

PARENT/GUARDIAN 1 DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			Surname		
Given Name/s						
Date of Birth (dd/mm/yyyy)						
Relationship to student						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex					
Parental Responsibility	<input type="checkbox"/> YES <input type="checkbox"/> NO		Resides with student	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsible for payment of school fees	<input type="checkbox"/> YES <input type="checkbox"/> NO		Receive correspondence	<input type="checkbox"/> YES <input type="checkbox"/> NO		
To be contacted in an emergency	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th					
Email						
Mobile phone number						
Telephone (work)						
Residential address						
Suburb				Postcode		
Postal address (If different from above)						
Suburb				Postcode		
Does Parent/Guardian 1 mainly speak English at home						<input type="checkbox"/> YES <input type="checkbox"/> NO
Does Parent/Guardian 1 speak a language other than English at home						<input type="checkbox"/> YES, other <input type="checkbox"/> NO, english only
If yes, please specify. If more than one language, indicate the one that is spoken most often						
What is the highest year level of school Parent/Guardian 1 has completed	<input type="checkbox"/> Year 12 or equivalent		<input type="checkbox"/> Year 11 or equivalent			
	<input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Year 9, equivalent or below			
<i>(If parent/guardian did not attend school, tick 'Year 9 or equivalent or below')</i>						
What is the level of the highest qualification Parent/Guardian 1 has completed	<input type="checkbox"/> Bachelor degree or above		<input type="checkbox"/> Advanced diploma / Diploma			
	<input type="checkbox"/> Certificate I to IV (including trade certificate)		<input type="checkbox"/> No non-school qualification			
What is the occupation group for Parent/Guardian 1 <i>(If Parent/Guardian 2 are not currently in paid work but have had a job in the last 12 months, please use their last occupation. If Parent/Guardian 1 have not been in paid work in the last 12 months, please tick 5.)</i>	<input type="checkbox"/> 1. Senior Management in large business organisation, government administrations & defence, and qualified professionals <input type="checkbox"/> 2. Other business managers, arts/media/sportspersons & associate professionals <input type="checkbox"/> 3. Tradespeople, clerks and skilled office, sales & service staff <input type="checkbox"/> 4. Machine operators, hospitality staff, assistants, labourers, and related workers <input type="checkbox"/> 5. Unemployed, Retired, Student					

PARENT/GUARDIAN 2 DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	Surname		
Given Name/s				
Date of Birth (dd/mm/yyyy)				
Relationship to student				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex			
Parental Responsibility	<input type="checkbox"/> YES <input type="checkbox"/> NO	Resides with student	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsible for payment of school fees	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receive correspondence	<input type="checkbox"/> YES <input type="checkbox"/> NO	
To be contacted in an emergency	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th			
Email				
Mobile phone number				
Telephone (work)				
Residential address				
Suburb		Postcode		
Postal address (If different from above)				
Suburb		Postcode		
Does Parent/Guardian 2 mainly speak English at home	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does Parent/Guardian 2 speak a language other than English at home	<input type="checkbox"/> YES, other <input type="checkbox"/> NO, english only			
If YES, please specify. If more than one language, indicate the one that is spoken most often				
What is the highest year level of school Parent/Guardian 2 has completed	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9, equivalent or below			
<i>(If parent/guardian did not attend school, tick 'Year 9 or equivalent or below')</i>				
What is the level of the highest qualification Parent/Guardian 2 has completed	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
What is the occupation group for Parent/Guardian 2 <i>(If Parent/Guardian 2 are not currently in paid work but have had a job in the last 12 months, please use their last occupation. If Parent/Guardian 1 have not been in paid work in the last 12 months, please tick 5.)</i>	<input type="checkbox"/> 1. Senior Management in large business organisation, government administrations & defence, and qualified professionals <input type="checkbox"/> 2. Other business managers, arts/media/sportspersons & associate professionals <input type="checkbox"/> 3. Tradespeople, clerks and skilled office, sales & service staff <input type="checkbox"/> 4. Machine operators, hospitality staff, assistants, labourers, and related workers <input type="checkbox"/> 5. Unemployed, Retired, Student			

SIBLINGS DETAILS (currently attending Thornlie Senior High School)

Name		Year Level	

ADDITIONAL EMERGENCY CONTACTS (Other than Parent/Guardian)**OTHER CONTACT DETAILS**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	Surname	
Given Name/s			
Date of Birth (dd/mm/yyyy)			
Relationship to student			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex		
Parental Responsibility	<input type="checkbox"/> YES <input type="checkbox"/> NO	Resides with student	<input type="checkbox"/> YES <input type="checkbox"/> NO
Responsible for payment of school fees	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receive correspondence	<input type="checkbox"/> YES <input type="checkbox"/> NO
To be contacted in an emergency	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
Email			
Mobile phone number			
Telephone (work)			
Residential address			
Suburb		Postcode	

OTHER CONTACT DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	Surname	
Given Name/s			
Date of Birth (dd/mm/yyyy)			
Relationship to student			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex		
Parental Responsibility	<input type="checkbox"/> YES <input type="checkbox"/> NO	Resides with student	<input type="checkbox"/> YES <input type="checkbox"/> NO
Responsible for payment of school fees	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receive correspondence	<input type="checkbox"/> YES <input type="checkbox"/> NO
To be contacted in an emergency	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
Email			
Mobile phone number			
Telephone (work)			
Residential address			
Suburb		Postcode	

STUDENT DETAILS – ADDITIONAL INFORMATION

Student's Religion <i>(If applicable)</i>			
Is the student to be withdrawn from religious instruction or activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
What was the first language spoken at home?			
Does the student speak another language other than English at home?	<input type="checkbox"/> YES, other <input type="checkbox"/> NO, english only		
If YES, please specify. <i>(If more than one language, including Aboriginal language, indicate the one that is spoken most often)</i>			
Does the student mainly speak English at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the student of Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander (TSI) <input type="checkbox"/> Yes, both Aboriginal and TSI			
Is this student the subject to any court orders regarding their day to day or long term care, welfare or development?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, a copy of all court orders must be provided with this application			
Is this student in the care of Director General of the Department of Communities – Child Protection and Family Support (CPFS)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following details	CPFS District		
	CPFS Case Manager		
	Contact number		
Is this student an Australian Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
In which country was this student born?			
If born outside of Australia, please specify the date the student entered Australia			
If the student is a permanent or temporary resident: Please attach a copy of their VISA.			
<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Temporary Resident	
Passport Number		Passport Number	
VISA Sub Class number		VISA Sub Class number	
VISA Grant Number		VISA Grant Number	
VISA expiry date		VISA expiry date	

Previous School	
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SMARTRIDER CARD CONSENT

I give permission for the student's details and photo to be released to the Public Transport Authority.
Students will receive their SmartRider within approximately 10 business days from the date their photo is taken and will be sent a notice to collect from the Library once they arrive. You can add value to the SmartRider at Transperth InfoCentres, add-value machines at a station or on board a bus with cash.
 Enquiries regarding school bus services should be directed to the Public Transport Authority email enquire@pta.wa.gov.au or call 136 213.

Parent/Guardian Name		Signature	
Date			
<input type="checkbox"/> If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.			

PERMISSION TO PUBLISH

Your permission is sought from the school to publish video or photographic images of the student and/or samples of the student's school work to be used by the school and the Department of Education. The purposes of using the images or work will be activities such as promoting the school, school events and student achievements.

The student's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, audio and video file formats, and published through a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), and any third party applications and local newspapers and in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of the student or student's work; however, there will be occasions when your child's name, class and school may be published along with the images.

Once signed, the consent will remain effective until such time as you advise the school otherwise.

PARENT/GUARDIAN DECLARATION

I give Thornlie Senior High School and the Department of Education permission for the student to be recorded and reproduction of photographic and video images and audio of the student and of their school work to be used for the purposes as stated above.

IMPORTANT – PLEASE NOTE: I understand that while Thornlie Senior High School and the Department of Education will only use and/or publish the student's information for the above-stated purposes, the internet is accessible by any person/entity worldwide. I understand that the student's information can be accessed, copied, and used by any other person/entity using the internet (e.g. shared through social media such as Facebook, YouTube etc.) I understand that once the student's information has been published on the internet the school and Department of Education has no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department of Education in writing; however, this will not affect materials that have already been published and disseminated.

I agree

I do NOT agree – please do NOT publish the student's photo/work

Student's name

Parent/Guardian Signature

Date

Student Signature

Date

PARENT GUARDIAN ENROLMENT DECLARATION

I understand that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures. That information on the enrolment form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes the Department of Health with my child's immunisation status as required.

I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I have provided all required documentation.

I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled. Information may need to be checked by the school

Parent/Guardian Name

Signature

Date

If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.

APPROVAL OF PRINCIPAL OR DELEGATE

Enrolment approved

YES NO

Date

Principal or Delegate signature

STUDENT HEALTH CARE SUMMARY



Please note if the student has a health condition, it is imperative that the extra health forms are completed and returned as soon as possible so the school can take appropriate action, if required. Where appropriate students should be encouraged to participate in their health care planning.

If you require assistance to complete this form, please contact the Enrolment Officer on 6235 7900.

PERSONAL DETAILS

Student's surname	
First Name	
Date of Birth (dd/mm/yyyy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex

SECTION A - INFORMED CONSENT

Written authorisation must be provided for staff to administer any form of medication at school. Please request an Administration of Medication form if needed. All medication must be supplied by the parent/guardian.

The student's health care information will be shared on an as-needed basis unless otherwise stated

Do you give permission for the school to share the student's health care information? If the student is enrolled in a TAFE or alternative education program, this includes the transfer of their health care information to the principal or manager of that program.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you give permission for the student's medical details and photo to be on view for staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the student's Medical Practitioner provided a health care plan to assist the school to manage any medical conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable

SECTION B - MEDICAL DETAILS

Medical Practice	
Name of Doctor	
Address	
Phone Number	
Do you have Ambulance Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please specify the name of insurance provider	
Does the student have a Medic Alert bracelet or pendant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please specify condition	
Medicare Card Number	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
Medicare expiry date	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
Health Care Card (If applicable)	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
Health Care Card expiry date	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

SECTION C - CONDITIONS

Does the student have a health condition? (or more than one?)

- YES, please complete the remainder of this form
 NO, please got to Section D

List the student's health condition(s)

In the following table, please indicate the student's condition(s) and if they 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 the box that applies)	Requires staff Support
<input type="checkbox"/> Severe Allergy / Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Mild and Moderate Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Activities of Daily Living	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other Conditions or Needs (please specify below)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Will school staff require any specific training to support the student?

- YES NO

If YES, please provide details

SECTION D – PARENT/GUARDIAN HEALTH CARE SUMMARY DECLARATION

I confirm the information provided is true and correct.

Parent/Guardian Signature

Date

Parent/Guardian Name

If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.

WHAT'S NEXT

Parent / Guardian will be notified of enrolment outcomes at the completion of processing.