



Please fill out all sections SIGN and SUBMIT on the last page.

**All sections in RED are compulsory and required fields are enforced before it will submit.**

Student Surname:

First Name:

Seeking entry into:

In the year:

Previous school:

Sibling at Applecross SHS:

Name 1:

Year:

Name 2:

Year:

Name 3:

Year:

#### Check List

An application will not proceed unless accompanied by all the paperwork requested.

Please have a copy of the documents required as PDFs or JPEGs ready to submit.

I have included a copy of the documents ticked:

Immunisation Certificate

Court Order (if applicable)

Birth Certificate

Visa Grant Notice (if applicable)

Most recent school report and NAPLAN results

Three forms of proof of address \*(Drivers license, Water Rates and phone bill not accepted):

Rates Notice or Lease Agreement

Plus TWO Utilities Bills eg. Electricity, Internet, Water Consumption, Gas (no older than 3 months)

If your child was not born in Australia, you must provide:

Date of entry into Australia;

Passport or travel documents; and Visas

Current visa and previous visas (if applicable) OR Australian Citizenship Certificate



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



[Applecross.SHS.Enrolments@education.wa.edu.au](mailto:Applecross.SHS.Enrolments@education.wa.edu.au)



(08) 9314 9393

Achieve

# Student Details

Information in **RED** boxes must be provided.

Surname:

Legal Surname:

First Name:

Second Name:

Preferred Name:

Mobile Phone:

Date of Birth:

Gender:

Address: Number:

Street Name:

Suburb:

State:

Postcode:

Is this student in the care of the Department of Child Protection and Family Support (DCPFS)?

If YES, please specify the name of the DCP Case Manager, their DCP District and their contact phone number.

Is this student subject to any court orders in respect of their care, welfare and development?

(If YES, please attach supporting documentation).

Is your child currently under suspension/exclusion from a school?

Does the student require extra support? If YES, please indicate, where you have documentation, about the child's learning difficulties in any of the following areas:  
(Copies of this documentation will be required for school records).

Learning Difficulty

Autism Spectrum Disorder

Intellectual Disability

Auditory Processing Disorder

Hearing Impairment

Physical Disability

ADHD/ADD

Vision Impairment

Dyspraxia

Specific Speech Language Impairment

Severe Mental Disorder

Other eg. dyslexia, dysgraphia:

I give permission for the Learning Support Coordinator to be made aware of my child's support needs and to provide information when required to staff.

Does your child qualify for 'Schools Plus'?

If Yes why:

Is the student of Aboriginal or Torres Strait Islander origin?

Does the student mainly speak English at home?

Does the student speak a language other than English at home?

In which country was the student born? Australia:

OR Other - Please specify:

Other Language:

(If more than one, indicate the one that is spoken most often)

Citizenship: Australian:

OR Other - Please specify:

If OTHER please specify by filling out the **RED** box below:

## Other Nationality

Permanent Resident:

Temporary Resident:

Visa Sub OR Class Number:

Visa Expiry Date:

Visa Grant Number:

(Photocopy of VISA GRANT NOTICE required)

Date Entered Australia:

Passport Number:

# Parent/Guardian Details

Information in **RED** boxes must be provided.

## Parent/Responsible Person Details

Child lives with

Is the student subject to access restrictions?

(if yes please attached supporting documentation)

## Primary Parent/Carer 1 - Details (this should be the most available SMS contact)

Title:

First Name:

Surname:

Please indicate relationship to student:

Postal Address:

(if different from student residential address)

Email Address:

Postcode:

Mobile:

Work Telephone:

Home Telephone:

Does the student live with you?

Are you the person to be billed for the school fees?

In case of an emergency, should you be notified?

Should you receive the family mail?

Do you mainly speak English at home?

OR other language:

What is the highest year of primary or secondary school you have completed?

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

Occupation/Workplace:

Country of Birth:

What is the level of the highest qualification you have completed?

What is your occupation group?

(write 1,2,3,4 or 8)

Please select the appropriate parental occupation from the list provided [HERE](#)

## Primary Parent/Carer 2

Title:

First Name:

Surname:

Please indicate relationship to student:

Postal Address:

(if different from student residential address)

Email Address:

Postcode:

Mobile:

Work Telephone:

Home Telephone:

Does the student live with you?

Are you the person to be billed for the school fees?

In case of an emergency, should you be notified?

Should you receive the family mail?

Do you mainly speak English at home?

OR other language:

What is the highest year of primary or secondary school you have completed?

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

Occupation/Workplace:

Country of Birth:

What is the level of the highest qualification you have completed?

What is your occupation group?

(write 1,2,3,4 or 8)

Please select the appropriate parental occupation from the list provided [HERE](#)

# Additional Emergency Contact Details

(must be an adult and reside within the metropolitan area)

Title: First Name: Surname:

Please indicate relationship to the student:

Mobile: Work Telephone: Home Telephone:

Please advise the school if there are any other contacts you would like recorded.

## Unique Student Identifier (USI)

Registered Training Organisations require students to provide a USI for an enrolment to be processed in a Certificate. Please refer to the [USI Student quick guide](#) for information about the USI and how to create one. Visit [www.usi.gov.au](http://www.usi.gov.au). Once created, please enter the USI in the field below.

Unique Student Identifier (USI) Number:

### DECLARATION

Declare that the information provided on this form is true and understand that if found to be false or misleading the enrolment of my child at Applecross SHS will be terminated.

Applecross SHS students are required to abide by the [School Dress Code](#). I am aware of the dress code requirements and will ensure that my child will conform fully to wear the correct school uniform.

As a student of Applecross SHS, I acknowledge receipt of, and hereby agree to abide by the requirements of the school's [Good Standing Policy](#).

I understand that Applecross SHS has a [Mobile Phone Policy](#) with the main message "Off and Away All Day" and I will ensure that my child follows these requirements at all times.

I give permission for my child's image and work to be used for staff identification purposes, Yearbook, SmartRider, curriculum, promotional and public relations purposes by Applecross SHS and the Department of Education.

Applecross SHS students are expected to abide by the [BYOD](#) and [Computer Acceptable Use Policy](#). I will support my child in abiding by the directions of this policy.

All students of Applecross SHS every student has Rights and Responsibilities. I recognise that my child is expected to value and work within the school's [Behaviour Management Plan](#) at all times.

I agree to meet my obligations regarding payment of **compulsory charges and voluntary contributions**.

Name of Student Student Signature Date

If you are unable to sign this form please check this box and type your name in the signature box to confirm the above information is true and correct.

Parent/Guardian Name: Parent/Guardian Signature Date

If you are unable to sign this form please check this box and type your name in the signature box to confirm the above information is true and correct.

**Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.**

Office Use Only:

Name of Enrolling Officer Enrolling Officer Signature Date

# FORM 1 - STUDENT HEALTH CARE SUMMARY

## SECTION A

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

### FAMILY CONTACT DETAILS MEDICAL DETAILS

Name:	Medical Practice:	Telephone:
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.	
Telephone: (W) (H) (M)	Do you have ambulance insurance? 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: Card Number	Expiry Date
Telephone: (W) (H) (M)	Medicare No.(If required - for children requiring regular emergency care): Card Number:	Reference No.: 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?

**Note:** If your child is enrolled in aTAFE, 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:

If you are unable to sign this form please check this box and type your name in the signature box to confirm the above information is true and correct

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		
Minor & Moderate Allergies		
Diabetes		
Seizures		
Asthma		
Activities of Daily Living		
Other Conditions or Needs (Please specify)		
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		
If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.		

# FORM 1 - STUDENT HEALTH CARE SUMMARY (cont'd)

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.

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?

If yes, provide details:

Signature:

Parent/Carer Signature:

Date:

Parent/Carer Name:

If you are unable to sign this form please check this box and type your name in the signature box to confirm the above information is true and correct.

**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?

Date:

Have relevant health care plans been issued to the parent?

Date:

Has the Principal been informed if:

- specific training is required to support the student?
- the student's health care information is to be restricted?

Date Student Health Care Summary was completed and uploaded on SIS:



**Office use only**

Medical conditions: _____ _____ _____	Academic year	7	8	9	10	11	12
	Calendar year						
	Form/class						

**Particulars of student**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Current address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Student's mobile: \_\_\_\_\_  
 Current school: \_\_\_\_\_ Last school attended: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_  
 Main language spoken at home: \_\_\_\_\_ Interpreter required: \_\_\_\_\_  
 Student of Aboriginal origin? \_\_\_\_\_

**Parent/guardian contact**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Student's brothers and sisters:  
 1. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_  
 2. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_  
 3. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_  
 4. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_  
 5. Full name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

**The Health Centre at school does not stock or routinely give out medicines for headaches or other pain relief. Parents are advised to supply medicines for their child if needed.**

The School Dental Service (SDS) provides free dental health checkups to students attending a Department of Education recognised school from 5 to 16 years of age or to Year 11, whichever comes first. For more information please call 9313 0555 or visit [www.dental.wa.gov.au](http://www.dental.wa.gov.au)

If you would like assistance completing this form, please contact the Community Health Nurse at your child's school.

Office Use: Student's Name: \_\_\_\_\_

UMRN: \_\_\_\_\_

Retain until: \_\_\_\_\_

# High School Health Record

If your child has a health issue that may require support at school, a parent/guardian is required to complete a health care plan which is available from the school administration office. This will inform and prepare the school staff to better manage health care needs and or respond to health emergencies during school hours.

## Student health status

Tick current health issues

Office use only:

<input type="checkbox"/>	Anaphylaxis risk	
<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Diagnosed migraine or other headaches	
<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Hearing impairment	
<input type="checkbox"/>	Mental health and wellbeing concerns	
<input type="checkbox"/>	Visual impairment	
<input type="checkbox"/>	Learning difficulties	
<input type="checkbox"/>	Other condition/s	

Please note any other information which would be helpful for the Community Health Nurse:

**The information on this form remains confidential and is used only by authorised Health Service staff. Consent to provide health care and/or to share personal information will be sought from parent, guardian or student as appropriate.**

This form was completed by:

Name:

Relationship to student:

Signed:

Date:

If you are unable to sign this form please check this box and type your name in the signature box to confirm the above information is true and correct.

## Office use only:

Date	Acuity level	

**Confidential Record**



# Enrolment Submission

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Press **SUBMIT** when all sections in **RED** are completed.  
You will be unable to press **SUBMIT** if sections in **RED** are not completed.

Once the application has been submitted online you will receive an email acknowledging your application.  
**You are then required to attach all mandatory documentation to this email for the enrolment to proceed.**  
**If the required document/s are not emailed to the school your enrolment will not progress.**