



# 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. This is done after all student details have been verified and all criteria met.

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   | <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 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"/>  |                |  |
|  | <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

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 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)

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

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 previously studied

Number of years 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" value="___/___/___"/>           |
| Health Care Card             | <input type="text"/>                               | Expiry                | <input type="text" value="___/___/___"/>           |

## 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" value="___/___/___"/>   |

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

Checklist: Check the box  to indicate documents provided to support this application.

1.  Birth Certificate
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 – 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

- Applications will not be accepted for consideration until all documentation is received.
- 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

|   |           |  |
|---|-----------|--|
| Date application received                             |           |  |
| Academic Year   |           |  |
| Date last report                                      |           |  |
| Date entered on SIS                                   |           |  |
| Date timetabling completed                            |           |  |
| Date staff informed                                   |           |  |
| Entry date  |           |  |
| Date C&C sheet completed                              |           |  |
| Date Smartrider ordered                               |           |  |
| Date Transfer Note Sent                               |           |  |
| ESL stage No  |           |  |
| Group (Music, Golf, EMITS, Hockey, Create, F Paying)  |           |  |
| House Group & Form                                    |           |  |
| In-boundary applicant                                 | YES / NO  |  |
|   |           |  |
|   |           |  |
| Passport sighted/copied (International Students only) | YES / NO  |  |
| Previous School                                       |           |  |
| Siblings at Como                                      | YES / NO  |  |
| Specialist Program                                    | E G H M C |  |
| 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)<br>(H)<br>(M) | Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance provider: _____ |
|                              | <b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>               |
| Name:                        | List any essential information that could affect your child in an emergency e.g. allergy to penicillin.             |
| Relationship to student:     |   |
| Telephone: (W)<br>(H)<br>(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"/> |
|  | 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:    /    /