



Department of
Education

ADDITIONAL INFORMATION FOR STUDENTS ENROLLING IN KINDERGARTEN

The information below should be completed and submitted to the school with the Student Enrolment Form.

STUDENT DETAILS

Student surname

Student first name

Date of birth (dd/mm/yy)

 / /

PRIOR TO SCHOOL

Did the student attend a Child and Parent Centre, in the past year?

- YES, regularly (10 times or more)
- NO

Did the student attend KindiLink, in the past year?

- YES, regularly (10 times or more)
- NO

Note: **Child and Parent Centres** are located on or near to some public schools. They offer a range of early learning, child and maternal health, parenting support and health promotion programs and services.

The **KindiLink** program is a supported playgroup located on some public schools, predominantly for Aboriginal and Torres Strait Islander families.



Wongan Hills District High School

OFFICE USE ONLY

Date received: _____
 Year Level: _____
 Birth certificate/Passport/Travel document sighted (Circle).
 Student resides within local intake area YES NO
 Visa sighted: YES NO
 Family Court Order/s: YES NO

ENROLMENT PACK ENROLMENT FORM

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

ENROLMENT

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

- Media Consent: Publication of images of the student and their work.
- Internet Access: Appropriate use of internet services by students.
- Viewing Consent: For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
- Local Excursions: Agreement to minor excursions within the Wongan Hills townsite, not including excursions which require individual agreement.

AGREEMENTS

The following forms are attached for parents and students to consider and sign:

- Computer use agreement.

STUDENT HEALTH CARE

The Department's Student Health Care policy clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an ***X*** in the box to indicate each document attached (or sighted) to this application form.

**Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation Certificate'
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (see Requested documentation in the attached Parent information)
5. Information relating to suspensions or exclusions.....
6. Information relating to disability.....

If your child was not born in Australia, you must provide evidence of:

1. Date of entry into Australia
2. Passport or travel documents
3. Current visa subclass and previous visa subclass (if applicable).....

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer
provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);

or

Evidence of the visa for which the student has applied if the student holds.....
a bridging visa



Department of
Education

STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <https://get.adobe.com/reader/>.

SCHOOL NAME

School name

Year Level entering

STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname
(if applicable)

1st Name

2nd Name

3rd Name

Preferred Name

Date of birth (dd/mm/yy)

 / /

Gender

Male

Female

Other

Residential Address

Postcode

Telephone (Home)

Car Registration (if applicable)

Student's Religion
(if applicable)

Is the student to be withdrawn from religious instruction or activities?

YES

NO

STUDENT DETAILS (Continued)

Is the student of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander (TSI)
 Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

- No, English only
 Yes, Aboriginal English
 Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home?

Does the student mainly speak English at home? YES NO

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

- Up to date
 Not up to date
 The student has an Immunisation Certificate issued by the Chief Health Officer

SIBLING DETAILS

Full Name/s of siblings attending this school

Student lives with:

Both Parents

Parent/Carer 1

Name

Relationship to student

Parent/Carer 2

Name

Relationship to student

Independent minor

Name

Relationship to student

Adult Student

Name

Relationship to student

Other, please specify

Name

Relationship to student

RESIDENCY STATUS

Nationality (optional)

Country of Birth

Is the student an Australian citizen?

- YES NO

If No, Is the student a permanent resident of Australia?

- NO YES - If Yes, Visa Sub Class Number

Is the student a temporary resident of Australia?

- YES NO

If Yes, Date of Arrival in Australia

Visa Sub Class Number

Visa Expiry Date
(if applicable)

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

DISABILITY

Does the student have a disability?

YES NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

Autism

Physical Disability

Deaf or Hard of Hearing

Severe Mental Disorder

Global Developmental Delay (prior to age 6)

Specific Speech and/or Language Impairment

Intellectual Disability

Vision Impairment

Other, please specify

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES NO

If YES, please specify and attach supporting documentation.

Does the family or student have a Health Care Card?

YES NO

If Yes, please provide card number

Expiry Date

 / /

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

NO YES - If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name

Contact Number

Does the student receive any of the following allowances? (Check the boxes that apply)

Secondary Assistance Youth Allowance Assistance for Isolated Children (AIC) Abstudy

PARENT / CARER 1 DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to the student	<input type="text"/>		
Date of birth (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Postal Address <i>(if different from student residential address)</i>	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 speak a language other than English at home?

- NO, English only
 YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 1 has completed?

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 1 has completed?

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

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
 2. Other business managers, arts/media/sportspersons & associate professionals
 3. Tradesmen/women, clerks and skilled office, sales & service staff
 4. Machine operators, hospitality staff, assistants, labourers and related workers
 8. Unemployed, Retired, Student

(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 month, enter '8'.)

PARENT / CARER 2 DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to the student	<input type="text"/>		
Date of birth (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Postal Address (if different from student residential address)	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 speak a language other than English at home?

NO, English only YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 2 has completed?

Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 2 has completed?

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

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.
 If you have not been in paid work in the last 12 month, enter '8'.)

OTHER FAMILY DETAILS

If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

CONTACT 1:

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to the student	<input type="text"/>		
Postal Address <i>(if different from student residential address)</i>	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone (Home)	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

CONTACT 2:

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>		
Relationship to the student	<input type="text"/>		
Postal Address <i>(if different from student residential address)</i>	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone (Home)	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

PRIVACY AND DECLARATION

Please tick to confirm:

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 providing the Department of Health with my child's immunisation status as requested.

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- I have provided all documentation available to me.

Name of person enrolling student

Title First Name

Surname

Relationship to the student

Signature Date / /

(Independent minors and those aged 18 years or older may sign on their own behalf)

- 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.

APPROVAL OF PRINCIPAL OR DELEGATE

Principal's approval Enrolment approved YES NO

Signature Date / /

OFFICE USE ONLY

Student's official documentation all sighted

Date

/ /

YES NO

Birth certificate

Passport

Visa document/s

Other, please specify

Year/Form/Class

House Faction

Student's Residency status

Australian citizen

Permanent resident

Temporary resident

International Fee Paying

YES NO

Entry Date

/ /

Previous School

LOTE Stage

Records received

YES NO

Contributions/Charges Billing

PG1 (%)

PG2 (%)

Other (%)

School records

(including reports, to be sent to)

PG1

PG2

Other

AIR Immunisation History Statement provided

/ /

YES NO

Date of issue

/ /

Immunisation status is

Up to date

Not up to date

Date AIR sighted

/ /

If not up to date, additional request/s for documentation on date/s:

Immunisation Certificate issued by the Chief Health Officer

/ /

YES NO

Kindergarten eligibility for immunisation exemption:

Code

/ /

Enrolment approved by Principal

YES

Date

/ /

NO

/ /

Entered on School Information system by

Date

/ /

Student leaves school (Date)

/ /

Advice of Transfer (Date)

/ /

Destination

Records received from transferring school

YES NO

Date

/ /

PARENT OCCUPATION GROUPS

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/ manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/ education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. or media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/ filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refugee/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/ data entry/business machine operator, receptionist, office assistant].</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.



Department of Education

FORM 1 STUDENT HEALTH CARE SUMMARY

SECTION A

Year	<input type="text"/>	Form	<input type="text"/>	Teacher	<input type="text"/>
Student's name	<input type="text"/>				
Date of birth (dd/mm/yy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Specified				
Address	<input type="text"/>				
	<input type="text"/>				Postcode <input type="text"/>

FAMILY CONTACT DETAILS

Name	<input type="text"/>				
Relationship to student	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				Postcode <input type="text"/>
Telephone (Home)	<input type="text"/>	Telephone (Work)	<input type="text"/>		
Telephone (Mobile)	<input type="text"/>				
Name	<input type="text"/>				
Relationship to student	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				Postcode <input type="text"/>
Telephone (Home)	<input type="text"/>	Telephone (Work)	<input type="text"/>		
Telephone (Mobile)	<input type="text"/>				

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?

- | | |
|--|--|
| <input type="checkbox"/> Severe Allergy/Anaphylaxis | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Minor and Moderate Allergies | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Diabetes | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Seizures | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Asthma | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Activities of Daily Living | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Other Conditions or Needs (Please specify below) | <input type="radio"/> YES <input type="radio"/> 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

 / /



Have you completed your child's ONLINE forms?

Click the links or scan the QRcodes below

Computer Use Agreement



General Consent Form

Third Party Consent



At Wongan Hills DHS we use the below apps to communicate with parents/carers. Compass is used to communicate with the whole school and SeeSaw is used by Primary school teachers.

Compass



SeeSaw App



Parents receive their own unique log in details for Compass and SeeSaw