



# East Kimberley College

## ENROLMENT FORM

79 Mangaloo Street (PO Box 617)  
 Kununurra WA 6743  
 Phone: 9168 4400  
 www.eastkimberleycollege.wa.edu.au  
 eastkimberley.col@education.wa.edu.au

Student Details					
YEAR AND CLASS		START DATE			
LEGAL SURNAME		SURNAME			
FIRST NAME		PREFERRED 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? (If YES, please attach supporting documentation)		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					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					
<b>What is the highest year of primary or secondary school you have completed?</b>			<b>What is the level of the highest qualification you have completed?</b>		
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>					
<b>What is your occupation group? (Please choose one group and enter the number in the box)</b>					
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					
<b>Please advise the school if there are any other contacts you would like recorded</b>					

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 Communities Chief Executive Officer?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Case Manager		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"/>
Do you receive ABSTUDY?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PREVIOUS SCHOOL	
Previous School/s	
Reason for change of school:	

PERMISSIONS	
<b>Digital Release Consent</b>	
Permission for my child's photograph to be in publications such as: School newsletter - School website – promotional brochures/posters and newspapers	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Local Excursions</b>	
Children occasionally walk within the local area for minor excursions under the supervision of the teacher activities in the On all occasions, parents will be notified of the local excursion.	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Internet Access</b>	
Students' access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Viewing Consent</b>	
Children often watch videos / DVD / Television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Library Membership</b>	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Kindilink</b> 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:	
Healthcare Card		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"/>

### SIGNATURE

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

Name of person enrolling student		
Signature		Date

### OFFICE USE ONLY

Entry Date: ____/____/____	Date Transfer Note Sent: ____/____/____
Previous School _____	Records Received YES <input type="checkbox"/> NO <input type="checkbox"/>
Form/Class: _____	House/Faction: _____
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Identity Documents (if applicable)
<input type="checkbox"/> Immunisation Certificate	<input type="checkbox"/> Court Orders (if applicable)
<input type="checkbox"/> Student Healthcare Summary	<input type="checkbox"/> Email relevant

This enrolment form must be archived until the former student reaches 26 years of age then it must be transferred to the State Records Office.