FREMANTLE COLLEGE

ENROLMENT FORM

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

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

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

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 ☐ OA ☐

POA1 ☐ POA2 ☐ POA2 ☐

- Birth Certificate ☐
- Immunisation ☐
- School Report ☐
- NAPLAN ☐
- Medical Diagnosis ☐
- Court Order ☐
- VISA Evidence ☐
- Policies ☐
- Connect ☐
- Profile Documentation ☐

Date of Entry: _____

SIS Data Entry Date: _____

SCSA Number: _____

SAER/NOTES: _____

_____

Associate Principal:

Accepted ☐ Not Accepted ☐

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	☐ Male ☐ Female ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No
Lives with student?	☐ Yes ☐ No	☐ Yes ☐ No
Who is responsible for the payment of school fees?	☐	☐
Who will receive communication, student reports, etc?	☐ Yes ☐ No	☐ Yes ☐ No

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

	Parent/Guardian 1	Parent/Guardian 2
Emergency contact	☐ Yes ☐ No	☐ Yes ☐ No
* Contact Phone Numbers	Mobile:	Mobile:
	Home:	Home:
	Work: Workplace	Work: 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? Do you mostly speak this language at home?	☐ English ☐ Other - please specify ☐ Yes ☐ No - if no, please specify language spoken most often at home	☐ English ☐ Other - please specify ☐ Yes ☐ 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')	☐ 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 level of the highest qualification you have completed?	☐ Bachelor degree or above ☐ Advanced diploma/Diploma ☐ Certificate I to IV (incl. Trade certificate) ☐ No non-school qualification	☐ Bachelor degree or above ☐ Advanced diploma/Diploma ☐ Certificate I to IV (incl. Trade certificate) ☐ 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'	☐ Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals ☐ Group 2 Other business managers, arts/media/sports- persons and associate professionals ☐ Group 3 Tradesmen/women, clerks and skilled office, sales and service staff ☐ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers ☐ Group 8 Not in paid work in the last 12 months	☐ Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals ☐ Group 2 Other business managers, arts/media/ sportspersons and associate professionals ☐ Group 3 Tradesmen/women, clerks and skilled office, sales and service staff ☐ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers ☐ Group 8 Not in paid work in the last 12 months

SECTION 3: ADDITIONAL CONTACT DETAILS

	Additional Contact 1	Additional Contact 2
Title (Mr, Ms, Miss, Mrs, Dr)		
Surname		
First name		
Relationship to student		
Email		
Postal Address (if different from student residential address)		
	Suburb/town:	Suburb/town:
	Postcode:	Postcode:
Contact Number	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	Parent/Guardian Contact 2	Additional Contact 1	Additional Contact 2
	☐	☐	☐	☐

SECTION 5: STUDENT DETAILS - ADDITIONAL INFORMATION

Country of birth	
Religion	
First Language	
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 mainly speak English at home?	☐ Yes ☐ No
Does the student speak a language other than English? If more than one language, indicate the one that is spoken most often.	☐ No - only English ☐ 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	☐ Yes ☐ No If Yes, please specify the name of the CPFS Case Manager and their contact phone number. Name: Phone:
* Is this student subject to any court orders in respect to their care, welfare, development or access restriction?	☐ Yes ☐ No If Yes, please specify below and attach supporting documentation.
Receipt of Allowance 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)	☐ Secondary Assistance Scheme (Health Care, pension & Veterans' affair blue card holder) ☐ Abstudy Supplement Allowance (Healthcare, pension & Veterans' Affairs card holder) ☐ Youth Allowance (For Independent students) ☐ Assistance for Isolated Children (AIC) (Available from Centrelink)
* Citizenship	Australian Citizen / Permanent Resident: ☐ Yes ☐ No Temporary Resident: ☐ Yes ☐ No Date entered Australia: _____/_____/_____ Visa expiry date: Visa Grant number: Visa sub-class number:
* Previous school	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?	☐ No ☐ Yes - please specify below	Office Use Only Health care plan?
* Diagnosed medical condition Copies of evidence / documentation will be required.	☐ Autism spectrum disorder	[ ] Yes
	☐ Deaf or Hard of Hearing	[ ] Yes
	☐ Global Developmental Delay (prior to age 6)	[ ] Yes
	☐ Intellectual disability	[ ] Yes
	☐ Physical disability	[ ] Yes
	☐ Severe medical/health condition	[ ] Yes
	☐ Severe mental disorder	[ ] Yes
	☐ Specific speech language impairment	[ ] Yes
	☐ Vision impairment	[ ] Yes

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

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

Office Use Only

Have relevant health care documents been issued to the family? [ ] Yes [ ] No

Have relevant health care documents been returned by the family? [ ] 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	Well below Average	Below Average	Average	Above Average
Literacy	☐	☐	☐	☐
Numeracy	☐	☐	☐	☐
Technology skills	☐	☐	☐	☐
Confidence and self-esteem	☐	☐	☐	☐
Persistence in completing tasks	☐	☐	☐	☐
Ability to work as part of a team	☐	☐	☐	☐
Acceptance of others' ideas	☐	☐	☐	☐
Emotional regulation	☐	☐	☐	☐
Appropriate use of manners and language	☐	☐	☐	☐
Follows instructions	☐	☐	☐	☐
Seeks assistance	☐	☐	☐	☐

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

Gifted and Talented Education at Fremantle College	☐
Specialist Marine Studies	☐
Specialist Contemporary Music	☐
Specialist ICT	☐
Specialist Learning Program – Autism Spectrum Disorder	☐
AFL Academy	☐
Academic Excellence Academy	☐

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

Website: 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

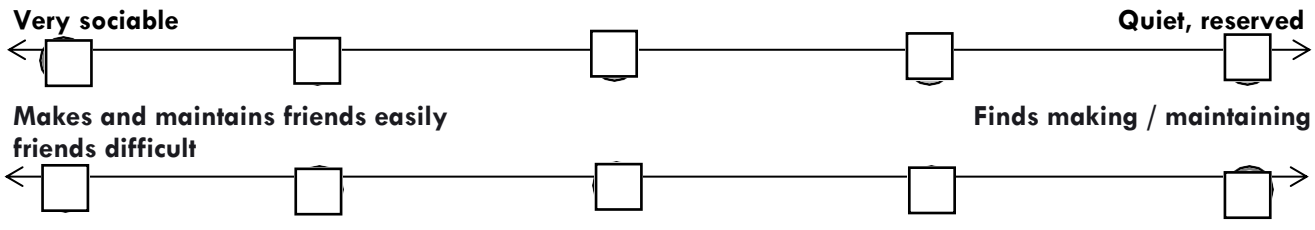
This additional information is sought to ensure effective planning can be undertaken for the wellbeing of your student while at Fremantle College. Fremantle College values this information as it forms a basis for the collaboration between you and the college to support your student as the individual 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.

2. **Participation in activities outside of school programs:**
   E.g. sports, the arts, music, community, choir, voluntary work, other

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

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



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 ☐

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

6. Bullying:

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

Online ☐ Face to face/verbal ☐ Physical ☐

If yes, please specify:

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.

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:

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

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

Yes ☐ No ☐