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COVERING LETTER **IN AREA ENROLMENT**

Dear Parent/Caregiver

Please find enclosed enrolment package for Kinross College. An outline of College procedures and policies is available on the Kinross College Website. Enrolment at the College is only guaranteed for students who live in the local intake area. Please refer to the Enrolment page to find a scrollable Google map that shows our local intake area.

Enrolment forms can be submitted **in person** to our Enrolment Officer, or **emailed** as a PDF document to: kinross.col.enrolments@education.wa.edu.au. Please include all required supporting documentation. If submitting in person, please contact the College on (08) 9233 6700 to **make an appointment**. Appointments will be available between 8:00am – 12:00pm, and 1:00pm – 3:00pm.

Enrolments will not be accepted without the following completed forms:

- ☐ Enrolment form
- ☐ Form 1 - Student Health Care Summary
- ☐ Permission for student to have an online services account

To meet our requirement, enrolments must include a **photocopy of the following documents** along with the **originals to be sighted.** Our staff are unable to provide photocopying services.

- ☐ Two current documents as proof of residential address must be **lease agreement** or **council rates** plus a utility bill (e.g. gas, electricity or water)
- ☐ Birth certificate
- ☐ Current Immunisation records – a current 'Australian Immunisation History Statement' issued within two months of the application to enrol – obtained from Medicare or MyGov
- ☐ Last NAPLAN report (if Australian resident)
- ☐ Most recent school report
- ☐ If your child was born outside of Australia, please include a **Citizenship Certificate** or **Visa Grant Notice** documentation and passport, showing the **Visa Sub Class** and **Visa Grant Number**
- ☐ Other relevant documentation to support your child's learning

We look forward to receiving your enrolment and you and your child's participation in the College community and events over the coming years.

Yours sincerely

Dale Beaton
PRINCIPAL

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ENROLMENT FORM

STUDENT NAME: _____

SCHOOL YEAR LEVEL:_____ FOR YEAR:20____ (Please insert intended year of commencement eg. 2020

Surname: _____

Legal Surname: _____

1st Name: _____

2nd Name: _____

Preferred Name: _____

Date of Birth: / /

Gender: Male ◯ Female ◯ Indeterminate/Intersex ◯

Country of Birth:

Address: _____

_____

_____

Postcode: _____

Home Phone: _____

Student Mobile: _____

Please include copies of:

- Proof of Residential Address (see cover letter above)
- Birth Certificate
- Immunisation Records
- Last NAPLAN

Most recent School Report/s

- Visa and Passport (if your child born overseas)
- Other relevant documentation to support your child's learning

Where or how did you hear about Kinross College?

_____

STUDENT DETAILS

Full Names of siblings **currently** attending Kinross College: _____

Sibling's house at Kinross College: (Harena-Red, Solis-Yellow, Aecor-Jade green, Ventus-Teal blue) or don't know? _____

Full Names of siblings who **previously** attended Kinross College: _____

Religion *(optional information):* _____

Student's First Language: _____ Main Language spoken at home: _____

If English is not your child's first language - age when English was introduced to your child**?** _____

Is the student of Aboriginal origin? YES ◯ NO ◯ **or Torres Strait Islander origin?** YES ◯ NO ◯

Is this student in the care of the Dept for Child Protection & Family Support (CPFS) Chief Executive Officer? YES ◯ NO ◯

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

_____

Court orders: 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.

_____

Child lives with: Parent/Guardian1 ◯ Parent/Guardian2 ◯ Both Parents ◯ Neither Parent ◯

Access Restriction: YES ◯ NO ◯ If YES, a copy of legal documentation is required.

PARENT/GUARDIAN/CARER 1 Please indicate relationship to student: _____

Title: _____ First Name: _____ Surname: _____

Mailing Address (If different from student): _____

Phone No.: Mobile: _____ Home: _____ Work: _____

Occupation: _____ Email: _____

Do you mainly speak English at home? YES ◯ NO ◯ *Main language other than English spoken at home?* _____

What is the highest year of primary or secondary school you have completed?

Yr 12 or equivalent ◯
Yr 11 or equivalent ◯
Yr 10 or equivalent ◯
Yr 9 or equivalent or below ◯

What is the highest level of qualification you have attained?

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

What is your occupation group? _____ (Find *groups on pages 6 & 7 of this pack. Please select the appropriate parental occupation group from the list provided. 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 enter '8').*

PARENT/GUARDIAN/CARER 2 Please indicate relationship to student: _____

Title: _____ First Name: _____ Surname: _____

Mailing Address (If different from student): _____

Phone No.: Mobile: _____ Home: _____ Work: _____

Occupation: _____ Email: _____

Do you mainly speak English at home? YES ◯ NO ◯ *Main language other than English spoken at home?* _____

What is the highest year of primary or secondary school you have completed?

Yr 12 or equivalent ◯
Yr 11 or equivalent ◯
Yr 10 or equivalent ◯
Yr 9 or equivalent or below ◯

What is the highest level of qualification you have attained?

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

What is your occupation group? _____ (*Find groups on pages 6 & 7 of this pack. Please select the appropriate parental occupation group from the list provided. 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 enter '8').*

OTHER CONTACT (if parents unavailable). Please indicate relationship e.g. Friend, Grandparent: _____

Title:_____ First Name: _____ Surname: _____

Phone No.: Mobile: _____ Home: _____ Work: _____

Address: _____

Please advise the College of any other emergency contacts you would like recorded.

In the event of an emergency please indicate the order in which the parent/contacts named above should be contacted:

1st Parent/Guardian 1 1st Parent/Guardian 2 1st Other Contact

ADDITIONAL INFORMATION

Out of school local intake area YES ◯ NO ◯

VISA/Residency status: Permanent Resident YES ◯ NO ◯

If your child was born overseas, please fill out details below:

Date entered Australia: _____ Visa Sub-class No: _____ Visa expiry date: _____

Copy of Visa and Passport to be madeavailable

Previous school (ifapplicable) _____

MEDICAL INFORMATION

Medical practice (Name & Address): _____

Doctor's Name:_____ Phone: _____

Does the student have:

A medical condition or intensive health care need: YES ◯ NO ◯

Regular medication: YES ◯ NO ◯

- ☐ Severe allergy – Anaphylaxis
- ☐ Allergy – Other_____
- ☐ Asthma
- ☐ Diabetes
- ☐ Seizure Disorder (eg epilepsy)
- ☐ Hearing condition (eg otitis media)
- ☐ Mental health or behavioural (eg depression, ADD/ADHD)
- ☐ Intensive Health Care Need (eg tube feeding)
- ☐ Other_____

It is a requirement that Student Health Care Summary – (Form 1) be completed for all students.
If the student has a medical condition/s, additional *Health Care Plan/s* will be provided and must be completed.

Does the student have a disability: YES ◯ NO ◯ If YES, please specify below:

Disability: _____

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
- ☐ Hearing impairment
- ☐ Specific speech/language impairment
- ☐ Intellectual disability
- ☐ Severe mental disorder
- ☐ Global development delay (prior to age 6)
- ☐ Visual impairment
- ☐ Physical disability

Medical/First Aid Treatment statement:

First Aid will be administered when required, unless you confirm otherwise in writing to the College.

BEHAVIOURAL INFORMATION

Previous school exclusion: YES ◯ NO ◯ Previous school suspension: YES ◯ NO ◯

Is your child currently on suspension? YES ◯ NO ◯

LEARNING INFORMATION

Learning difficulties: YES ◯ NO ◯ If YES, please specify area/s of concern below:

_____

Please supply school with any relevant documentation.

PUBLICATION OF STUDENT PHOTO:

Please note that our school has strict guidelines when publishing photographs of students.

Your child's image will be used for:

- Education purposes
- Identification purposes – internal (e.g. Class projects)
- SmartRiders

◯ I give permission for my child's name to be published in the following media areas:

- Articles in print or visual media (e.g. TV/newspapers)
- Promotional material for Kinross College or Department of Education
- Community based projects that request student involvement
- School-related internet websites
- Kinross College e-Bulletin, Annual Year Book and Cohort Student photographs

◯ I **do not** give permission for my child's name and photo to be published in the above media areas.

AGREEMENT SIGNATURES REQUIRED

Name of Parent/Guardian/Carer enrolling student : _____

PLEASE PRINT COMPLETED ENROLMENT FORM AT THIS POINT

I declare that all the information I have given on this enrolment form is true and accurate.

Signature: _____ Date: _____

Student and Parent/Guardian/Carer signatures required: Before this enrolment can be formally accepted, all parties represented need to sign the policy agreement acknowledgement below. However, if there are any concerns or objections in supporting the College policies on behaviour, dress code, mobile phone and electronic devices, please make an appointment with the College Principal to discuss any issues.

Policy agreement acknowledgement: In signing this section of the enrolment form you agree to support and abide by Kinross College policies on behaviour, dress code, mobile phone and electronic devices. (These may be viewed online: kinrosscollege.wa.edu.au/about/policy).

We use the following third party services: COMPASS, CLICKVIEW, EDUCATION PERFECT, MATHSPACE, CARS & STARS, ACER and ELEVATE. Please contact Kinross College if you have any queries regarding the disclosure of personal information to these third party services. All of the above are monitored by the Department of Education.

◯ I give permission for my child to watch PG rated movies

	Parent/Guardian/Carer Signature	*Student Signature*
• College Dress Code Policy:	_____	_____
• Online Services Agreement:	_____	_____
• Mobile Phone & Electronic Device Policy:	_____	_____
• Third Party services	_____	_____

EMOTIONAL AWARENESS/SUPPORT

Are there any recent events in your child's life that we should be aware of?

E.g. Family separation in the last 12 months, family member diagnosed with an illness. This information is sought only so that special consideration or emotional support can be given if necessary. Any information provided will be treated discretely and will not be raised with your child unless you specifically request it.

NO ◯

YES ◯ please provide brief details:

_____

_____

_____

_____

_____

_____

_____

_____

ENROLMENT PROCESS & REQUIRED DOCUMENTATION

Kinross College is a local-intake school. Accordingly the Principal will:

1. *Enrol an eligible student whose usual place of residence is in the local-intake area of the College.*
2. *Set aside sufficient places to accommodate children who may move into the local-intake area during the school year.*
3. *Apply the following selection criteria if the school has further capacity and appropriate programs to accommodate children from outside the local-intake area:*
    - *First Priority – Students applying to enrol in a Department of Education approved specialist program. This does not apply to Kinross College.*
    - *Second Priority – Students who have siblings enrolled at the College for that year.*
    - *Third Priority – Students who live in closest proximity to the College.*

Proof of Residence

Two current documents confirming residential address must be supplied. These may include - Electricity account, Gas account, Telephone account or Bank statement.

*Families moving into rental accommodation must provide the **registered agent's** rental agreement with a lease for a minimum of six months.*

ENROLMENT PROCESS & REQUIRED DOCUMENTATION

Kinross College
Falkland Way
KINROSS WA 6028

Telephone: 9233 6700
Web: kinrosscollege.wa.edu.au
Email: Kinross.col.enrolments@education.wa.edu.au

PRINCIPAL
Dale Beaton

Office use only:

Yr level: …… *TAG: ……* *Start date: ……* Integris entry by: …… Date: …… Transfer note: YES ☐ NO ☐

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INFORMATION ABOUT PARENT/GUARDIAN OCCUPATION AND EDUCATION

(see page 2 of enrolment form)

Why the information is needed

All schools in Australia are required to collect some additional background information on students as part of national reporting arrangements aimed at providing a fairer education system for all children, regardless of background. This information is collected by schools in a uniform way across the country.

The information collected will not be used to identify individual students, it will be used to better understand how background factors may affect student educational levels and help in developing policies to better assist those children not meeting expected standards.

Whilst it is not a legal requirement to provide all of the details requested in this form, the information is sought to enable the Department to:

- Collect necessary statistical information and undertake analysis of the composition and performance of the student population;
- Construct socio-economic profiles of schools; and
- Meet State and National reporting requirements.

Security and confidentiality

The information provided for enrolment records 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.

What is your occupation group?

Please select the appropriate parental occupation group from the list provided on the back of this form. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.

Please write 1, 2, 3 or 4 according to your occupation.
However, if you have not been in paid work in the last 12 months, enter '8'.

Parental Occupation Groups

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation, government administration & defence, and qualified professionals	**Other business managers, arts/media/sportspersons and associate professionals**	**Tradesmen/women, clerks and skilled office, sales and service staff**	**Machine operators, hospitality staff, assistants, labourers and related workers**
Senior executive/manager/ department head in industry, commerce, media or other large organisation **Public service manager** (section head or above), regional director, health/education/police/ fire services administrator **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director] **Defence Forces** Commissioned Officer **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional. **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] **Air/sea transport** [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]	**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business. **Specialist manager** [finance/engineering/production/ personnel/industrial relations/ sales/marketing] **Financial services manager** [bank branch manager, finance/ investment/insurance broker, credit/loans officer] **Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] **Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official] **Associate professionals** generally have diploma/technical qualifications and support managers and professionals **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional. **Business/administration** [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] **Defence Forces** senior Non-Commissioned Officer.	**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group. **Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk] **Skilled office, sales and service staff** **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator] **Sales** [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher] **Service** [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]	**Drivers, mobile plant, production/processing machinery and other machinery operators** **Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] **Office assistants, sales assistants and other assistants** **Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant] **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker] **Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant] **Labourers and related workers** **Defence Forces** ranks below senior NCO not included in other groups **Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand] **Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

Please select the appropriate parental occupation group from the list above.

- *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, enter '8' instead.*

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HEALTH CARE PLAN

Dear Parents / Caregivers

The Department of Education requires all students with health issues to obtain a Health Care Management Plan. Therefore, as part of the enrolment process, the following medical information must be provided and the necessary paperwork completed before a student is officially enrolled at Kinross College.

Please complete:

1. **FORM 1** Student Health Care Summary. This must be completed for all students.

2. If a student suffers from a pre-existing medical condition you will also need to request any other relevant Health Care Management form/s that will specify the needs of the student, i.e.:

   FORM 2: General Health Care Management

   FORM 4: Severe Allergy/Anaphylaxis Management *

   FORM 5: Minor & Moderate Allergy Management

   FORM 6: Diabetes Management *

   FORM 7: Seizure Management

   FORM 8: Asthma Management

   All sections need to be completed on each relevant form.

   *The medical conditions that require a medical practitioner's signature are:

   FORM 4: Severe Allergy/Anaphylaxis Management
   FORM 6: Diabetes Management

3. A photocopy of the student's immunisation history is also required.

Yours faithfully

Dale Beaton
PRINCIPAL

Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

FORM 1
STUDENT HEALTH CARE SUMMARY

SECTION A

Year | **Form** | **Teacher**

Student's name

Date of birth (dd/mm/yy) / /

Gender ◯ Male ◯ Female ◯ Not Specified

Address

Postcode

FAMILY CONTACT DETAILS

Name

Relationship to student

Address

Postcode

Telephone (Home) | **Telephone (Work)**

Telephone (Mobile)

Name

Relationship to student

Address

Postcode

Telephone (Home) | **Telephone (Work)**

Telephone (Mobile)

MEDICAL DETAILS

Medical practice

Doctor 1 Telephone

Doctor 2 Telephone

Do you have ambulance insurance? ◯ YES ◯ NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency *e.g. allergy to penicillin.*

Medicare Card number

Medicare Card Individual Reference Number (IRN)

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication section* of the relevant health care plan – see below.
Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.
Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? ◯ YES ◯ NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

☐ **NO -** Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

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.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

☐ **YES -** Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

SECTION B

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies) **Will school staff require specific training to support your child?**

☐ Severe Allergy/Anaphylaxis	◯ YES	◯ NO
☐ Minor and Moderate Allergies	◯ YES	◯ NO
☐ Diabetes	◯ YES	◯ NO
☐ Seizures	◯ YES	◯ NO
☐ Asthma	◯ YES	◯ NO
☐ Activities of Daily Living	◯ YES	◯ NO
☐ **Other Conditions or Needs** (Please specify below)	◯ YES	◯ NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

◯ YES ◯ NO - *If yes, advise the Principal:*

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

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

I give permission for my child's medical details and photo to be on view for staff. ◯ YES ◯ NO

If yes, please attach photo to the relevant health care plan(s).

SECTION D - MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? ◯ YES ◯ NO - *If yes, provide details below:*

Parent/Carer Signature **Date** / /

Parent/Carer Name

☐ 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. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.
Note: Where appropriate students should be encouraged to participate in their health care planning.

OFFICE USE ONLY

Does the child have an allergy that needs to be flagged on SIS?	YES ◯	NO ◯	**Date** / /
Have relevant health care plans been issued to the parent?	YES ◯	NO ◯	**Date** / /
Has the Principal been informed if:			
specific training is required to support the student?	YES ◯	NO ◯	
the student's health care information is to be restricted?	YES ◯	NO ◯	
Date *Student Health Care Summary* was completed and uploaded on SIS:			**Date** / /

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ONLINE SERVICES

Dear Parents / Guardians

Our school provides access to online services provided by the Department of Education. These increase the range of teaching tools available to staff and enhance the learning opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services. This will involve the school using the student's full name, preferred name, class and year to access their unique online services account.

The Department's online services currently provide:

- individual email accounts for all students and staff;
- access to the Internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school;
- access to the online teaching and learning services such as web-conferencing, digital resources and online learning activities;
- access to online file storage and sharing services; and
- access to Portal services from home if the home computer is connected to the Internet.

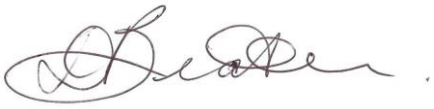
If you agree to your child making appropriate use of these online services, please complete the permission slip attached to this letter. You will also need to ensure that your child reads or understands the Acceptable Usage Agreement, also attached to this letter, before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's online services, it is not possible to completely eliminate the risk of such exposure.

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and Internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and Internet access records are discoverable in the event of legal action and are subject to provisions of the *Freedom of Information Act 1992*.

You should also be aware that general Internet browsing not conducted via the Department's network is **not** monitored or filtered by the Department. The Department encourages close family supervision of all Internet use by children in locations other than school, and strongly recommends the use of appropriate Internet filtering software.

Yours sincerely



Dale Beaton
PRINCIPAL

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PERMISSION FOR STUDENTS TO HAVE AN ONLINE SERVICES ACCOUNT

Student's first name: _____

Student's last name: _____

Student's preferred name: _____

Year level: _____

Parents / responsible persons

Do you give permission for your child to have an online services account? **Yes** ○ **No** ○

I agree to and understand the responsibilities my child has when using the online services provided at school for educational purposes, in accordance with the Acceptable Usage Agreement for school students. I 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's *Behaviour Management in Schools* policy.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Note: while every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter Internet content accessed by your child from home or from other locations away from school. The Department recommends the use of appropriate Internet filtering software.

Office use only: Date processed: ____/____/____ Processed by:_____

Note: *This permission slip to be filed by the school*

ACCEPTABLE USAGE AGREEMENT (Secondary Students)

If you use the online services of the Department of Education you must agree to the following rules:

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- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others when online.
- I will not give anyone my logon password.
- I will not let others logon and / or use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts without permission from the teacher.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account without permission.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will obtain permission from the copyright owner of any materials inserted into my school work before I subsequently reuse it as a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online.

I understand that:

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences dictated in the School's policy; and
- I may be held liable for offences committed using online services.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the Agreement, it may result in disciplinary action, determined by the Principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of student: _____

Signature of student: _____ Date: _____

Office use only: Date processed: ____/____/____ Processed by:

Note: *This Agreement should be filed by the school and a copy provided to the student.*

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Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

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

CC BY Exclusions may apply

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 requires 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.

Exclusions may apply