



# ENROLMENT FORM

To confirm an offer of enrolment, please complete this form and email (with supporting documentation) to:

[fremantle.college@education.wa.edu.au](mailto:fremantle.college@education.wa.edu.au)

Family details should include the parent/carers residing at the same address as the student. Details relating to adults not residing with the student may be included in the Additional Contact Details. It is a parent/carer's responsibility to advise the school of any changes to the information contained in this form.

Our office is open from 8:00am to 3:30pm Monday to Friday to accept any hand delivered enrolments.

## Application Documentation

The following evidence needs to be provided with the Application for Enrolment:

- Birth certificate
- 1 x Primary Proof of address (Lease Agreement/Council Rates)
- 2 x Secondary Proof of Address (Utilities Bill, Drivers License, Bank Statement)
- Immunisation Statement (from MyGov – dated within 2 months of application submission)
- Most Recent School Report
- Most Recent NAPLAN Report

If applicable:

- Medical Diagnosis Reports
- Family Court Order

Surname:	
First Name:	
Academic Year:	Year _ 202 _

## Supporting Documentation

Please provide the following documentation to support the enrolment.

Fremantle College Policy Documentation

- Policies Document
- Enrolment Profile and Student Support Document

Proof of Visa or Citizenship, if applicable:

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas.
- Citizenship certificate

In addition, if your child is a temporary visa holder you need to provide:

- Confirmation of enrolment or evidence of permission to transfer provided by TAFE International WA (if holding an international full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

Office Use Only Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Officer:			
Proof of Address	IA <input type="checkbox"/>	OA <input type="checkbox"/>	
POA1 <input type="checkbox"/>	POA2 <input type="checkbox"/>	POA2 <input type="checkbox"/>	
Birth Certificate	<input type="checkbox"/>		
Immunisation	<input type="checkbox"/>		
School Report	<input type="checkbox"/>		
NAPLAN	<input type="checkbox"/>		
Medical Diagnosis	<input type="checkbox"/>		
Court Order	<input type="checkbox"/>		
VISA Evidence	<input type="checkbox"/>		
Policies	<input type="checkbox"/>		
Connect	<input type="checkbox"/>		
Profile Documentation	<input type="checkbox"/>		

Date of Entry:	_____
SIS Data Entry Date:	_____
SCSA Number:	_____
SAER/NOTES:	_____

Associate Principal:	
Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>
Signature:	_____
Date:	____/____/____

## SECTION 1: STUDENT DETAILS

* Surname		
* Legal Surname (If different from above)		
* First name		
* Other names (If applicable)		
Preferred full name		
* Date of Birth	____/____/____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex	
* Residential Address		
	Suburb/town:	Postcode:
Student Mobile (optional)		
Names of siblings attending this school		

## SECTION 2: PARENT/RESPONSIBLE PERSON DETAILS (residing with the student)

	Parent/Guardian 1	Parent/Guardian 2
Title (Mr, Ms, Miss, Mrs, Dr)		
* Surname		
* First name		
Relationship to student		
Responsible for parenting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for the payment of school fees?	<input type="checkbox"/>	<input type="checkbox"/>
Who will receive communication, student reports, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 2: PARENT/RESPONSIBLE PERSON DETAILS cont...

	Parent/Guardian 1	Parent/Guardian 2
Emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Contact Phone Numbers	Mobile:	Mobile:
	Home:	Home:
	Work:	Work:
	Workplace	Workplace
* Postal Address (if different from student residential address)	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
* Email address (This is our primary form of communication)		
What is your first language?	<input type="checkbox"/> English <input type="checkbox"/> Other - please specify	<input type="checkbox"/> English <input type="checkbox"/> Other - please specify
Do you mostly speak this language at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, please specify language spoken most often at home	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, please specify language spoken most often at home
What is the highest level of school you have completed? (If you did not attend school, mark 'Year 9 or equivalent or below')	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the level of the highest qualification you have completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. Trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl. Trade certificate) <input type="checkbox"/> No non-school qualification
What is your occupation group? Please select the appropriate parental occupation group. 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 months, select '8'	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sports- persons and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 8 Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 8 Not in paid work in the last 12 months

## SECTION 3: ADDITIONAL CONTACT DETAILS

	Additional Contact 1	Additional Contact 2
<b>Title</b> (Mr, Ms, Miss, Mrs, Dr)		
<b>Surname</b>		
<b>First name</b>		
<b>Relationship to student</b>		
<b>Email</b>		
<b>Postal Address</b> (if different from student residential address)	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
<b>Contact Number</b>	Mobile:	Mobile:
	Home:	Home:
	Work:	Work:

## SECTION 4: ORDER OF CONTACTS

Number the boxes (1, 2, 3, 4) to indicate the order in which people should be contacted.	Parent/Guardian Contact 1 <input type="checkbox"/>	Parent/Guardian Contact 2 <input type="checkbox"/>	Additional Contact 1 <input type="checkbox"/>	Additional Contact 2 <input type="checkbox"/>
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## SECTION 5: STUDENT DETAILS - ADDITIONAL INFORMATION

<b>Country of birth</b>	
<b>Religion</b>	
<b>First Language</b>	
<b>Is the student of Aboriginal or Torres Strait Islander origin?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes – Both – Aboriginal & Torres Strait Islander
<b>Does the student mainly speak English at home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student speak a language other than English?</b> If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No - only English <input type="checkbox"/> Yes - please specify

## SECTION 5: STUDENT DETAILS - ADDITIONAL INFORMATION cont...

* Is this student in the care of a Department for Child Protection and Family Support (CPFS) Chief Executive Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the name of the CPFS Case Manager and their contact phone number.				
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Name:</td> <td style="border: none; width: 40%;">Phone:</td> </tr> </table>	Name:	Phone:		
Name:	Phone:				
* Is this student subject to any court orders in respect to their care, welfare, development or access restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify below and attach supporting documentation.				
<b>Receipt of Allowance</b>  Students must be Independent or listed on a parent's Health Care, Pension or Veterans' Affairs (blue) card  (Please provide card details on page 6)	<input type="checkbox"/> <b>Secondary Assistance Scheme</b> (Health Care, pension & Veterans' affair blue card holder) <input type="checkbox"/> <b>Abstudy Supplement Allowance</b> (Healthcare, pension & Veterans' Affairs card holder) <input type="checkbox"/> <b>Youth Allowance</b> (For Independent students) <input type="checkbox"/> <b>Assistance for Isolated Children (AIC)</b> (Available from Centrelink)				
* Citizenship	Australian Citizen / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No  Temporary Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No  <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Date entered Australia: ____/____/____</td> <td style="border: none; width: 40%;">Visa expiry date:</td> </tr> <tr> <td style="border: none;">Visa Grant number:</td> <td style="border: none;">Visa sub-class number:</td> </tr> </table>	Date entered Australia: ____/____/____	Visa expiry date:	Visa Grant number:	Visa sub-class number:
Date entered Australia: ____/____/____	Visa expiry date:				
Visa Grant number:	Visa sub-class number:				
* Previous school	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;"></td> <td style="border: none; width: 20%;">State if not WA:</td> </tr> </table>		State if not WA:		
	State if not WA:				
* If previously enrolled in Home Education, specify the Education District					
Movement Reason (If applicable)					

## SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH

* Does the student have one or more medical conditions that will require support from school staff?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify below			
* Diagnosed medical condition  Copies of evidence / documentation will be required.	<input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Global Developmental Delay (prior to age 6) <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Severe medical/health condition <input type="checkbox"/> Severe mental disorder <input type="checkbox"/> Specific speech language impairment <input type="checkbox"/> Vision impairment	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<b>Office Use Only</b> <b>Health care plan?</b>	

## SECTION 6: STUDENT DETAILS - MEDICAL/HEALTH cont...

<b>Medical Centre</b>	Medical Practice		
	Doctor's Name	Phone	
<p>Do you give permission for the school to share your child's health care information and photograph?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you tick yes you give consent for staff to place your child's medical details and photograph on view to provide immediate identification.</p> <p>NOTE: If your child is enrolled in TAFE or any other education program, this permission includes the transfer of student health details.</p>		
<p>Does your child have a medical condition or intensive health care need?</p> <p>If you have indicated that the student has a medical condition or intensive health care need you will be required to complete a separate Health Care Authorisation. Please contact the School for an appropriate form.</p>	<p><input type="checkbox"/> Yes - please specify below                      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Severe allergy - Anaphylaxis  <input type="checkbox"/> Mild to moderate allergy  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Seizures (e.g. epilepsy)  <input type="checkbox"/> Asthma</p> <p>Activities of daily living  <input type="checkbox"/> Intensive Health Care Need (e.g. tube feeding)  <input type="checkbox"/> Hearing condition (e.g. otitis media)  <input type="checkbox"/> Mental health/behavioural (e.g. depression, ADHD, ODD)  <input type="checkbox"/> Diagnosed migraine/headaches  <input type="checkbox"/> Other</p> <p>Does your child have a Medic Alert bracelet?  <input type="checkbox"/> Yes    If yes, please provide details</p>		
<p>Do you have ambulance cover?                      If emergency contacts are unavailable, an ambulance will be called in life-threatening emergencies.</p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>Provider: _____</p> <p>If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance.</p>		
<p>Permission to administer First Aid?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p>Medicare Card</p>	Number:	Ref:	Expiry: _____/ 20_____
<p>Is the student listed on a family Health Care or Pension Card?                      Please enquire about eligibility for ASA and SAS payments.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
	Card Number:	Expiry: _____/_____/ 20_____	

### Office Use Only

Have relevant health care documents been issued to the family? Have relevant health care documents been returned by the family?

Yes     No  
 Yes     No

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 7: STUDENT PROFILE (completed by parent)

We understand that parents/guardians have a unique knowledge of their child's social, emotional and academic needs and interests. We ask parents/guardians to complete the information below to help our school know your child better.

Please tick or click <input type="radio"/>	Well below Average	Below Average	Average	Above Average
Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numeracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence and self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence in completing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work as part of a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of others' ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate use of manners and language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your child applying for any of the below programs offered by Fremantle College:

Gifted and Talented Education at Fremantle College	<input type="radio"/>
Specialist Marine Studies	<input type="radio"/>
Specialist Contemporary Music	<input type="radio"/>
Specialist ICT	<input type="radio"/>
Specialist Learning Program – Autism Spectrum Disorder	<input type="radio"/>
AFL Academy	<input type="radio"/>
Academic Excellence Academy	<input type="radio"/>

Does your child participate in any extracurricular activities, leadership programs or do they have any particular talents, hobbies etc?

General comments and further information you would like to provide our school

Parent / Guardian Signature:

If you are completing this form online, please check this box to confirm above information is correct

Date:

## WHAT'S NEXT?

All enrolments will be confirmed upon completion. Enrolments are due by the last Friday of Term 3.

## CONTACT DETAILS

Please don't hesitate to contact us if you have any questions.

Mail: 79 Lefroy Road

Beaconsfield WA 6162

Phone: (08) 9338 8900

Email: [fremantle.college@education.wa.edu.au](mailto:fremantle.college@education.wa.edu.au)

Website: [www.fremantlecollege.wa.edu.au](http://www.fremantlecollege.wa.edu.au)





Surname:	
First Name:	
Academic Year:	Year __ 202 __

## COLLEGE POLICIES

Fremantle College encourages all members of our community to embrace our core values of Curiosity, Enthusiasm for Learning, Leadership, Perseverance and Kindness. These values are reflected in our college policy documents.

It is an enrolment requirement that these policies are read and understood by both students and parents.

The following policy documents can be found on our website, accessed using the links below or alternatively a hard copy can be collected from Fremantle College Administration.

**Please read the following documents and indicate permissions by ticking the appropriate box. If you have any questions, please contact administration.**

- [Publications Permission](#) Yes  No
- [Media Consent](#) Yes  No
- [Online Services and Acceptable Use](#) Yes  No
- [Good Standing Policy](#) Yes  No
- [Bring Your Own Device \(BYOD\) Policy](#) Yes  No
- [Mobile Phone Policy](#) Yes  No
- [Uniform Policy](#) Yes  No

**ALL OF THE ABOVE POLICIES ARE AVAILABLE ON OUR COLLEGE WEBSITE, UNDER ABOUT US AND KEY POLICIES**

### Viewing Consent:

Children often watch videos/DVD's/television documentaries as part of their learning. Almost always these are G rated and don't require consent. Very occasionally something with a PG rating is appropriate for which we would need parent permission.

I give this permission: Yes  No

### Third Party Consent:

Fremantle College may be required to pass information on to a third party where required in the essential course of college operations, eg: Smartrider (Monitor WA) and Electronic Attendance systems. All student information will be handled in accordance to the Department of Education Information and Communication Technologies Security Policy and Procedures Policy.

I give this permission: Yes  No

### Local Excursions:

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

I give this permission: Yes  No

### NCCD Disability Information

I provide permission for NCCD Disability Information to be released to the relevant government authorities (See over for further clarification)

Yes  No

I confirm the above Policies have been reviewed with my child Yes  No

Parent/Caregiver's Full name \_\_\_\_\_

Parent/Caregiver's 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**

## Nationally Consistent Collection of Data (NCCD) Parent Information

Fremantle College is part of an Australia-wide project about students with disability and/or learning difficulties. Schools are asked each year to provide information about the number of children in school with learning needs. This collection of data is called the 'Nationally Consistent Collection of Data' project (NCCD). The school name and name of the children included in the data collection are confidential.

The project will collect information about ways we support students with special educational needs. The data goes to the Federal Level for funding into WA Education, but not necessarily at a school level.

It is important to note that as part of this project, the term "disability" is being used to describe a variety of conditions, including medical conditions. This is in line with the definition of disability, as defined by the Disability Discrimination Act (DDA) 1992.

Fremantle College regularly collects information from staff about the learning adjustments they make in the classroom so that we can identify students we believe should be in our data collection. Parents of identified students will be contacted by letter and given the opportunity to opt out of the data collection should they wish.

Fremantle College think it's important for everyone to take part in this project as it helps Government and the Department of Education to better provide for all students in Western Australia. We hope you think so too.

If you would like to learn more about the NCCD you can visit this website: <https://www.nccd.edu.au/>



Student Surname:	
First Name:	
Academic Year:	Year __ 202 __

## Enrolment Profile for Student Support

This additional information is sought to ensure effective planning can be undertaken for the wellbeing of your student while at Fremantle College. Fremantle College values this information as it forms a basis for the collaboration between you and the college to support your student as the individual that he/she is. The form is kept securely by Student Services and may be used by other staff as needed to support your student.

### 1. Achievements/successes at previous schooling:

E.g. school councillor, faction captain, peer leader/mentoring, awards won, participant in school band/performances /debating, competitions entered, school representative, etc.

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### 2. Participation in activities outside of school programs:

E.g. sports, the arts, music, community, choir, voluntary work, other

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### 3. What are your child's goals while at Fremantle College and how do you see the college supporting the achievement of these?

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### 4. Social interaction:

Please place a cross on the line which best represents the usual degree of social interaction.

**Very sociable** ←      **Quiet, reserved** →

**Makes and maintains friends easily** ←      **Finds making / maintaining friends difficult** →

**5. Mental Health:**

(a) Does your child need some extra support due to lack of confidence, anxiety, mental health, self-harm? (Please circle and give details below)

Does not lack of confidence  Sometimes lacks confidence  Anxiety interferes with participation

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(b) Has your child had any on-going support or treatment for these issues (please describe).

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**6. Bullying:**

(a) Has your child ever been subjected to ongoing bullying? Yes  No

Online  Face to face/verbal  Physical

If yes, please specify:

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**7. In the past has your child ever been assessed or supported by a School Psychologist, Disability Services Commission or other support groups working with your child or family? If yes, please specify.**

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**8. Is the child in the care of the Department of Child Protection and Family Services?**

Yes  No

If YES, please specify the name of the DCPFS Case Manager, their DCPFS District and their contact number:

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**9. Are there any other issues or concerns that impact on how your child will adjust to Fremantle College?**

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**10. Have you completed this profile with your child? Are they aware of the responses you have given?**

Yes  No