

PINGELLY PRIMARY SCHOOL ENROLMENT FORM



PLEASE COMPLETE ALL SECTIONS

Student Details

| | | | |
|------------------------|--|--|---|
| SURNAME | | ENROLLING INTO YEAR | |
| LEGAL SURNAME | | PREFERRED START DATE | |
| FIRST NAME | | PREFERRED NAME | |
| MIDDLE NAME | | DATE OF BIRTH | |
| RESIDENTIAL ADDRESS | | GENDER | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| | | POSTCODE | |
| NATIONALITY | | DOES THE STUDENT MAINLY SPEAK ENGLISH AT HOME? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| IF NO, LANGUAGE SPOKEN | | | |
| RELIGION | | WITHDRAWN FROM R/E? | YES <input type="checkbox"/> |
| IS THE STUDENT | <input type="checkbox"/> ABORIGINAL | <input type="checkbox"/> BOTH ABORIGINAL & TORRES STRAITS ISLANDER | <input type="checkbox"/> NEITHER ABORIGINAL OR TSI |
| KINDILINK STUDENT | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

RELATIONSHIP WITH PARENT/S

| | | | |
|------------------|--------------------------|--------------------------|--------------------------|
| CHILD LIVES WITH | | | |
| BOTH PARENTS | <input type="checkbox"/> | PARENT 2 ONLY | <input type="checkbox"/> |
| PARENT 1 ONLY | <input type="checkbox"/> | OTHER PERSON RESPONSIBLE | <input type="checkbox"/> |

ACCESS RESTRICTION

| | | | |
|--|--|-----------------------|--|
| Is this student subject to access restriction? <i>(Attach supporting documentation)</i> | 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 |
|-----------|-----------|-----------|

PREVIOUS SCHOOL

| | |
|------------------------------|--|
| NAME OF SCHOOL LAST ATTENDED | |
|------------------------------|--|

DEPARTMENT OF CHILD PROTECTION

| | | | |
|--|--|-------------------|--|
| Is this student in the care of child protection & family services (CPFS) if yes, please specify: | YES <input type="checkbox"/> NO <input type="checkbox"/> | CPFS 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 attach supporting documentation. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|--|

PERMANENT/TEMPORARY RESIDENT

| | | | |
|--------------------------------|---|----------------------------|--|
| COUNTRY WHERE STUDENT WAS BORN | Australia <input type="checkbox"/> or Other country please specify & Complete below | | |
| CITIZENSHIP | Australia <input type="checkbox"/> or Other country please specify & Complete below | | |
| PERMANENT RESIDENT | YES <input type="checkbox"/> | DATE ARRIVED IN AUSTRALIA | |
| | | VISA GRANT NUMBER | |
| | | VISA SUB CLASS NUMBER | |
| | | VISA SUB CLASS EXPIRY DATE | |
| | | PASSPORT NUMBER | |
| OR | | | |
| TEMPORARY RESIDENT | YES <input type="checkbox"/> | DATE ARRIVED IN AUSTRALIA | |
| | | VISA GRANT NUMBER | |
| | | VISA SUB CLASS NUMBER | |
| | | VISA SUB CLASS EXPIRY DATE | |
| | | PASSPORT NUMBER | |

Student Permission Details

PERMISSIONS – By ticking these boxes, you and your child agree to abide by the School's Policies, included in the Information Pack.

A FULL VERSION OF THESE POLICIES ARE AVAILABLE ON THE WEBSITE OR ON REQUEST FROM THE OFFICE.

| | | |
|---------------------------|------------------------------|-----------------------------|
| INTERNET USAGE PERMISSION | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MOBILE PHONE POLICY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ONLINE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| VIEWING CONSENT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please tick photo permissions for your child's image to be used in the following forms of communication.

| | | | | | |
|-------------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| ALL FORMS OF COMMUNICATION | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IF NO, PLEASE TICK OPTIONS BELOW | | |
| SCHOOL NEWSLETTER | YES <input type="checkbox"/> | NO <input type="checkbox"/> | PINGELLY PS FACEBOOK PAGE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| PINGELLY TIMES | YES <input type="checkbox"/> | NO <input type="checkbox"/> | PINGELLY PS WEBSITE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SCHOOL HANDBOOKS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | MOBILE PHONE PERMISSION | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| LOCAL NEWSPAPER PAPER | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SCHOOL CHAPLAIN CONSENT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SCHOOL BASED ELECTRONIC MEDIA | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SEESAW | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Student Medical / Health Conditions

| | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|------------------------------|------------------------|
| MEDICARE CARD NUMBER | | EXPIRY DATE | | | | |
| HEALTHCARE CARD NUMBER | | EXPIRY DATE | | | | |
| MEDICAL PRACTICE | | AMBULANCE COVER | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| PERMISSION TO ADMINISTER FIRST AID | YES <input type="checkbox"/> | NO <input type="checkbox"/> | PERMISSION TO CALL AMBULANCE | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Does the student have a medical condition or intensive health care need? | NO <input type="checkbox"/> | | | | YES <input type="checkbox"/> | IF YES, PLEASE SPECIFY |
| <input type="checkbox"/> | ALLERGY – ANAPHYLAXIS | <input type="checkbox"/> | SEIZURE DISORDER (E.G. EPILEPSY) | | | |
| <input type="checkbox"/> | ALLERGY – OTHER | <input type="checkbox"/> | HEARING CONDITION | | | |
| <input type="checkbox"/> | ASTHMA | <input type="checkbox"/> | MENTAL HEALTH OR BEHAVIOURAL (E.G. DEPRESSION, ADD/ADHD) | | | |
| <input type="checkbox"/> | DIABETES | <input type="checkbox"/> | INTENSIVE HEALTH CARE NEED (E.G. TUBE FEEDING) | | | |
| <input type="checkbox"/> | DIAGNOSED MIGRAINE/HEADACHES | <input type="checkbox"/> | OTHER – PLEASE SPECIFY | | | |

DISABILITY

| | | | | | | |
|---|--|--------------------------|---------------------------------------|--|--|-----------------------------|
| DOES THE STUDENT HAVE A DISABILITY? | <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE SPECIFY: | | | | | |
| <input type="checkbox"/> | AUTISM SPECTRUM DISORDER | <input type="checkbox"/> | GLOBAL DEVELOPMENTAL DELAY | | | |
| <input type="checkbox"/> | DEAF OR HARD OF HEARING | <input type="checkbox"/> | VISION IMPAIRMENT | | | |
| <input type="checkbox"/> | SPECIFIC SPEECH LANGUAGE IMPAIRMENT | <input type="checkbox"/> | PHYSICAL DISABILITY | | | |
| <input type="checkbox"/> | INTELLECTUAL DISABILITY | <input type="checkbox"/> | IF OTHER PLEASE PROVIDE DETAILS BELOW | | | |
| <input type="checkbox"/> | SEVERE MENTAL DISORDER | | | | | |
| 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"/> |
| I authorise for my child's information (not their name) to be included in the national consistent collection of data (NCCD) | YES <input type="checkbox"/> | | | | | NO <input type="checkbox"/> |

Parent / Carer - Emergency Contact 1

| | | | | | |
|---|---|---|--|------------|----------|
| TITLE | | SURNAME | | FIRST NAME | |
| RELATIONSHIP TO STUDENT | | | | | |
| MOBILE | | HOME PHONE | | WORK PHONE | |
| POSTAL ADDRESS (if different from student residential 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"/> | | |
| Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'. | | | | | |
| What is your occupation group? (More detailed description of groups available if required) | 1 <input type="checkbox"/> - Senior Management in Large business organisation 2 <input type="checkbox"/> - Other Business Managers, & associate professionals 3 <input type="checkbox"/> - Tradesmen/women, clerks and skilled office, sales and service staff 4 <input type="checkbox"/> - Machine Operators, hospitality staff, labourers and related workers 8 <input type="checkbox"/> - Not in paid work in the last 12 months | | | | |
| Occupation/Workplace | | Location | | | |
| Do you speak a language other than English? | NO <input type="checkbox"/> YES <input type="checkbox"/> If YES which language? _____ Mainly Speak English at home? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

Parent / Carer - Emergency Contact 2

| | | | | | |
|---|---|---|--|------------|----------|
| TITLE | | SURNAME | | FIRST NAME | |
| RELATIONSHIP TO STUDENT | | | | | |
| MOBILE | | HOME PHONE | | WORK PHONE | |
| POSTAL ADDRESS (if different from student residential 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"/> | | |
| Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'. | | | | | |
| What is your occupation group? | 1 <input type="checkbox"/> - Senior Management in Large business organisation 2 <input type="checkbox"/> - Other Business Managers, associate professionals 3 <input type="checkbox"/> - Tradesmen/women, clerks and skilled office, sales and service staff 4 <input type="checkbox"/> - Machine Operators, hospitality staff, labourers and related workers 8 <input type="checkbox"/> - Currently not in paid work | | | | |
| Occupation/ Workplace | | LOCATION | | | |
| Do you speak a language other than English? | NO <input type="checkbox"/> YES <input type="checkbox"/> If YES which language? _____ Mainly Speak English at home? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

Additional Contact - Person 1

| | | | |
|-------------------------|--|------------|--|
| NAME | | | |
| RELATIONSHIP TO STUDENT | | | |
| MOBILE PHONE | | HOME PHONE | |
| WORK PHONE | | EMAIL | |
| ADDRESS | | | |

Additional Contact - Person 2

| | | | |
|-------------------------|--|------------|--|
| NAME | | | |
| RELATIONSHIP TO STUDENT | | | |
| MOBILE PHONE | | HOME PHONE | |
| WORK PHONE | | EMAIL | |
| ADDRESS | | | |

UNIFORM

| | | |
|---|------------------------------|-----------------------------|
| I agree to fully support the school's uniform policy and understand PPS has a no hat, no play policy. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

Signature

| | | | |
|----------------------------------|--|------|--|
| Name of person enrolling student | | | |
| Relationship to student | | | |
| Signature | | Date | |

Please ensure all sections of the enrolment form are completed & attach a copy of your child's birth certificate & immunisation records. A copy of immunisation records can be found online through myGov.

OFFICE USE ONLY

| | | | | |
|-------------------------------|------------------------------|-----------------------------|--|---|
| Entry date into PPS | | Year & room number | | |
| Court orders: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Court documents supplied YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Medical action plan required | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Publications/permissions checked YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Birth certificate | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Immunisation details received YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Date sighted | | | Immunisations up to date YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Visa papers received & copied | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | Parents/Guardian supplied seesaw paperwork YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Passport received & copied | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| Faction allocation to | | Entered into SIS by | | |
| Student added to seesaw | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date | |
| Transfer note sent | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date transfer note sent | |



Local Excursions

Dear Parents / Caregivers,

Throughout the year students attend various events that are located off school grounds, some of these require students to walk to locations nearby, for example the PRACC, Town Oval and the Memorial Park etc. for activities that include but are not limited to the following:

- Athletics carnival practice
- X-Country Training
- Choir Performances
- Anzac / Memorial services etc.

In attempt to manage time more effectively and cut down on paperwork we are requesting parents/ caregivers sign a form once, which will allow your child/ren to leave school grounds from time to time under direct teacher supervision and walk (or be bused if inclement weather) within a 5kms radius from school grounds. This form will allow your child/ren to attend the events without signing individual consent forms for every trip. Along with the permission note, parents/ guardians are also required to notify the school immediately if health conditions change or arise. Please note, parents/caregivers will be notified when students will be leaving the school ground through a range of forums. If you have any queries or concerns, please don't hesitate to contact the school.

Thank you for your co-operation.

Kind Regards,

Principal – PPS

Local Excursion Permission

I give permission for my child/ren _____ to leave school grounds under teacher supervision to walk or be bused to local sites within a 5km radius from Pingelly Primary School to attend various training, practice or services throughout their schooling time at Pingelly PS. I agree to keep the school informed and updated if my child's health situation changes. I understand the nature of these activities and in the event of an emergency I give permission for staff to consent to any emergency medical treatment considered necessary.

Parent / Caregiver Name: _____

Parent / Caregiver Signature: _____

Date: ____/____/____



CONFIDENTIAL DECLARATION FORM



Department of Education

151 Royal Street, East Perth WA 6004

STRICTLY CONFIDENTIAL

Confidential Declaration form must be completed by:

- Persons requiring access to schools who are **not** employees of the Department of Education.

Please read the following carefully, and tick (✓) **one** of the boxes below:

| | | |
|---|---|--|
| 1 | I declare that I DO NOT HAVE any convictions, circumstances or reasons, which might preclude my working with, or near, children. | |
|---|---|--|

OR

| | | |
|---|--|--|
| 2 | I declare that I DO HAVE convictions, circumstances or reasons which might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below: _____ _____ _____ _____ _____ (Please attach a separate sheet of paper, if required) | |
|---|--|--|

I certify the accuracy of the above information. I am aware that I may be required to consent to a criminal record clearance, through the Department of Education's Screening Unit, if it is considered necessary to verify the information I have provided.

| | | | |
|------------------------|--|-------|--|
| Parent Name: | | | |
| Child/ren: | | | |
| Company: (if relevant) | | | |
| Address: | | | |
| Telephone: | | | |
| Email: | | | |
| School visiting: | | | |
| Purpose of visit: | | | |
| Signature: | | Date: | |

PINGELLY PRIMARY SCHOOL—UNIFORM ORDER

| Name: | | Date: | | | | | | | | |
|---|--|-------------------|---|---|---|----|----|----|--------------|--------|
| UNIFORM SHIRT - <u>\$28.50</u> | | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | Amount |
| Child | | | | | | | | | | \$ |
| FACTION SHIRT - <u>\$28.50</u> | | | 4 | 6 | 8 | 10 | 12 | 14 | 16 | Amount |
| Red | | | | | | | | | | \$ |
| Green | | | | | | | | | | \$ |
| Gold | | | | | | | | | | \$ |
| MICROFIBER JACKET - <u>\$40.00</u> | | | 4 | 6 | 8 | 10 | 12 | 14 | 16 | Amount |
| Child | | | | | | | | | | \$ |
| SCHOOL JUMPER - <u>\$38.00</u> | | | 4 | 6 | 8 | 10 | 12 | 14 | Sml Adult | Amount |
| Child | | | | | | | | | | \$ |
| MICROFIBER SPORTS PANTS - <u>\$25.00</u> | | | 4 | 6 | 8 | 10 | 12 | 14 | 16 | Amount |
| Child | | | | | | | | | | \$ |
| SPORTS SKORT - <u>\$25.00</u> | | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | Amount |
| Child | | | | | | | | | | \$ |
| MICROFIBER SHORTS - <u>\$25.00</u> | | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | Amount |
| Child | | | | | | | | | | |
| SCHOOL HAT - <u>\$15.00</u> | | One size fits all | | | | | | | | Amount |
| | | | | | | | | | | \$ |
| | | | | | | | | | | |
| Total amount owed \$ | | | | | | | | | | |

Office use only:

Paid via:

- Cash
- Centre pay
- Paying online

| Banking Details | |
|-----------------------------|-------------|
| Pingelly Primary School P&C | Amount Owed |
| BSB – 633 000 | \$ |
| Account Number - 141439042 | |