

Name of Student:	
Year Level:	Start Date:

**IMPORTANT** Please check that all required documentation is included and returned to Margaret River Senior High School. **This application** cannot be processed until all documentation is received.

#### PLEASE READ BEFORE COMPLETING APPLICATION

## **GENERAL INFORMATION**

A parent or legal guardian applying to enrol a child in a government school should complete an *Application for Enrolment form*. Family details should include details of parents, guardians or carers residing at the same address as the student being enrolled. Only permanent residents of Australia and those children holding an approved visa subclass number are eligible to be enrolled in a government school.

When enrolling your child at Margaret River Senior High School, the following documentation MUST be provided:

Birth	certificate

- ☐ Immunisation History Statement
- □ Court order (if applicable)
- Proof of address
- □ Information relating to disability

The Principal of the school may cancel the enrolment of an enrolled student if the Principal is satisfied that:

- a) The enrolment was obtained by the giving of false or misleading information; or
- b) The Principal has received notification of changes to the following:
  - Usual place of residence
  - Court orders pertaining to the child
  - Details of any conditions of the child that may call for special steps to be taken for the benefit or protection of the enrolee or other persons in the school
  - · Legal guardian of the child

**Please note:** LEGAL NAMES must be used in every instance, use of preferred name rather than legal name must be discussed with enrolling officer. This form is to be completed by Parent / Guardian / Carer.

## SECURITY AND CONFIDENTIALITY

The information provided on this form will be 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.

The Department of Education's *Information Communication Technologies Security Policy* preclude this information from being used for any purpose other than to:

- determine whether your application for enrolment can be accepted
- assist the school with addressing any needs for your child if enrolment is accepted
- comply with legal requirements or ministerial directions

## RESIDENT IN LOCAL INTAKE AREA

Margaret River Senior High School is a Local Intake Area School. The boundaries are determined by the Department of Education of Western Australia. A map of this area is available, should you need to know these boundaries, on the website: <a href="https://www.det.wa.edu.au/schoolsonline/">https://www.det.wa.edu.au/schoolsonline/</a>. An eligible child whose place of residence is within the local intake area is guaranteed enrolment (subject to provision of required documentation).

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to School Bus Services on 08 9326 2625 or <a href="mailto:schoolbus@pta.wa.gov.au">schoolbus@pta.wa.gov.au</a> or to Shepherdson's Transport 08 9757 2955.

## SCSA STUDENT NUMBER This is the number on your child's school report Surname: \_\_\_\_\_ Legal Surname (if different): Previous Surname (if applicable): \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_ Preferred 1st Name: Date of Birth: \_\_\_\_/\_\_\_/\_\_\_\_ Sex: Male Indeterminate / Intersex Residential Address: Postcode: Telephone (Home): \_\_\_\_\_\_ Student's Mobile (if applicable): \_\_\_\_\_ Full Name/s of brothers and sisters attending this school: ADDITIONAL INFORMATION Country of Birth: Religion (Optional): Student's First Language: Is the student's descent: ...... Aboriginal NO YES NO NO Does the student speak a language other than English at home?...... YES ∃иο Пио (If more than one language, indicate the one that NO, English only is spoken most often.) YES, other - please specify: \_\_\_\_\_ □NO Date of Arrival in Australia: \_\_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Expiry Date: .... Visa Grant Number: \_\_\_\_\_ International Fee Paying (if known): ...... YES □ NO Current School Attending: If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_\_\_

STUDENT DETAILS

#### PARENT / GUARDIAN 1

Parent/Guardian 1 Details (Legal Name)

#### Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_ Please indicate relationship to the student: Residential Address: \_\_\_\_\_\_ Postal Address (if different from above): Telephone (Home): \_\_\_\_\_ Occupation/Workplace location: Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_ □NO Do you mainly speak English at home? ☐ YES Do you speak a language other than English at home? NO, English only YES, other - please specify: (If more than one language, indicate the one that is spoken most often): IMPORTANT Mobile Phone for SMS (absence notifications): **Email Address\* Parent 1:** \*Email address is required for access to our Learning Management System (Compass) What is the highest year of primary or secondary school you What is the level of the highest qualification you have completed? If you did not attend school mark 'Year 9 or have completed? equivalent or below'. Bachelor degree or above Year 12 or equivalent. Advanced Diploma or Diploma Year 11 or equivalent. Certificate I to IV (indicating trade Year 10 or equivalent. certificate) Nil Year 9 or equivalent or below Please select appropriate parental occupation group from the list provided on the table below. Group 1 Group 2 Group 3 Group 4 N/A Please select appropriate parental occupation group from the list provided on the table below. 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, tick 'N/A'. **GROUP 1 GROUP 2 GROUP 3 GROUP 4** Senior management in large Other business managers, Tradesmen/women, clerks and Machine operators, skilled office, sales and service business organisation, arts/media/sportspersons hospitality staff, assistants, government administration & staff labourers and related and associate professionals defence, and qualified workers professionals

## PARENT / GUARDIAN 2

#### Parent/Guardian 2 Details (Legal Name) Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_ Please indicate relationship to the student: Residential Address: Postal Address (if different from above): Telephone (Home): \_\_\_\_\_ Occupation/Workplace location: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_ Пио Do you mainly speak English at home? ☐ YES Do you speak a language other than English at home? NO, English only YES, other - please specify: (If more than one language, indicate the one that is spoken most often): \_\_\_\_\_\_\_ **Email Address\* Parent 2:** \*Email address is required for access to our Learning Management System (Compass) What is the highest year of primary or secondary school you What is the level of the highest qualification you have completed? If you did not attend school mark 'Year 9 or have completed? equivalent or below'. Bachelor degree or above Year 12 or equivalent. Advanced Diploma or Diploma Year 11 or equivalent. Certificate I to IV (indicating trade Year 10 or equivalent. certificate) □Nil Year 9 or equivalent or below Please select appropriate parental occupation group from the list provided on the table below. Group 1 Group 2 Group 3 Group 4 N/A Please select appropriate parental occupation group from the list provided on the table below. 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, tick 'N/A'. **GROUP 1 GROUP 2 GROUP 3 GROUP 4** Senior management in large Other business managers, Tradesmen/women, clerks and Machine operators, business organisation, arts/media/sportspersons skilled office, sales and service hospitality staff, assistants, staff government administration & and associate professionals labourers and related defence, and qualified workers professionals

# **EMERGENCY CONTACT**

Third Contact Details (People of	ther than Parent/Guardian 1 &	
Title: First Name:	Second Name:	Surname:
Please indicate relationship to the stu	dent:	
Residential Address:		
Telephone (Home):	Email Address:	
Occupation/Workplace location:		
Telephone (Work):	Mobile No:	
Please advise the school if there are a	ny other contacts you would like	e recorded:
	EEEC DII I INI	
	FEES BILLING	<u> </u>
·	Parent/Guardian/Carer 1	Parent/Guardian/Carer 2  urn it together with this enrolment form.
	CUSTODY / GUARDI	ANSHIP
Who does the student live with?	Both Parents Par	
In shared custody arrangements show the percentage split as determined by Centrelink. (This information must be included).	Mother% Fa	ather % Other %
ACCESS RESTRICTION - Is the stude development?	nt subject to any court orders in	
If YES, please specify and attach su	oporting documentation	

## LANGUAGE SELECTION

## YEAR 7 AND 8 ONLY

At Margaret River Senior High School, we are fortunate to be able to offer six language choices delivered by native speakers.

Students will study one language for two years in Years 7 and 8. In Years 9 to 12, Languages will be offered as an elective subject. The placement of students will be dependent on school resources both staffing and timetabling.

Languages offered are:

- Asian Languages Chinese (Mandarin) and Indonesian
- European Languages French, German, Italian and Spanish

These are all the languages that are included in the Western Australian Curriculum and mandated for all students to study.

Please number the boxes below 1, 2, 3 for your child's language preference - for Year 7 & 8:

If you do not have a preference, please leave the selections blank and tick the box titled "I have no preference".

ASIAN LANGUAGE	EUROPEAN LANGUAGE		
Chinese (Mandarin)	French		
Indonesian	German		
<del>-</del>	Italian		
	Spanish		
I have no preference			
Language studied at Primary School	for years.		
Do you speak a Language other than English at home? If so what Language?			
Do you have a strong Language or cultural link with a particular Language group?			
Please provide some detail:			

If you have any queries, please contact the Head of HASS & Languages (9757 0700) or Operations Manager (9757 0703).

<sup>\*</sup>Please note if this form is not completed, students will be placed in a language based on availability.

# IMMUNISATION STATUS

Please state your child's immunisation status:			
mmunisation Complete  Yes  *If yes ACIR Immunisation history MUST be			
Not Immunised	attached. Please request from 1800 653 809 or Yes No email <u>acir@humanservices.gov.au</u>		
Additional Information:			
	MEDICAL DETAILS		
Doctor / Practice Name:	Phone Number:		
Dentist / Practice Name:	Phone Number:		
Permission to call Doctor	Yes No No		
Permission to call Dentist	Yes No No		
Permission to administer Fir	st Aid Yes No No		
Do you have ambulance insu	rance? Yes No Insurance Provider:		
If there is a medical emerge	ncy, parents/guardians are expected to meet the cost of an ambulance.		
Health Care Card	Yes No Card Number:		
	Expiry Date:		
Medicare	Card Number:    Ref #		
	Expiry Date:		
	ADMINISTRATION OF MEDICATION		
Written authorisation must be provided for staff to administer any form of medication.			
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			
Does your child have one or more health condition(s) that will <b>require support</b> from school staff?			
No If your child's requirements change, please notify the school.			
Yes please complete the Health Condition(s) Section of this form.			

HEALTH CONDITION(S)			
	Will school staff require specific training to support your child?		
Severe Allergy/Anaphylaxis:	Yes No		
Minor and Moderate Allergies:	Yes No		
Diabetes	Yes No		
Seizure Disorder	Yes No		
Asthma	Yes No		
Coeliac	Yes No		
Wears Glasses	Yes No		
Hearing Condition	Yes No		
Diagnosed Migraine/Headaches	Yes No No		
Other conditions or needs (please specify):	Yes No		
Has your child's Medical Practitioner provided a health care plan to ass	ist Yes No		
the school to manage the condition?	If yes, please advise the school.		
If you have ticked "Yes" for specific staff training, please discuss the typ	e of training needed with the school.		
DIAGNOSED LEARNING DIFFICULTY / DISABILITY			
Does the student have a <b>diagnosed learning difficulty?</b> Yes No			
Does the student have a diagnosed learning difficulty?	Yes No		
Does the student have a <b>diagnosed learning difficulty?</b> If you have ticked any of the disabilities below, you <u>MUST</u> provide supp			
If you have ticked any of the disabilities below, you MUST provide supp			
If you have ticked any of the disabilities below, you MUST provide support    Physical Disability    Intellectual Disability    Specification    Specification    Specification    Specification    Description    Specification    Specification    Description    D	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  It is Speech Language Impairment Global		
If you have ticked any of the disabilities below, you MUST provide supply Deaf at Intellectual Disability Specific Development Development	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe		
If you have ticked any of the disabilities below, you MUST provide support    Physical Disability	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent of the property of the		
If you have ticked any of the disabilities below, you MUST provide support    Physical Disability	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)		
If you have ticked any of the disabilities below, you MUST provide support    Physical Disability	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)  Inseed Anxiety Disorder		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Vision Impairment Develo ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Dyslexia Diagnot Other:	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Vision Impairment Develot ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Dyslexia Diagnot Dyspraxia Other:	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)  Inseed Anxiety Disorder		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Vision Impairment Develo ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Dyslexia Diagnot Other:	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)  Inseed Anxiety Disorder		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Vision Impairment Develot ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Dyslexia Diagnot Dyspraxia Other:	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  Ind Speech Language Impairment Global  Independent Delay (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)  Inseed Anxiety Disorder		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Vision Impairment Develot ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Dyslexia Diagnot Dyspraxia Other:	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  It Speech Language Impairment Global  Independent (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)  I Seed Anxiety Disorder		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Specifi Vision Impairment Develo ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Dyslexia Diagno Dyspraxia Other:    Dysgraphia Dyscalculia	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  It Speech Language Impairment Global  Independent (prior to age 6) Severe  I Disorder  I Auditory Processing Disorder (CAPD)  I Seed Anxiety Disorder		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specific Vision Impairment Develor ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Disagnor Dyslexia Diagnor Other:    Dysgraphia Dyscalculia	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  It Speech Language Impairment Global Impensal Delay (prior to age 6) Severe  I Disorder I Auditory Processing Disorder (CAPD) I Seed Anxiety Disorder  RMATION  Yes No No		
If you have ticked any of the disabilities below, you MUST provide supply Physical Disability Deaf at Intellectual Disability Specifi Specifi Develor ADD/ADHD, Requires Medication: Yes Menta Autism Spectrum Disorder Centra Disagnor Dyslexia Diagnor Other:    Dysgraphia Dyscalculia   Dyscalculia   Dyscalculia   Disagnor Dyscalculia   Dys	porting documents (at time of enrolment).  Ind Hard of Hearing (e.g., otitis media)  It Speech Language Impairment Global Impensal Delay (prior to age 6) Severe  I Disorder I Auditory Processing Disorder (CAPD) I Seed Anxiety Disorder  RMATION  Yes No No		

00\_

-

.00.

00.

80.

-00

м.

## STUDENT AGREEMENT

#### **ACCEPTABLE USAGE AGREEMENT FOR HIGH SCHOOL STUDENTS YEAR 7-12**

You must agree to the following rules when you use the Department provided online services:

- I will only use online services for purposes which support my learning and educational research.
- I understand that I am responsible for all activity in my online services account.
- I will check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I understand the school and the Department of Education can monitor my use of online services.
- 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 material, or content that is offensive, intimidating or encourages dangerous or illegal activity.
- 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 access or send inappropriate materials including software that may damage computers, data or networks.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will get permission from the copyright owner of any material used in my school work before I reuse it in a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will use appropriate language in all internet communications.
- I will not try to access internet sites that have been blocked by the school or the Department of Education
- I will not use the internet to access violent or pornographic publishing or other sites deemed inappropriate by the school and Department of Education
- I will not access chat lines, conversation sites or other sites that link students to unauthorised individuals outside of the school community.
- 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 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 disciplinary action, determined by the principal in accordance with the Department's Behaviour Management in Schools policy;
- and I may be held liable for offences committed using online services.

#### **MOBILE PHONE POLICY**

- 1. Avoid bringing mobile phones and other personal electronic devices to school.
- 2. If you do bring a mobile phone, it must be switched off and concealed in a safe place during the day otherwise it may be confiscated.
- 3. Any student who refuses a teacher's request to hand over their phone (or other mobile device) will receive sanctions as outlined in the school's Behaviour Management policy. These sanctions may include suspension and the loss of their entitlement to bring a mobile device to school for a specified period of time.
- 4. Multiple breaches will result in additional consequences such as detention, loss of privileges associated with Good Standing and suspension.

## STUDENT AGREEMENT CONTINUED

#### **UNIFORM POLICY**

Under section 128c of the Education Act, the School Board determine, in consultation with the school community, a dress code for students at Margaret River Senior High School. The school uniform is the expected standard of dress for all students at the school. School uniform is a very important part of the school's ethos and tradition.

<u>School Tops:</u> Students have the option of two styles of shirts. One is straight whilst the other is slightly tailored and has shorter sleeves. The green and black shirts are for Years 7 to 10 and the black and white shirts are for Year 11 and 12 students. In cold weather a plain black long sleeve tee shirt can be worn underneath the school shirt. Scarves must be in school colours of bottle green, black or white.

**Bottoms:** Plain black pants, skirts and shorts with the school logo are to be worn. Skirts and dresses are to be no more than 10cm above the knee. Black stockings under skirts and pants or socks to tone in with the uniform are allowed. Prescribed school bottoms are available through the Uniform Shop.

<u>Footwear:</u> Black closed in shoes are appropriate footwear. Brightly coloured, ugg boots and slip-on shoes are not to be worn to school.

<u>Jewellery and Body Adornments</u>: Make-up, Jewellery and body adornments must be minimal, unobtrusive and safe. Earrings can be sleepers or studs. If in the opinion of the school administration, students do not adhere to these guidelines, they will be required to make the necessary changes to conform to this policy. Due to Occupational Health and Safety issues only minimal facial piercing and they will need to be plastic backed and with flat studs.

**Special Uniforms:** Students will be issued with a Health and Safety policy in the Design and Technology, Home Economics and Science departments. This will outline the appropriate closed footwear, protective clothing, safety goggles and safe behaviour.

**Physical Education Uniform:** For sport lessons the uniform is unisex black Margaret River Senior High School Physical Education shorts and the grey Physical Education shirt with the school logo. Appropriate footwear (e.g. sports shoes) must be worn during all physical education sessions. The students are encouraged to wear hats during outdoor sporting sessions.

Physical Education, Dance, Surf Academy and Cadet outfits are only to be worn during those activities.

## PLEASE READ CAREFULLY BEFORE SIGNING

MOBILE PHONE POLICY		
I have read Margaret River Senior High Schools Mob	oile Phone Policy. I agree to abide by this	s policy 🗆 Yes
		🗆 No
UNIFORM		
All students are expected to wear school uniform as	s part of the School's Dress Code as endo	rsed by the School
Board.	•	,
I agree to meet this expectation		🗆 Yes
ONLINE SERVICES & INTERNET		
I have read the Online Services Acceptable Use Agre	eement. I agree to abide by this policy	Yes
		Пио
		⊔ INO
NAME AND SIGNATURE OF STUDENT AGREEING		
	SIGNATURE	DATE

## BYOD MEMORANDUM OF UNDERSTANDING

This document contains information about student BYOD (Bring Your Own Device) devices and free resources available to the students at Margaret River Senior High School.

Our vision for Margaret River Senior High School is to use Information and Communication Technologies to enhance the school's teaching and learning environment.

Margaret River Senior High School staff and students have access to an array of resources including:

- School web-based emails
- Compass Learning Management system
- Free Office 365 tools including online Word, PowerPoint, Excel, Sway and OneNote
- Free online storage Microsoft One Drive
- Links to study skills and ETV video software
- Learning area teaching portals including STILE & Mathspace
- Access Audio Ebooks, Pressreader, Informit, SmartSuite & TV4 Education Library resources

#### **BYOD MEMORANDUM OF UNDERSTANDING**

As a part of the student's enrolment students and parents have been asked to sign the following memorandum of understanding:

#### Before using your own device at school, the following procedures must be followed and adhered to:

- The device is only to be switched on for educational use. This will occur after asking permission from their teacher or requested by the teacher. The device must remain switched off at all other times.
- Devices are not to be used for messaging, social media, or phone calls.
- You must not film, record or take images or videos unless it is supervised by the class teacher and directly a part of the class program.
- No photos or videos are to be shared or uploaded to the internet or any social networking sites (eg TikTok, Facebook, SnapChat, Twitter, Instagram etc).
- Devices are not to be used out of class time (before school, recess, lunch) unless specifically requested by a teacher in order to do school work this must be done in a supervised classroom.
- Student owned devices are not licensed to use school owned or purchased software other than the DoE Microsoft 365 suite.
- You must not access any other social media sites (Tiktok, Snapchat, Instagram, Facebook etc) or any site that is not directly part of the school educational program and has been directed by a teacher.

#### Misuse of Devices:

- If you misuse your device it will be confiscated and sent to Student Services.
- The device may be collected by the student from Student Services at the end of the day.
- Second offence, the device may only be retrieved by a parent or guardian.
- Breaches of this policy will be treated as any other breach of school rules.

Student Name:	-
Student Signature:	_ Date:

## ONLINE THIRD PARTY SERVICES

At Margaret River SHS we provide access to high-quality online services that aim to enhance student learning opportunities. This is done through utilising a range of electronic and interactive teaching tools that are available either from the Department of Education WA, or from independent organisations-

Online third party services often require separate account creation and login credentials, and provide content, activities or transactions via the internet. The third-party services being used in our school are found at this link: <a href="http://margaretrivershs.wa.edu.au/download/19600/">http://margaretrivershs.wa.edu.au/download/19600/</a>

# BYOD & ONLINE THIRD PARTY SERVICES PARENT CONSENT AND AGREEMENT FORM

#### **CONSENT FROM PARENT/GUARDIAN/CARER**

At Margaret River Senior High School, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation/use/access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

More information can be obtained from our website: <a href="https://www.margaretrivershs.wa.edu.au/">https://www.margaretrivershs.wa.edu.au/</a>

BYOD MOU AND THIRD-PARTY SERVICES  I agree to the conditions of the Memorandum of Understanding for Student owned devices as outlined above:			
Yes, I agree No, I do not agree			
ONLINE THIRD PARTY SERVICES – PARENT NOTIFICATION			
I understand that I have been notified and provided access to the terms of use and privacy policy of each of the Online Third Party Services listed as <i>with Notification</i> in the link <a href="http://margaretrivershs.wa.edu.au/download/19600/">http://margaretrivershs.wa.edu.au/download/19600/</a> These services have been assessed by the Department and do not require consent. This notification risk status is based on the Department of Education (WA) security and privacy risk assessment which reviews consent and data information of the online service.			
I understand that my child's personal information will be provided to these Online Third Party Services for registration and use of the services and that this information will be stored within Australia.			
☐ Yes, I agree ☐ No, I do not agree			
ONLINE THIRD PARTY SERVICES – PARENT CONSENT AND AGREEMENT  I understand that I have been provided access to the terms of use and privacy policy of each of the Online Third Party Services listed as with Consent in the link <a href="http://margaretrivershs.wa.edu.au/download/19600/">http://margaretrivershs.wa.edu.au/download/19600/</a> .			
I understand that my child's personal information will be provided to these Online Third Party Services for registration and use and that this information may be stored outside of Australia.  I understand that if I do not consent to my child's personal information being provided to these Online Third Party Services, my child may receive an alternative education program that does not make use of the Online Third Party Services.			
☐ Yes, I agree ☐ No, I do not agree			

# PARENT CONSENT AND AGREEMENT FORM

Stude news name	MISSION TO PUBLISH STUDENTS' IMAGES AND WORK FOR SCHOOL PURPOSES ents' images and/or their work are often published to recognise excellence or effort and may appear in spapers, on our website, in newsletters and social media i.e. School Facebook page or on film/video. Their es may also be included but no contact details are provided. Work/images captured by the school will be kept o longer than is necessary for the purposes outlined above and will be stored and disposed of securely.
	Yes, I give my consent for student details/photograph as described above.
	I DO NOT give permission for my child's images and or name to be published.
Stude	RNET ACCESS ent access to the internet is provided in accordance with the School Policy (available from the school website). ent access is contingent on abiding by the users' Code of Conduct.
	Yes, my child has permission to access the internet in accordance with School Policy.
	No, I do not give consent.
Stude are '0	VING CONSENT ents often watch videos / DVDs and television documentaries as part of their learning. Almost always these G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we d request parental permission.
	Yes, I consent to my child viewing the above material.
	No, I do not give consent.
Stude atter	AL EXCURSIONS ents occasionally walk within the local area for minor excursions under the supervision of the teacher and activities in local parks, nature reserves, another school, city council, library, or shopping centre. On all sions, parents will be notified of the local excursion.
	Yes, I consent to my child participating.
	No, I do not give consent.
<u> </u>	
Nam	e of Person Giving Consent:
Signa	ature:
Date	:

## PARENT / GUARDIAN DECLARATION

- 1. I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Margaret River Senior High School may be terminated.
- 2. I have informed the school of any disabilities, medical conditions or special educational needs of my child.
- 3. I will support the school's Behaviour Management, School Dress Code Policy, and Computer and Internet Policies.
- 4. My child is not currently under suspension at, nor excluded from, another school.
- 5. I understand that in the event of an emergency, or a practice evacuation, it may be necessary to move students outside the perimeter of the school, under the direct supervision of staff members.
- 6. I agree to provide a reason when my child is absent from school.

All information contained in this document is true and accurate.

Parent/Guardian Name:		
Signature:		
Date:		
Alternatively, name of person enrolling student (if not parent of	or guardian)	
Name:		
Relationship to student:		
Signature:		
Date:		
SUPPORTING DOCUMEN	T CHECK LIST	
	Parent check	Office check
1. Proof of Parent/Guardian Residential Address		
2. Copy of full Birth Certificate		
3. Immunisation Record		
4. School Fees – Payment Plan Agreement Form		
5. Last High School Report		
6. Court Order (if applicable)		
7. Copy of Passport/Visa (if born overseas)		
8. Language choice		
<ol> <li>Copy of Diagnosed Learning Difficulty Report         Please include all relevant information relating to disability.     </li> </ol>		
OFFICE USE ONLY		
Enrolment Form Received By:	Date:	<del></del>
Entered on SIS By:	Date:	



158 Bussell Highway, Margaret River WA 6285
Phone: (08) 9757 0700
Email: margaretriver.shs.enrolments@education.wa.edu.au
Website: www.margaretrivershs.wa.edu.au
ABN: 70 847 797 698