

**PARENT / GUARDIAN DETAILS**

**Parent/Guardian 1 Details**

Title: \_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home?.....  YES  NO

Do you 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 primary or secondary school you have 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 you have completed?

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

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4). Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**Parent/Guardian 2 Details**

Title: \_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home?.....  YES  NO

Do you 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 primary or secondary school you have 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 you have completed?

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

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4). Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

**OTHER CONTACT(S) DETAILS**

Title: \_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Please advise the school if there are any other contacts you would like recorded.**

**STUDENT DETAILS – ADDITIONAL INFORMATION**

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Is the student to be withdrawn from religious instruction?  YES  NO

Student's First Language: \_\_\_\_\_

Is the student's descent: ..... Aboriginal  YES  NO  
 ..... Torres Strait Islander (TSI)  YES  NO  
 ..... Both Aboriginal and TSI  YES  NO

Does the student speak a language other than English at home?.....  YES  NO

Does the student mainly speak English at home?.....  YES  NO  
(If more than one language, indicate the one that is spoken most often.)  NO, English only  YES, other - please specify: \_\_\_\_\_

Australian Citizenship/Permanent Resident: .....  YES  NO

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Sub-class No Expiry Date: \_\_\_\_\_

International Fee Paying (if known): .....  YES  NO

Does the student receive any of the following allowances:

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

Previous School: \_\_\_\_\_

Reason for change of school (optional): \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

Movement reason (optional): \_\_\_\_\_

**STUDENT DETAILS – MEDICAL / HEALTH**

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability?  YES  NO If YES, please specify the disability/s:

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records

- Autism Spectrum Disorder  Severe Mental Disorder
 Deaf or Hard of Hearing  Global Developmental Delay (prior to age 6)
 Specific Speech Language Impairment  Vision Impairment
 Intellectual Disability  Physical Disability

Does the student have a medical condition or intensive health care need? YES  NO

If YES, please specify.

- Allergy – Anaphylaxis  Hearing condition (eg otitis media)
 Allergy – Other  Mental health or behavioural (eg depression, ADD/ADHD)
 Asthma  Intensive Health Care Need (eg tube feeding)
 Diabetes  Other:
 Diagnosed migraine/headaches
 Seizure Disorder (eg epilepsy)

Medical Practice (Name and Address):

Doctor's Name: Telephone:

Dental Surgery Practice (if applicable, name and address):

Dentist's Name: Telephone:

Medicare No: Valid to: /

Health Care Card (if applicable): YES NO. If Yes, please provide no. Expiry Date:

Permission to administer First Aid? YES NO

Do you have ambulance cover? YES NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

**SIGNATURE**

Name of person enrolling student:

Title: First Name: Second Name: Surname:

Relationship to the student:

Signature: Date:



CAPEL PRIMARY SCHOOL
'An Independent Public School'
Barlee Rd
CAPEL WA 6271

**STUDENT ENROLMENT FORM**
(For enrolment in a Western Australian Public School)

**STUDENT DETAILS**

Surname: Legal Surname (if different):

Previous Surname (if applicable):

1st Name: 2nd Name: 3rd Name:

Preferred 1st Name:

Email Address:

Date of Birth: Sex: Male Female

Residential Address:

Postcode:

Telephone (Home): Student's Mobile (if applicable):

Full Name/s of brothers and sisters attending this school:

**CONFIDENTIAL**

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES NO
If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? YES NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

**Student lives with:**

- Both Parents
Parent/Guardian/Carer 1
Parent/Guardian/Carer 2
Independent minor
Other
Name Relationship to student

**Emergency Contacts** (Indicate contacts in order of preference):

Table with 4 columns: Name, Phone No., Mobile No., Relationship to student. Rows 1, 2, 3.