



# EAST KIMBERLEY COLLEGE

## Enrolment Form

79 Mangaloo Street (PO Box 617)

Kununurra WA 6743

Phone: 9168 4400

[www.eastkimberleycollege.wa.edu.au](http://www.eastkimberleycollege.wa.edu.au)

[eastkimberley.col@education.wa.edu.au](mailto:eastkimberley.col@education.wa.edu.au)

### SECTION ONE: STUDENT DETAILS

Year and Class		Start Date		
Legal Surname		Surname		
First Name		Preferred Name (not nickname)		
Middle Name		Date of Birth		
Residential Address		Gender	Male	Female
			Postcode	
Telephone		Mobile		
Email Address				

### Name of siblings or other children in the household attending East Kimberley College

Sibling 1	Sibling 2	Sibling 3
Sibling 4	Sibling 5	Sibling 6

### The Student Lives With

Both Parents	Parent/Guardian/Carer 1	Parent/Guardian/Carer 2
Other Responsible Person	Name	Relationship to Student

### ADDITIONAL STUDENT INFORMATION

Nationality (Optional)		Religion	
Student First Language			
Language mostly spoken at home			
Is the student of Aboriginal or Torres Strait Islander origin? <i>(For students of both Aboriginal and Torres Strait Islander origin mark both 'YES' boxes)</i>	No		
	Yes, Aboriginal		
	Yes, Torres Strait Islander		
Is this student subject to Access Restriction? <i>(If YES, please attach supporting documentation)</i>	Yes	Relationship to child	
	No		

### Is the Student a Permanent/Temporary Resident

In which country was the student born?	Australia	Other country (please specify)			
Citizenship	Australia	Other country (please specify)			
Permanent Resident	Yes	No	Temporary Resident	Yes	No
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? <i>(If YES, please specify the name of the Case Manager, District and contact phone number).</i>			Yes	No
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	No
Do you receive ABSTUDY?	Yes	No	Secondary Assistance Scheme	Yes	No
Previous School					
Previous School/s					
Reason for change of school(optional):					
PERMISSIONS					
At East Kimberley College, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation/use/access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.					
Digital Release Consent					
Permission for my child's photograph to be in publications such as: School newsletter - School website – promotional brochures/posters and newspapers:				Yes	No
Local Excursions					
Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, local council library or shopping centre. On all occasions, parents will be notified of the local excursion.				Yes	No
Internet Access					
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	No
Viewing Consent					
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	No
Library Membership					
Library membership will allow your child to borrow books and resources from the Kununurra School and Community Library.				Yes	No
Kindilink (Kindergarten enrolments)					
Did your child attend KindiLink (program for 3 year olds)?				Yes	No
STUDENT MEDICAL/HEALTH					
A separate form, the <i>Student Health Care Summary Form 1</i> , 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. <i>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.</i> Please provide details of any other information you would like noted about the student's health.					
Medical Condition/s					
Does the student have a medical condition or intensive health care need? If YES, please specify:			Yes	No	
	Allergy – Anaphylaxis (Form 4)			Seizure Disorder (eg epilepsy) (Form 7)	
	Allergy (Form 5) – Other:			Hearing condition (eg Otitis media)	
	Asthma (Form 8)			Mental health or behavioural (eg depression, ADD/ADHD)	
	Diabetes (Form 6)			Intensive Health Care Need (eg tube feeding)	
	Diagnosed migraine/headaches				
	Other – please specify				

Disability			
Does the student have a disability?		Yes	No
	Autism Spectrum Disorder		Severe Mental Disorder
	Deaf or Hard of Hearing		Global Developmental Delay (prior to age 6)
	Specific Speech Language Impairment		Vision Impairment
	Intellectual Disability		Physical Disability
	Other – please specify		
Please indicate if you have documentation regarding your child's disability. Copies of this documentation will be required for school records			No
Medical Practice			
Medical Practice	OVAHS	Kununurra Medical	
Medicare number		Expiry Date	
Healthcare Card		Expiry Date:	
Do you have Ambulance cover?	Yes	No	
Do you give permission to	Administer First Aid	Call a Doctor	Call a Dentist

SECTION TWO: PARENT/CARER					
Parent/Carer Person 1					
Title		Surname		First Name	
Relationship to the Student					
Mobile		Home Phone		Work Phone	
Residential Address					
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			Bachelor Degree or above		
Year 11 or equivalent			Advanced diploma/Diploma		
Year 10 or equivalent			Certificate I to IV (including trade Certificate)		
Year 9 or equivalent or below			No Non-school qualification		
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>					
What is your occupation group? (Please select one group and check 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					
5. Unemployed, retired, student					

Occupation (cont'd ...)					
Occupation/Workplace		Location		Phone	
Do you speak another language other than English		Yes		No	
If yes, which language?					
Parent/Carer Person 2					
Title		Surname		First Name	
Relationship to the Student					
Mobile		Home Phone		Work Phone	
Residential Address					
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			Bachelor Degree or above		
Year 11 or equivalent			Advanced diploma/Diploma		
Year 10 or equivalent			Certificate I to IV (including trade Certificate)		
Year 9 or equivalent or below			No Non-school qualification		
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>					
What is your occupation group? (Please select one group and check 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					
5. Unemployed, retired, student					
Occupation/Workplace		Location		Phone	
Do you speak another language other than English		Yes		No	
If yes, which language?					
Emergency Contact Person 1 (not listed as Parent/Carer Person 1 or 2 above)					
Title		Surname		First Name	
Relationship to the Student					
Mobile		Home Phone		Work Phone	
Residential Address					
Postal Address				Postcode	
Email Address					
<i>Please advise the College if there are any other contacts you would like recorded.</i>					

Emergency Contact Person 2 (not listed as Parent/Carer Person 1 or 2 above)					
Title		Surname		First Name	
Relationship to the Student					
Mobile		Home Phone		Work Phone	
Residential Address					
Postal Address				Postcode	
Email Address					
<i>Please advise the College if there are any other contacts you would like recorded.</i>					

SECTION THREE: PARENT/CARER SIGNATURE			
The information provided in this application for enrolment is true and accurate.			
Name of person enrolling student			
Signature	Please print this document, sign and deliver or email to EKC.		Date

OFFICE USE ONLY	
Entry Date: ____/____/____	Date Transfer Note Sent: ____/____/____
Records Received <input type="checkbox"/> YES <input type="checkbox"/> NO	on (Date) ____/____/____
Previous School _____	
Form/Class: _____	House/Faction: _____
Entered on School Information System by: _____ on (Date): ____/____/____	
Students official documentation sighted (Date) ____/____/____	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Identity Documents (if applicable) <input type="checkbox"/> Court Orders (if applicable)
AIR immunisation history statement provided: <input type="checkbox"/> YES <input type="checkbox"/> NO Date of issue: ____/____/____	
Vaccination status is: <input type="checkbox"/> Up to date <input type="checkbox"/> Not up to date	
If not up to date, additional request/s for documentation on date/s: ____/____/____, ____/____/____, ____/____/____	
Contributions and Charges Billing: <input type="checkbox"/> PG1: ____% <input type="checkbox"/> PG2: ____% <input type="checkbox"/> Other: ____%	
_____	
_____	
Official documentation: (including reports, to be sent to)	<input type="checkbox"/> PG1: ____ <input type="checkbox"/> PG2: ____ <input type="checkbox"/> Other: _____
_____	
_____	
_____	