 Sorbonne Turn, west along this lot boundary (with 39 Sorbonne Turn included and 41 Sorbonne Turn excluded) and continuing west to Kwinana Freeway, and south along the Kwinana Freeway (east side included) to Rowley Road.

The following defines an optional area between Forrestdale Primary School and Aubin Grove Primary School:

From the junction of Liddelow Road and Wilga Court, east from this junction to Taylor Road, south along Taylor Road (both sides included) to Rowley Road, west along Rowley Road (north side included) to Liddelow Road and north along Liddelow Road (east side included) to Wilga Court.

Supporting Documents

Provide **COPIES ONLY** of the following with your Enrolment Application:

- Proof of Address (refer to page 2)
- Birth Certificate (original must be sighted)
- Australian Childhood Immunisation Record (ACIR) **History Statement** (copies can be requested by telephoning ACIR on 1800 653 809 or emailing acir@humanservices.gov.au or in person at a Medicare Office).
- Latest school report
- Court Order (If applicable)

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 Visa Subclass (if applicable)
- Visa Grant Number
- Visa expiry date
- First year of attendance at an Australian school

If your child **was born** in Australia, but **both parents were born overseas**, you must provide one of the following:

- Australian Passport
- Citizenship Certificate of your child, or of one parent
- Current Visa and Previous Visa Subclass (if applicable)
 - Visa Grant Number
 - Visa expiry date

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

- Confirmation of enrolment or evidence of any permission to transfer provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au (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 student holds a bridging visa).

Additional Information to be Provided

This information collected by the School is required by the Western Australian Department of Education to meet legal obligations or to meet the purposes outlined below:

- To undertake administrative and student care responsibilities including maintaining emergency contact information;
- To communicate with you about important matters;
- To provide first aid and plan for student health support requirements;
- To collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- To 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/Guardian/Carer as soon as they occur.

Security and Confidentiality

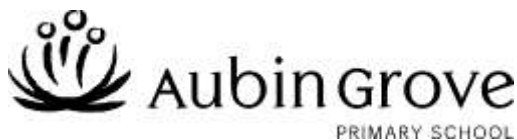
The information provided in Enrolment Forms is stored in your local school and Departmental databases. The management of these is governed by State and Departmental Policies to ensure security, privacy and confidentiality at all times.

Change to Details

For Emergency purposes and correct direction of confidential documents, it is imperative that parents/guardians notify School Administration Staff **IN WRITING** (including email) of any changes to a student record as soon as the change occurs (update forms are available from the Administration office). Particularly changes to address, phone number and email details. The School cannot be held responsible for loss of or misdirection of personal documentation where a student's record has not been updated in the system. This can only be done by the enrolling parent/guardian – students are NOT permitted to request changes to their record.

2017

APPLICATION FOR ENROLMENT FORM



85 Camden Boulevard, Aubin Grove WA 6164
Telephone: (08) 9499 4009

YEARS 1 to 6

OFFICE USE ONLY			
Date received:	_____		
Birth certificate sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Immunisation statement	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Proof of residence/address	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Latest School Report	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Visa sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Family Court Order sighted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

Child's surname	Given names	Date of birth	Sex (M / F)
Surname of parent/responsible person	Given names	Mr/Mrs/Ms	
Residential Address (must be completed)			Postcode
Nearest intersecting street			
Postal Address (if different from residential address)			Postcode
Telephone – Home	Mobile Phone No		
Work (if convenient)	Email		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If applicable, year level child currently enrolled in (e.g. Years P - 6):			
If applicable, name of school at which the child is currently or was last enrolled:			
Will there be, or are there any brothers or sisters attending this school? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Names and year levels:			
Is your child currently under suspension from a school or child care centre? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name of school/child care centre:			
Has your child ever been excluded from a school or child care centre? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name of school/child care centre:			
Is your child a Permanent Resident of Australia? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> Is your child an Australian Citizen? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please indicate date entered Australia: _____ Visa Sub Class No: _____ Visa Grant Number: _____ Visa Expiry Date: _____			
Does your child mainly speak English at home? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> If no, Language Other Than English (LOTE) spoken at home: _____			
Does your child have a Disability/Medical Condition? This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√) Physical YES <input type="checkbox"/> NO <input type="checkbox"/> Intellectual YES <input type="checkbox"/> NO <input type="checkbox"/> Other Medical Condition YES <input type="checkbox"/> NO <input type="checkbox"/> Please outline nature of disability/medical condition: (or attach details) _____			
OUT OF LOCAL IN-TAKE AREA APPLICATION Do you reside outside Aubin Grove's local in take area? Please indicate (√) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please complete reason for request: _____ _____			
I declare that the information provided on this form is true and accurate. Signature of parent/responsible person: _____ Date: _____			

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

FAMILY CONTACT DETAIL	MEDICAL DETAILS
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Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
	Doctor 2: Telephone:
	Dental Practice: Telephone
	Name of Dentist: Telephone
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date Card Number
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.
Long term medication – Complete the *Medication* section of the relevant health care plan – see below.
Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.
Note: All medication required must be supplied by parents/carers

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 a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.
 If no, and the information is to be restricted, who 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 - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.
 Signature: _____ Date: _____
 Yes - complete the remainder of this form and return to the school office. You will be given additional forms to complete.
 List your child's health condition(s): _____

SECTION B – 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	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Conditions or Needs (Please specify)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.
 Revised T3/2013 **Form 1, Page 1 of 2**

Name:

Date of Birth:

School:

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

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

I give permission for my child's "medical details and photo" to be on view for staff. Yes No

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No

If yes, provide details: _____

Signature:

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date:

Have relevant health care plans been issued to the parent? Yes No Date:

Has the 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: / /