Leeming Senior High School
Enrolment Form

Year of Application			
Year the student will be commencing at Leeming Senior High School		Year Group (e.g. 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 Year 7 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 *(Please provide Rates Notice or Lease Agreement and 1 x Utilities Bill).*	☐ Immunisation Certificate (AIR) *(Must be less than 8 weeks old)*
☐ 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	
☐ 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 *(If different from above)*			
Previous Surname *(if applicable)*			
First Name		Second Name	
Preferred Name			
Date of Birth		Gender	Not Specified
Residential Address			
		Post Code	

Section 1: Student Details cont.

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? ***If yes, please attach supporting documentation***	☐ Yes	☐ No	
Is this student in the care of the Child Protection and Family Support (CPFS) Chief Executive Officer? ***If yes, please specify details below:***	☐ 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? *If more than one language, indicate the one that is spoken most often.*	☐ 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. *For persons who have never attended school, mark Year 9 or equivalent or below.*	☐ 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? *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.*	☐ Group 1 – *Senior Management in large business organisation, government administration & defence, and qualified professionals* ☐ Group 2 – *Other business managers, arts/media/sportspersons & associate professionals.* ☐ Group 3 – *Tradesmen/women, clerks and skilled office, sales & service staff.* ☐ Group 4 – *Machine operators, hospitality staff, assistants, labourers and related workers.* ☐ Group 5 – *Unemployed, Retired, Student*	☐ Group 1 – *Senior Management in large business organisation, government administration & defence, and qualified professionals* ☐ Group 2 – *Other business managers, arts/media/sportspersons & associate professionals.* ☐ Group 3 – *Tradesmen/women, clerks and skilled office, sales & service staff.* ☐ Group 4 – *Machine operators, hospitality staff, assistants, labourers and related workers.* ☐ Group 5 – *Unemployed, Retired, Student*

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
If yes, Is the student in receipt of Abstudy?	☐ Yes	☐ No
Does the student live outside the Local-Intake Area?	☐ Yes	☐ No
Religion (Optional)		
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

Section 8: Citizenship Details			
Is the Student an Australian Citizen?		☐ Yes	☐ No
If no, is the **Student** a Permanent or Temporary Resident? ***Attach a copy of VISA and passport***			
☐ 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? ***Attach a copy of VISA and passport***			
☐ 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 rage 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 Compass, 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, the principal may take disciplinary action in accordance with the Department of Education Student Behaviour in Public Schools Policy.

Agree and accept ☐

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 completes 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**

Leeming Senior High School

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:				
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 an 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.

Section 12: Medical/Health Conditions

Does the student have a diagnosed disability that will equire support from staff? – ***Please provide details in Section 11 on page 7***	☐ Yes	☐ No

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

☐ Allergies	☐ Autism Spectrum Disorder
☐ Anaphylaxis	☐ Behavioural issue (e.g., ADD/ADHD)
☐ Asthma	☐ Global Development delay (prior to age 6)
☐ Diabetes	☐ Intellectual Disability
☐ Diagnosed migraines/headaches Hearing	☐ Physical Disability (eg Cerebal Palsy, amputee)
☐ condition (e.g., deaf/otitis media)	☐ Vision Impairment (not including reading glasses)
☐ Seizure Disorder	☐ Specific Speech/Language/Writing Impairment (e.g., Dyslexia)
☐ Mental Health (e.g., depression or anxiety)	
☐ Other	

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 the 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 MedicAlert 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: Media Consent

PERMISSION TO PUBLISH STUDENTS' IMAGES AND WORK FOR SCHOOL PURPOSES

Dear Parent

Your permission is sought for the school to publish video or photographic images of your child and/or samples of your child's school work to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of your child or your child's work; however, there will be occasions when your child's name, class and school may be published along with images.

If you agree to this use of your child's image and schoolwork, please complete the consent below and return this whole permission form to the school attached to the Enrolment Form. Once signed, the consent will remain effective until such time as you advise the school otherwise.

Mr. Matt Paton
Principal
Leeming Senior High School

PERMISSION

I agree to the videoing or photographing of my child and my child's schoolwork during school activities for use by the school and the Department of Education in the ways stated above.

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 any 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.

Name of Student	**House Group** *(Office Use Only)*
Signature of Student	
Date	
Signature of Parent	
Date	
House Group (Office Use Only)	

Section 14: 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 information provided in this Student Enrolment Form changes, or is found to be false or misleading, a decision regarding this enrolment may be reversed.

Similarly, where notice of changes has 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 to, and understand, the statements indicated in Section 9, which form the agreement between the School, Parent/Caregiver, and Student.
- ☐ 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 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 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:	

Acknowlegement of Enrolment

Deputy Principal Signature:	Date:

Office Use Only

Entry Date		Date Transfer Note sent	
Previous School		Records received	☐ Yes ☐ No
Entered by		Date entered	
Leave date		Destination	
		Records Sent	☐ es ☐ No

Collection Notice for Enrolment

Purpose of collection

We, the Department of Education Western Australia (WA), collect your child's information to manage student enrolments in public schools. The information supports your child's school and contributes to an Australian education system which is fair for all students. This is done under the *School Education Act 1999* and the School Education Regulations 2000.

Note: In this document, 'parent' and 'you' include a child's parent or carer, the adult responsible for a child's day to day care, or a person enrolling on their own behalf.

Information collected for enrolment

When you enrol your child in a public school, you'll need to provide the following personal details and documents:

Child information

- Full name, date of birth, and gender.
- Residential address and family living arrangements
- Whether the child identifies as Aboriginal or Torres Strait Islander
- Language background and languages spoken at home
- Current immunisation status
- Previous schools attended and educational history
- Learning, behavioural or other personal needs
- Health and medical conditions (including Form 1: Student health care summary)
- Australian citizenship or visa details

Parent information

- Name and relationship to your child
- Residential address and contact details
- Languages spoken at home
- Level of education, qualifications and occupation

Additional information

- Name and contact details of people the school can contact in an emergency
- Court or care orders or parenting plans, if applicable

Why this information is collected for enrolment

Your information is used to:

- Assess and manage enrolment applications
- Confirm student identity
- Communicate with students and families
- Support student learning, health and wellbeing, behaviour and safety
- Enable students to take part in state, national and international assessments and reporting, including the
    - NAPLAN in Years 3,5,7 and 9
    - Pre-primary Australian Early Development Census (AEDC)
    - secondary Online Literacy and Numeracy Assessment (OLNA)
    - Nationally Consistent Collection of Data (NCCD) on school students with disability
    - Any other mandated assessments and reporting
- manage student identifiers like the WA Student Number (WASN) and SmartRider cards
- inform educational policy, planning, strategy, and research
- provide support, services, programs and funding to meet your child's needs.

If we do not collect this personal information, it may put a student at risk and make it harder to provide the right education plans and support. It may also mean we cannot meet our legal responsibilities.

How we use and share enrolment information

We only use and share your child's enrolment information for the purpose it is collected and when the law allows or required it.
We may share your child's enrolment information with:

- another WA public school when your child changes schools, such as when:
    - your child transfers from Year 6 to Year 7
    - they participate in a school-arranged alternative education program
- their new non-government school or interstate school, if you provide permission
- government agencies for health, welfare and/or legal compliance, and child protection laws.

The personal information we collect is stored locally, within Australia, in our Student Information System and follows our Information and Communication Technologies policies.
Personal information is collected, managed, and disposed of following our Records Management policy and the *State Records Act 2000*.

Your rights – access and correcting enrolment information

You can contact your child's school if you:

- want to see or update the enrolment information you provided
- have concerns about how your child's enrolment information is being used or stored.

Updates to personal information provided throughout a student's schooling are considered part of a student enrolment record.

More information

To learn more about how we protect your information, visit our website's page about Privacy.

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