



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

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 Person Responsible	Name	Relationship to Student

PARENT/CARER PERSON 1

EMERGENCY CONTACT: 1 2 3

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? (Please select one group number and advise in the box)

Number

<ol style="list-style-type: none"> 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. 	
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Occupation/Workplace	Location	Phone
Do you speak another language other than English	Yes	No
	If yes, which language:	

PARENT/CARER PERSON 2				EMERGENCY CONTACT: 1 2 3		
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 number and advise in the box)					Number	
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:		

ADDITIONAL CONTACT PERSON				EMERGENCY CONTACT: 1 2 3		
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>						

ADDITIONAL STUDENT INFORMATION						
Nationality (Optional)			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)						
No		Yes, Aboriginal		Yes, Torres Strait Islander		
Is this student subject to Access Restriction? (If YES, attach supporting documentation)		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? (If YES, please specify the name of the Case Manager, District and contact phone number).				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):					

SECTION TWO: 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 College 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: College newsletter - College 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 College, 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 College policy (available from the office or College 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
Has your child previously attended a Child and Parent Centre?	Yes	No

SECTION THREE: STUDENT MEDICAL/HEALTH

This information must 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 College 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 College to complete the relevant Health Care Authorisations. Please provide details of any other information you would like noted about the student's health.*

Medical Practice

I give permission for the College to seek medical /dental attention for my child as required.			Yes	No
Medical Practice	OVAHS	Kununurra Medical		
Medicare Card number		Expiry Date		
Healthcare Card number		Expiry Date		
Do you have Ambulance cover?	Yes	No	Insurance provider:	
If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.				
List any essential information that could affect your child in an emergency eg. allergic to penicillin.				

Administration of Medication

Written authorisation must be provided for staff to administer any form of medication at College.
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 College to share your child's health care information?	Yes	No
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Note: If your child is enrolled in 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 College staff?

No	If your child's requirements change, please notify the College immediately.
Yes	You will need to collect additional forms from the front office. Please advise below:

Health Condition/s

Health Condition(s)	✓	Will College staff require specific training to support your child?	
Severe Allergy – Anaphylaxis (Form 4)		Yes	No
Minor and Moderate Allergies (Form 5)		Yes	No
Asthma (Form 8)		Yes	No
Diabetes (Form 6)		Yes	No
Seizures		Yes	No
Activities of Daily Living		Yes	No

Other Conditions or Needs (please specify):			
		Yes	No
		Yes	No
		Yes	No

Has your child's medical practitioner provided a health care plan to assist the College to manage the condition? (If yes, please advise the Principal).	Yes	No
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If you have ticked 'Yes' for specific staff training, please discuss the type of training needed with the Principal.

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).

Medic Alert Information

Does your child have a Medic Alert bracelet or pendant?

Yes

No

If yes, provide details:

SECTION FOUR: PARENT/CARER SIGNATURE

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

Name of person enrolling student

Do you have copies of the following documents to provide to the College:

Birth Certificate

Identity Documents (if applicable)

Court Orders (if applicable)

Immunisation History Statement

Health Care Plan (if applicable)

Signature

Please print this form, sign and drop/email to the EKC Admin. Office

Date

OFFICE USE ONLY

Entry Date: ____/____/____ Date Transfer Note Sent: ____/____/____ Records Received YES NO on (Date) ____/____/____

Form/Class: _____ House/Faction: _____

Does the child have an allergy that needs to be flagged on SIS? YES NO on (Date) ____/____/____

Have relevant health care plans been issued to the parent? YES NO on (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

Entered on College Information System by: _____ on (Date): ____/____/____

Contributions and Charges Billing: PG1: ____% PG2: ____% Other: ____%



Children's Ear Health Program
KIMBERLEY EARBUS
CONSENT



Government of **Western Australia**
 Department of **Health**
 WA Country Health Service

I need help with this form		I need an interpreter		My language:	
<ul style="list-style-type: none"> We are a children's charity working with your medical service to screen and treat ears. We record your child's ear health information electronically and share with your usual health provider in the best interests of your child. We also record your child's results on the Earbus database. Your results are recorded, stored and shared in line with National Privacy Principles. 					
<p>What happens next? A trained screener will:</p> <ul style="list-style-type: none"> Look in your child's ears. Do three quick tests. Contact you about treatment. 					
<p>If needed:</p> <ul style="list-style-type: none"> We might take pictures inside the ear (for the Doctor or specialist); Our Screening or Medical Team may see your child at school or in your community; We might treat your child – we will contact you by phone or letter about this. 					
School Name:		Year:		Class:	
Child's First Name:			Child's Surname:		
Other Names:					
Birth Date:		Gender		Male	Female
Residential Address					
Postal Address					Postcode
I am:	Parent		Guardian		CPFS Caseworker
Mobile		Home Phone			Work Phone
Residential Address					
Postal Address					Postcode
Email Address					
Signature	Please print this form, sign and drop/email to the EKC Admin. Office				Date
IMPORTANT – FAMILY TO COMPLETE					
My Medical Service is:	AMS – OVAHS		Wunan Health		Yura Yungi (YY)
	Hospital/Clinic	(please name Hospital/Clinic):			
Is your child allergic to Medicine?			Yes		No
Any other allergies?			Yes		No

OPTIONAL – Are you or your child?	Aboriginal		Torres Strait		ASTI			
	Maori		Pacific Islander		African			
	Other							
Is your taking Medicine?			Yes		No			
Which one/s?								
Is immunisation up-to-date?			Yes		No			
EAR HEALTH								
Does your child get runny ears?			Yes		No			
Tell us about it:								
Is your child getting help from an Ear Specialist?			Yes		No			
Name of Ear Doctor:				Where?				
GENERAL HEALTH								
Does your child have any health trouble now?			Yes		No			
Tell us about it:								
Has your child had any health trouble in the past?			Yes		No			
Tell us about it:								
Are you worried about your child's health?			Yes		No			
Speech	Balance	Heart	Lungs	Eyes	Skin	Weight	Dental	Other
Tell us about it:								

Who are we? – We're a children's charity who identify and treat 'at risk' children affected by **Otitis media**. (Middle ear disease) We include **education** and **prevention** plans for families and communities where needed.

Who do we work with? We work with local Elders, health providers and educators in your community.

How much does it cost? Our service is **FREE**.

Why attend the Earbus? We bring our highly trained team of Specialists, GP's, Audiologists, Nurses & Health Workers.

Research? We sometimes use data for research and funding. **Your child is never identified in any way.**

Cultural Identity? Is completely optional, however does help us with funding to continue services. Thank you.

FOR MORE INFORMATION, ASK YOUR SCHOOL, AMS or call (08) 9328-4574

www.earbus.org.au

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