



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 (from Medicare)

Court Order (if applicable)

Birth Certificate

Most recent NAPLAN report

Most recent school report

Most recent OLN report

USI Email

Diagnostic Medical report (if applicable)

Three forms of proof of address:

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, or both parents were born overseas, you must provide:

Evidence of date of entry into Australia (if arrived within 3 years, please provide initial passport the student entered Australia with;

Passport or travel documents

Australia or

Overseas: Country

Current visa and previous visas (if applicable)

Citizen Certificate (if applicable)



[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?

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 - all fields to be completed

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:

# Student Number

Your child's unique Student Number, an 8-digit number, is required for enrolment. You can locate this number on the student's school report.

Student Number:

# 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:

In addition to the information below, the Student Health Care Summary is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a recognised or qualified, medically, professionally diagnosed disability?

Do you have a current diagnostic medical report from a specialist?

If YES please specify:

Autism Spectrum Disorder	Severe Mental Disorder
Deaf or Hard of Hearing	Global Development Delay (prior to age 6)
Specific Speech Language Impairment	Vision Impairment
Intellectual Disability	Physical Disability
Dyslexia (SLD in Reading)*	ADHD (Attention Deficit Hyperactivity Disorder)
Dysgraphia (SLD in Written Expression)*	PTSD (Post-traumatic Stress Disorder)
Dyscalculia (SLD in Mathematics) *	Other:
ADD (Attention Deficit Disorder)	
Depression (severe)	
FASD (Foetal Alcohol Spectrum Disorder)	

\* SLD - Specific Learning Disorder

Does the student have a medical condition or intensive health care need?

If Yes, please specify:

Allergy - Anaphylaxis	Hearing condition (e.g.. otitis media)
Allergy - Other	Asthma
Diabetes	Intensive Health Care Need (e.g. tube feeding)
Diagnosed migraine/headaches	Other:
Seizure Disorder (e.g. epilepsy)	

Specialist medical reports must be provided at time of enrolment for conditions that are current, as this will be recorded on the child's records. Reports from CAMHS (Child Adolescent Mental Health Services) can be no older than six months from the date on the report. Specialist medical reports will aid with special exam conditions during classroom assessments, NAPLAN, OLNA and ATAR.

For medically diagnosed conditions such as Anaphylaxis, Asthma, Diabetes, Seizures etc please provide current and signed Action Plan from the specialist.

# 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) NB: This person receives all contact from the school while the student is in admissions.

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

(Where the parent/guardian/carer cannot be contacted, please provide alternative contact e.g. relative, family friend. Must be an adult and reside within the metropolitan area)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Please indicate relationship to the student:  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Please advise the school if there are any other contacts you would like recorded.

## 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 have read and understood the Applecross Senior High School [Student Code of Conduct](#).

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

Name of Student \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.**

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are completing this form online and are unable to sign this form please check this 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 a TAFE, 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 completing this form online and are unable to sign this form please check this 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 completing this form online and are unable to sign this form please check this 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:

# 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.

**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.**