



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

Given names

Preferred name

Date of birth
(dd/mm/yy)

Gender

Male Female Not Specified

Residential Address
(must be completed)

Postcode

Home Phone

Student Mobile

Year level enrolling

Start date: Beginning of school year

YES NO

If no, start date

If applicable, year level your child is currently enrolled in (e.g. Year 6)

PARENT / GUARDIAN DETAILS

Parent / Guardian - 1

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
(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	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other language spoken	_____	_____
School Education - highest year completed	<input type="radio"/> Year 12 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> Year 9 or equivalent Year 12 or equivalent	<input type="radio"/> Year 12 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> Year 9 or equivalent Year 12 or equivalent
Non-School Education – highest qualification completed	<input type="radio"/> Bachelor degree or above <input type="radio"/> Advanced Diploma/Diploma <input type="radio"/> Certificate I to IV (including trade certificate) <input type="radio"/> No non-school qualification	<input type="radio"/> Bachelor degree or above <input type="radio"/> Advanced Diploma/Diploma <input type="radio"/> Certificate I to IV (including trade certificate) <input type="radio"/> 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 previously studied

Please select one French Indonesian

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

If yes, name of school

School last attended

State

Dates

___ / ___ / ___

Reason for leaving

Indigenous status

Yes Aboriginal Yes Torre Strait Islander No

In care of DCP

Yes No

Nationality

Religion

First Language

Is English mainly spoken at home? Yes No.

If No, main language spoken at home is

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

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

Phone

Dr Name

Permission to call Yes No

Dental Practice

Phone

Dentist Name

Permission to call Yes No

Do you have Ambulance Cover?

Yes No

Medic Alert condition

Medicare Card

Expiry

Health Care Card

Expiry

Is the student registered for NDIS?

Yes No

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

Title

Mr Mrs Ms Other

Relationship to child

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.

DOCUMENTS TO BE PROVIDED

Checklist: Documents must be provided to support this application.

1. Birth Certificate (If both parents are born overseas Australian Citizen or visa details must be provided)
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. 2 Proof of Residence where student resides when they commence e.g. 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)

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

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

Year	Form	Teacher
Student's name		
Date of birth (dd/mm/yy)	/ /	Gender Male Female Not Specified
Address		
Postcode		

FAMILY CONTACT DETAILS

Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	
Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Medicare Card number

Medicare Card Individual
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

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? (Check the box that applies)

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. 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.

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 (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and Moderate Allergies	YES	NO
Diabetes	YES	NO
Seizures	YES	NO
Asthma	YES	NO
Activities of Daily Living	YES	NO
Other Conditions or Needs (Please specify below)	YES	NO

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.

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 below:*

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. 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.

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: **Date** / /