



KUNUNURRA DISTRICT HIGH SCHOOL

ENROLMENT FORM

Student Details			
Year Entering K - 12		PREFERRED START DATE	
LEGAL SURNAME			
FIRST NAME		PREFERED NAME (not nickname)	
MIDDLE NAME		DATE OF BIRTH	
RESIDENTIAL ADDRESS	GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			POSTCODE
TELEPHONE		MOBILE	
EMAIL ADDRESS			

RELATIONSHIP WITH PARENT/S			
CHILD LIVES WITH:			
Both Parents	<input type="checkbox"/>	Parent 1	<input type="checkbox"/>
Parent 2	<input type="checkbox"/>	Other Person Responsible	<input type="checkbox"/>

ACCESS RESTRICTION			
Is this student subject to Access Restriction? <i>(If YES, please attach supporting documentation)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Relationship to child

NAME OF SIBLINGS OR OTHER CHILDREN IN THE HOUSEHOLD ATTENDING THIS SCHOOL			
Sibling 1		Sibling 2	
Sibling 3			

Parent/Responsible Person 1			Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO THE STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS <i>(if different from student residential address)</i>			POSTCODE		
EMAIL ADDRESS					
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	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>					
What is your occupation group? (Please choose one group and enter the number in the box)					
1. Senior management in large business organisation, government administration & defence and qualified professionals 2. Other business managers, arts/media/sports persons & associate professionals 3. Tradesmen/women, clerks and skilled office, sales & service staff 4. Machine operators, hospitality staff, assistants, labourers and related workers 8. Unemployed, retired, student					
Occupation/Workplace		Location		Phone	
Do you speak another language other than English			YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, which language?					

Parent/Responsible Person 2				Emergency Contact: 1 <input type="checkbox"/>			2 <input type="checkbox"/>			3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME								
RELATIONSHIP TO THE STUDENT												
MOBILE		HOME PHONE		WORK PHONE								
RESIDENTIAL/POSTAL ADDRESS (if different from student residential address)								POSTCODE				
EMAIL ADDRESS												
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		<input type="checkbox"/>		<input type="checkbox"/>		Bachelor degree or above		<input type="checkbox"/>				
Year 11 or equivalent		<input type="checkbox"/>		<input type="checkbox"/>		Advanced diploma/Diploma		<input type="checkbox"/>				
Year 10 or equivalent		<input type="checkbox"/>		<input type="checkbox"/>		Certificate I to IV (including trade certificate)		<input type="checkbox"/>				
Year 9 or equivalent or below		<input type="checkbox"/>		<input type="checkbox"/>		No Non-school qualification		<input type="checkbox"/>				
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>												
What is your occupation group? (Please choose one group and enter the number in the box)												
1. Senior management in large business organisation, government administration & defence and qualified professionals 2. Other business managers, arts/media/sports persons & associate professionals 3. Tradesmen/women, clerks and skilled office, sales & service staff 4. Machine operators, hospitality staff, assistants, labourers and related workers 8. Unemployed, retired, student												
Occupation/Workplace				Location				Phone				
Do you speak another language other than English						YES <input type="checkbox"/>			NO <input type="checkbox"/>			
If yes, which language?												

Additional Person's Contact Details				Emergency Contact: 1 <input type="checkbox"/>			2 <input type="checkbox"/>			3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME								
RELATIONSHIP TO THE STUDENT												
MOBILE		HOME PHONE		WORK PHONE								
RESIDENTIAL ADDRESS (if different from student residential address)								POSTCODE				
EMAIL ADDRESS												
<i>Please advise the school if there are any other contacts you would like recorded</i>												

Student Details – Additional Information											
Nationality				Religion							
Student First Language											
Language mostly spoken at home											
Is the student of Aboriginal or Torres Strait Islander origin? (For students of both Aboriginal and Torres Strait Islander origin mark both 'YES' boxes)						<input type="checkbox"/> NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander					
PERMANENT/TEMPORARY RESIDENT											
In which country was the student born?				Australia <input type="checkbox"/>		Other country (please specify)					
Citizenship				Australia <input type="checkbox"/>		Other country (please specify)					
PERMANENT RESIDENT <input type="checkbox"/>						TEMPORARY RESIDENT <input type="checkbox"/>					
Date Entered Australia				Date Entered Australia							
Visa Sub Class Number				Visa Sub Class Number							
Visa Expiry Date				Visa Expiry Date							

DEPARTMENT OF CHILD PROTECTION					
Is this student in the care of Department of Child Protection (DCP) Chief Executive Officer? If YES, please specify:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
DCP Case Manager		DCP District		Phone	
COURT ORDERS					
Is this student subject to any court orders in respect of their care, welfare and development? If YES, please specify and attached supporting documentation.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
PREVIOUS SCHOOL					
Previous School/s					
Reason for change of school:					
PERMISSIONS					
Internet Permission	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you wish to view information sheets please contact the front office.		
Digital Release Consent	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Student Library Membership	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Did your child attend Kindilink	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Student Details – Medical/Health

A separate form, the *Student Health Care Summary Form 1*, is also to be completed for all students prior to enrolment and needs to be updated if the student's health care needs change. It will be used by the school in the event of care being needed. *If the student has medical conditions or intensive health care needs you will also be asked by the school to complete the relevant Health Care Authorisations. Please provide details of any other information you would like noted about the student's health.*

MEDICAL CONDITION

Does the student have a medical condition or intensive health care need? If YES, please specify:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Allergy – Anaphylaxis (Form 4)	<input type="checkbox"/>	Seizure Disorder (eg epilepsy) (Form 7)
<input type="checkbox"/>	Allergy (Form 5) – Other:	<input type="checkbox"/>	Hearing condition (eg Otitis media)
<input type="checkbox"/>	Asthma (Form 8)	<input type="checkbox"/>	Mental health or behavioural (eg depression, ADD/ADHD)
<input type="checkbox"/>	Diabetes (Form 6)	<input type="checkbox"/>	Intensive Health Care Need (eg tube feeding)
<input type="checkbox"/>	Diagnosed migraine/headaches		
<input type="checkbox"/>	Other – please specify		

DISABILITY

Does the student have a disability?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<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	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Other – please specify		
Please indicate if you have documentation regarding your child's disability. Copies of this documentation will be required for school records		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICAL PRACTICE

Medical Practice	OVAHS <input type="checkbox"/>	Kununurra Medical <input type="checkbox"/>
Medicare number	Expiry Date:	
Do you have Ambulance cover?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you give permission to	Administer First Aid <input type="checkbox"/>	Call a Doctor <input type="checkbox"/>
	Call a Dentist <input type="checkbox"/>	

OTHER INFORMATION

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SIGNATURE

Name of person enrolling student

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

The information provided in this application for enrolment is true and accurate.

Signature

Date

OFFICE USE ONLY

Entry Date: ____/____/____ Year: _____

Date Transfer Note Sent: ____/____/____

Previous School _____

Records Received YES NO Publications/Internet Permission Boxes Checked YES NO

- Birth certificate
- Immunisation certificate
- Student Healthcare Summary Form 1
- Identity documents (if applicable)
- Court order (if applicable)
- Email relevant staff

Form/Class: _____

House/Faction: Boab – Green Ord – Blue Poinciana – Red Whitegum – White

Entered on School Information System by: _____

Date: ____/____/____

Leave Date: ____/____/____ Destination: _____ Records Sent: YES NO

This enrolment form must be archived until the former student reaches 26 years of age then it must be transferred (with printouts from SIS) to the State Records Office.

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