



Application for Enrolment at Como Secondary College a Western Australian Public School

You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Year 7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education website.

STUDENT DETAILS (Please complete all details below)

Child's legal surname	<input type="text"/>		
Given names	<input type="text"/>		
Preferred name	<input type="text"/>		
Date of birth (dd/mm/yy)	<input type="text" value="___/___/___"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Specified
Residential Address (must be completed)	<input type="text"/>	Postcode	<input type="text"/>
Home Phone	<input type="text"/>	Student Mobile	<input type="text"/>
Year level enrolling	<input type="text"/>	Start date: Beginning of school year	20__ __ <input type="radio"/> YES <input type="radio"/> NO
If no, start date	<input type="text" value="___/___/___"/>	If applicable, year level your child is currently enrolled in (e.g. Year 6)	<input type="text"/>

PARENT / GUARDIAN DETAILS

Parent / Guardian - 1

Surname	<input type="text"/>		
First Name	Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms	Other <input type="text"/>
Relationship to student	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other	Please specify	<input type="text"/>
Residential Address (ONLY if different to student)	<input type="text"/>		
	Postcode	<input type="text"/>	

Postal Address

(If different to residential)

Postcode

Telephone (Home)

Occupation

Telephone (Work)

Mobile Phone No.

Email

Parent / Guardian - 2

Surname

First Name

Title

 Mr Mrs Ms

Other

Relationship to student

 Mother Father Other

Please specify

Residential Address

(ONLY if different to student)

Postcode

Postal Address

(ONLY if different to student)

Postcode

Telephone (Home)

Occupation

Telephone (Work)

Mobile Phone No.

Email

SMS contact will automatically be Parent / Guardian 1 unless otherwise requested:

 1 Only 2 Only Both**Additional Contact Person Details**

Other contact name

Relationship to student

Gender

 Male Female Not specified

Contact numbers

Mobile

Home

Work

Additional Parent / Guardian Details

Parent / Guardian - 1

Parent / Guardian - 2

Mainly speak English at home

 Yes No Yes No

Other language spoken

School Education - highest year completed

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent Year 12 or equivalent

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent Year 12 or equivalent

Non-School Education – highest qualification completed

- Bachelor degree or above
 Advanced Diploma/Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

- Bachelor degree or above
 Advanced Diploma/Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

Occupation Group (see over)

Please select appropriate parental occupation group from list provided on the front page. If you are not currently in paid work, but have had a job in the last 12mths, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8'.

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

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

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<ul style="list-style-type: none"> • Senior executive/manager/department head • Public service manager • Other administrator • Defence Forces • Professionals • Health, Education, Law, Social Welfare, Engineering, Science, Computing • Business • Air/sea transport 	<ul style="list-style-type: none"> • Owner/manager • Specialist manager • Financial services manager • Retail sales/services manager • Arts/media/sports • Associate professionals • Health, Education, Law, Social Welfare, Engineering, Science, Computing • Business/administration • Defence Forces 	<ul style="list-style-type: none"> • Tradesmen/women • Clerks • Skilled office, sales and service staff • Office • Sales • Service 	<ul style="list-style-type: none"> • Drivers, mobile plant, production/processing machinery and other • machinery operators • Hospitality staff • Office/Sales assistants • Labourers and related • Defence Forces • Agriculture, horticulture, forestry, fishing, mining • Other

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES NO

ADDITIONAL STUDENT DETAILS

Are you applying to enrol your child in a specialist program at this school? YES NO

Name of specialist program

Are any brothers or sisters attending this school? YES NO

Name/s and year levels

Language preference Years 7-8 French Indonesian Language previously studied

Is your child currently under suspension from a school? YES NO If yes, please provide details

If yes, name of school

Nationality Religion First Language

Is English mainly spoken at home? Yes No. If No, main language spoken at home is

Indigenous status Yes Aboriginal Yes Torre Strait Islander No

In care of DCP Yes No.

Is your child a temporary resident? YES NO If yes, please indicate

Date entered Australia if born overseas.

__ / __ / __

Visa No.

Visa Sub Class No.

Visa expiry date

__ / __ / __

Country of birth

Passport Number

School last attended

State

Dates

__ / __ / __

Reason for leaving

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES NO

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

Does your child have health or medical condition, disability or additional needs?

YES NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:

Medical Practice	<input type="text"/>	Phone	<input type="text"/>
Dr Name	<input type="text"/>	Permission to call	<input type="radio"/> Yes <input type="radio"/> No
Dental Practice	<input type="text"/>	Phone	<input type="text"/>
Dentist Name	<input type="text"/>	Permission to call	<input type="radio"/> Yes <input type="radio"/> No
Do you have Ambulance Cover?	<input type="radio"/> Yes <input type="radio"/> No	Medic Alert condition	<input type="text"/>
Medicare Card	<input type="text"/>	Expiry	<input type="text"/>
Health Care Card	<input type="text"/>	Expiry	<input type="text"/>

DECLARATION

Policies
I have read and understood the following policies (click each policy to view):

- [Mobile Phone](#)
- [Consent to Publish Images / Work](#)
- [Online Account & Online Usage](#)

- I am aware of and agree that my child will abide by the College Dress Code.
- I have informed the school of any disabilities or special needs of the student.
- The student is not currently under suspension at, nor excluded from, another school.
- I understand that the use of mobile phones for bullying or the taking and distribution of inappropriate images or messages will result in my child's suspension.

I declare that the information and statements provided in this application for enrolment are true and accurate. If found to be false enrolment of my child at Como Secondary College will be terminated in relation to:

Name of person enrolling child	<input type="text"/>
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other <input type="text"/>
Relationship to child	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

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.

DOCUMENTS TO BE PROVIDED

The school will advise you of any additional documentation required.

Checklist: Check the box to indicate documents you can provide to support this application.

1. Birth Certificate or extract or other identity documents
2. or N/A Copies of Family Court or any other court orders (if applicable)
3. Immunisation Records (from the Immunisation Register at MyGov)
4. or N/A Information relating to health or medical condition, disability or additional needs (if applicable)
5. or N/A Information relating to suspensions
6. Proof of Residence where student resides when they commence in 2021 – utilities account, lease agreement, proof of ownership of property plus one other eg driver's licence. School must be notified of change of address.
7. School Report (most recent) all pages.
8. or N/A If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass (if applicable, such as if current visa is a bridging visa)

NOTES FOR APPLICANTS

- All documentation must be original and sighted by the College.
- Applications will not be accepted for consideration until all documentation is attached.
- An enrolment is accepted when written verification of enrolment has been issued. This is done after all the student details have been verified, and all criteria met.

OFFICE USE ONLY

STAFF INITIAL

Academic Year:		
Curriculum Council #		
Date C&C Sheet Completed:		
Date Entered on SIS:		
Date Smartrider Ordered:		
Date Timetabling Completed:		
Date Transfer Note Sent:		
Entry Date:		
ESL STAGE No		
Group		
House Group & Form:		
In-Boundary Applicant:	YES / NO	
Passport Sighted/Copied (International	YES / NO	
Previous School		
Siblings at Como:	YES / NO	
Specialist Program:		
Student Accepted	YES / NO	
UDI's		
• Connect	YES / NO	
• Full Fee Paying	YES / NO	
• Internet Access	YES / NO	
• Permission to publish photo	YES / NO	

Date application received

___ / ___ / ___

Year level

Principal's approval

Application for Enrolment approved

Yes No

Name

Signature of principal/delegate

Date

___ / ___ / ___

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year: _____ Form: _____ Teacher: _____
Student's name:	Date of birth: _____
Address:	Gender: Male/Female

FAMILY CONTACT DETAIL	MEDICAL DETAILS
Name:	Medical practice:
Relationship to student:	Doctor 1: _____ Telephone: _____
Address:	Doctor 2: _____ Telephone: _____
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	
Telephone: (W) (H) (M)	Medicare No: _____
	Card number: _____ 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? Yes No
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: _____
 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	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor 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)

	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? YES NO
 If yes, advise the Principal

If you have ticked Yes for specific staff training, please discuss the type of training needed with the principal.

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. Yes No

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? Yes No

If yes, provide details: _____

Signature: _____

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

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? Yes No Date: _____

Have relevant health care plans been issued to the parent? Yes No 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

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