

Leeming Senior High School Enrolment Form

Year of Application			
Year the student will be commencing at Leeming Senior High School		Year Group (eg Yr 7)	
Has your child been accepted into a Specialist Program/s at Leeming Senior High School?		Japanese	Academic Extension
		Science & Technology	

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 Year7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Please complete and return this application in full to Leeming Senior High School, 4 Aulberry Parade, Leeming WA 6149 with the requested documentation listed below. For further queries contact the Enrolment Officer on 9237 6800.

Documents to be provided - When you enrol your child at this school, please ensure that you include a copy of the following: (An application will not proceed unless accompanied by all the paperwork requested)	
Student Enrolment form	Birth Certificate
2 x Proof of Address documents <i>(Please provide Rates Notice or Lease Agreement and 1 x Utilities Bill).</i>	Immunisation Certificate (AIR) <i>(Must be less than 8 weeks old)</i>
Most current Semester school report	Most recent NAPLAN and/or OLNA Report.
Copies of Family Court or other court orders	Information relating to suspensions/exclusions
Health or medical condition, disability or additional needs information	
If your child was not born in Australia, you must provide evidence of:	
Date of entry into Australia	Passport or travel documents
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 permission to transfer provided by TIWA (if holding an international full fee student visa, subclass 571)	
OR Evidence of the visa for which the student has applied if the student holds a bridging visa	

Section 1: Student Details			
Surname			
Legal Surname on Birth Certificate <i>(If different from above)</i>			
Previous Surname <i>(if applicable)</i>			
First Name		Second Name	
Preferred Name			
Date of Birth		Gender	
Residential Address			
		Post Code	

Section 1: Student Details cont

Student Mobile Number											
WA Student Number											
USI Number:											
Year level the student is currently enrolled in (e.g. Year 6)											
Name of the school the student is currently attending or last enrolled in:											
Is the student currently under suspension?						Yes	No				
Is this student subject to any court orders/access restrictions in respect of their care, welfare and development? <i>If yes, please attach supporting documentation</i>						Yes	No				
Is this student in the care of the Child Protection and Family Support (CPFS) Chief Executive Officer? <i>If yes, please specify details below:</i>						Yes	No				
CPFS Case Manager:											
CPFS District:											
Contact Number:					Email Address:						

Section 2: Parent/Caregiver Contact Details

Only the Parent/Caregiver listed as Parent/Caregiver 1 can change the contact details for the Student.

		Parent/Caregiver 1	Parent/Caregiver 2
Title (Mr/Mrs/Ms/Miss/Mx)			
First Name			
Surname			
Relationship to Student (eg father, grandmother)			
Date of Birth			
Gender			
Responsible for parenting:		Yes No	Yes No
Lives with Student:		Yes No	Yes No
Responsible for payment of Contributions & Charges		Yes No	Yes No
Receive correspondence, reports etc		Yes No	Yes No
Home Telephone			
Mobile/Emergency Number			
Postal Address	Street number/name		
	Suburb		
	Postcode		
Work Telephone			
Email Address (This is a requirement as Student Reports are sent electronically as per Department of Education policy)			

Section 3: Parent/Caregiver Background Information

	Parent/Caregiver 1		Parent/Caregiver 2	
Does the Parent/Caregiver speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	Yes – please specify:		Yes – please specify:	
	No – English only		No – English only	
Does the parent/caregiver mainly speak English?	Yes	No	Yes	No
What is the highest year of primary or secondary school the Parent/Caregiver has completed. <i>For persons who have never attended school, mark Year 9 or equivalent or below.</i>	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below		Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	
What is the highest qualification the parent/caregiver has 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	
What is the occupation group of the Parent/Caregiver? <i>Please select the most appropriate parental occupational group. If the person is not in paid work but had a job or retired in the last 12 months, please use the person's last occupation.</i>	Group 1 – <i>Senior Management in large business organisation, government administration & defence, and qualified professionals</i> Group 2 – <i>Other business anagers, arts/media/sportspersons & associate professionals.</i> Group 3 – <i>Tradesmen/women, clerks and skilled office, sales & service staff.</i> Group 4 – <i>Machine operators, hospitality staff, assistants, labourers and related workers.</i> Group 5 – <i>Unemployed, Retired, Student</i>		Group 1 – <i>Senior Management in large business organisation, government administration & defence, and qualified professionals</i> Group 2 – <i>Other business anagers, arts/media/sportspersons & associate professionals.</i> Group 3 – <i>Tradesmen/women, clerks and skilled office, sales & service staff.</i> Group 4 – <i>Machine operators, hospitality staff, assistants, labourers and related workers.</i> Group 5 – <i>Unemployed, Retired, Student</i>	

Section 4: Sibling Information

Does the student have any siblings currently attending the school?

Full Name of Sibling:		Lives with:		
		Both Parents	PG1	PG2
Full Name of Sibling:		Lives with:		
		Both Parents	PG1	PG2
Full Name of Sibling:		Lives with:		
		Both Parents	PG1	PG2

Section 5: Additional Emergency Contacts

For an emergency where the Parent/Caregiver can not be contacted, please provide alternative contacts. For Independent Students, please provide a first point of contact in case of emergency.

	Additional Contact 1	Additional Contact 2
Title (Mr/Mrs/Ms/Miss/Mx)		
First Name		
Surname		
Relationship to Student (eg father, grandmother)		
Home Telephone		
Mobile/Emergency Number		
Postal Address	Street number/name	
	Suburb	
	Postcode	

Section 6: Department of Education Instrumental Music Program (IMSS)

Students who currently participate in the Department of Education's Instrumental Music School Services (IMSS) in Primary School are able to nominate to continue Instrumental Music in high school. Leeming SHS also provides students who have studied Instrumental Music privately and beginners to apply.

Request for Instrumental Tuition:	Continuing IMSS		New to IMSS	
Has your student studied an instrument before?	Yes, IMSS	Yes, Privately	No, Beginner	Not Sure
If yes, what instrument?	Instrument Name	No of Years	Name of School	
Do you require a rental instrument? Alto Saxophone, Trumpet, Trombone, French Horn, Euphonium, String Double Bass available.	Yes		No	

Section 7: Additional Details

In which country was the student born?		
Student's Nationality		
Is the Student of Aboriginal or Torres Strait Islander origin?	No	Yes, Aboriginal
	Yes, Torres Strait Islander	Yes, both Aboriginal & Torres Strait Islander
Does the student live outside the Local-Intake Area?	Yes	No
Student's Religion		
Is the Student to be withdrawn from religious instruction or activities	Yes	No
Student's first language		
Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	Yes	No
	Other languages spoken:	
Does the student mainly speak English?	Yes	No
Is the student in receipt of an allowance?	Secondary Assistance	Abstudy
	Austudy	

Section 8: Citizenship Details

Is the Student an Australian Citizen?	Yes	No
If no, is the Student a Permanent or Temporary Resident? <i>Attach a copy of VISA and passport</i>		
Permanent Resident		Temporary Resident
Visa Subclass Number:		Visa Subclass Number:
Visa Expiry Date:		Visa Expiry Date:
Date Entered Australia:		Date Entered Australia:
Is the Parent/Caregiver a Permanent or Temporary Resident? <i>Attach a copy of VISA and passport</i>		
Permanent Resident		Temporary Resident
Visa Subclass Number:		Visa Subclass Number:
Visa Expiry Date:		Visa Expiry Date:
Date Entered Australia:		Date Entered Australia:

Section 9: Policy and Permissions Agreements

Student Online Services Account

Our school provides access to Department of Education online services. These enhance the contemporary learning opportunities available to students and the range of teaching tools available to staff to deliver the Western Australian Curriculum. Leeming Senior High School seeks approval for your student to be given access to these online services. The Department's online services currently provide students with access to:

- Individual email and calendar accounts.
- The internet, with all reasonable care taken by DoE and schools to monitor and control student access to websites while at school.
- Online teaching and learning services such as Connect, web-conferencing and digital resources.
- Online file storage and sharing services; and
- Access to these online services at locations other than school.

I accept the terms above and give permission for my child to have an online services account

Acceptable Use Agreement

We, Parent/Caregiver and Student, understand and agree that my child has responsibilities when using the online services provided at the school for educational purposes, in accordance with the Acceptable Use Agreement for school students. We also understand that if my child breaks any of the rules in the agreement, that the principal may take disciplinary action in accordance with the Department of Education Student Behaviour Policy and Procedures.

Agree and accept

Digital Release Permissions

I agree to the photography and videography of my child and my child's schoolwork during School Activities for use by the School and Department of Education in ways stated in 'link'

IMPORTANT: I understand that while the School and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by a person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through Social media such as Facebook, YouTube, etc). I understand that once my child's information has been published on the internet, the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the School or Department in writing, however, this will not affect materials that have already been published and disseminated.

I give my permission

I do not give my permission

Mobile Phones and Devices Policy

We Parent/Caregiver and Student, fully understand and agree to follow the guidelines of the Mobile Phones and Devices policy as details in <https://leeming.wa.edu.au/wp-content/uploads/2025/02/Mobile-Phone-Policy-2024.pdf> which is in line with the Department of Education policy.

Please tick here

Third Party Service Provides of Online Applications

I/We have read and understood the Third-Party Service Providers of Online Applications in <https://leeming.wa.edu.au/wp-content/uploads/2024/05/Third-Party-IT-Applications.pdf>

I give my permission

I do not give my permission

Local Excursions

Students occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parts, nature reserves, another school, city council or shopping centre. On all occasions parents will be notified of the excursion.

I give my permission

I do not give my permission

School Curriculum and Standards Authority (SCSA)

SCSA Awards – I fully understand and agree that where my student sits the WACE and receives a SCSA Award or other recognition, my child's name and school details can be published.

Please tick here

SCSA – I fully understand and agree that in circumstances where my student sits the WACE and provides an outstanding answer, their work can be published by SCSA for other students to use as a model answer.

Please tick here

Careers Information – I fully understand and agree that SCSA is permitted to release my postal address so that career information can be directly sent to my home address by Universities, TAFE, SCSA and other agencies.

Please tick here

Section 10: Medical Care Providers

Immunisation: Please supply Immunisation History Statement. If you do not have a copy, one can be obtained from my.gov.au website.

Immunisation Certificate Provided	Yes				No				
Medical Practice (Name and address)									
Doctor's Name:									
Telephone:									
Do you give permission to call the doctor named in case of emergency?						Yes		No	
Do you give permission for school staff to perform first aid?						Yes		No	
Medicare Card Number									
Medicare Ref Number and expiry date		Ref Number:				Expiry date			
Does the Parent/Caregiver have any of the following cards:	Health Care Card					Pensioners Concession Card			
	Veteran's Affairs Pensioner Concession Card								
Parent/Caregiver Concession card no:									
Parent/Caregiver Concession card expiry date									
Is the student listed on this card?	Yes				No				
Dental Practice: (Name and Address)									
Dental Practice Contact Number:									
Do you give permission to call the dentist named in case of emergency?						Yes		No	
Do you have ambulance cover?						Yes		No	
If yes, which ambulance insurance provider?									

Please note: If there is a medical emergency, Parents/Caregivers are expected to meet the cost of ambulance conveyance.

Section 11: Additional Medical Notes

If you require extra space for your medical notes, please use the space below.

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Section 12: Medical/Health Conditions

 Does the student have a diagnosed disability that will require support from staff? –
please provide details in Section 11 on pg7

Yes

No

Does the student have any of the following specified conditions, and/or disabilities? (tick all boxes that apply)

Allergies

Anaphylaxis

Asthma

Diabetes

Diagnosed migraines/headaches

Hearing condition (eg deaf/otitis media)

Seizure Disorder

Mental Health (eg depression or anxiety)

Other

Autism Spectrum Disorder

Behavioural issue (eg ADD/ADHD)

Global Development delay (prior to age 6)

Intellectual Disability

Physical Disability (eg Cerebral Palsy, amputee)

Vision Impairment (not including reading glasses)

 Specific Speech/Language/Writing Impairment (eg
 Dyslexia)

If you have ticked any of the boxes above, please provide further information in Section 11 on pg 7. You will be contacted regarding a Medical Action Plan.

- Please provide copies of any documentation that exists in relation to the medical/Health condition. **Copies of this documentation are required for school records.**
- Please provide details if the student requires support in school (including details of previous special needs assessments undertaken by school etc.)
- Please provide details of any condition that requires special steps or action to be taken for management during the school day

 Does the student have a medic alert bracelet or pendant?
 If yes, please provide details in Section 11.

Yes

No

Informed consent:

If the Student has a condition where an emergency may occur, please indicate whether you give consent for staff to place the Student's medical details and photo on view to provide medical identification.

I give permission for my child's health care information to be viewed by staff.

Yes

No

If no, please specify who is allowed to have access to this:

Administration of Medication: Students at Leeming Senior High school are required to self-manage medication that is to be taken during the school day.

Is the student required to take any medications during the day?

Yes

No

Section 13: Declaration

It is your responsibility as the Parent/Caregiver, to notify Leeming Senior High School in writing of any changes to the information provided on this enrolment form.

In the event that statements made in this Student Enrolment Form alter, prove to be false or misleading, a decision on this enrolment may be reversed.

Similarly, where notice of changes have not been provided about the names and usual place of residence of the child, Parents/Caregivers, or about any provisions in force at law for the long term and day to day care, welfare and development of a child, enrolment may be cancelled.

Please tick to confirm:

We hereby agree, as indicated in Section 9, and understand the statements we have ticked and signed which for the School, Parent/Caregiver and Student Agreement.

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.

I understand that the information of 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, at a Public School.

I declare that I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I declare I understand that if I provide false or misleading information, the student's enrolment may be reconsidered or cancelled.

I declare I have provided all documentation available to me.

Name of Parent/Caregiver enrolling the Student and providing consents:

Relationship to student:

Parent/Caregiver signature:

I have read, understand and comply with the policies as detailed in the enrolment information package

Student signature:

I have read, understand and comply with the policies as detailed in the enrolment information package

Date:

Acknowledgement of Enrolment

Deputy Principal Signature:

Date:

Office Use Only

Entry Date		Date Transfer Note sent	
Previous School		Records received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entered by		Date entered	
Leave date		Destination	
Records Sent			<input type="checkbox"/> es <input type="checkbox"/> No