

APPLICATION FOR ENROLMENT YEAR 7



Name of Student: _____

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 enrollee 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: <https://www.det.wa.edu.au/schoolsonline/>. **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 schoolbus@pta.wa.gov.au or to Shepherdson's Transport 08 9757 2955.

STUDENT DETAILS

SCSA STUDENT NUMBER (8 digits): _____

This is the number on your child's school report

Surname: _____

Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____

2nd Name: _____

3rd Name: _____

Preferred 1st Name: _____

Date of Birth: _____

Sex: Male Female Indeterminate / Intersex

Residential Address: _____

Postcode: _____

Telephone (Home): _____

Student's Mobile (if applicable): _____

Full Name/s of brothers and sisters attending this school:

CUSTODY/GUARDIANSHIP

Who does the student live with?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Neither If neither, who? _____
In shared custody arrangements show the percentage split as determined by Centrelink. (This information must be included).	Mother ____% Father ____% Other ____%
FEES BILLING: Choose ONE person only <input type="checkbox"/> Parent/Guardian/Carer 1 <input type="checkbox"/> Parent/Guardian/Carer 2 This is the person responsible for paying 100% of the student's Contributions & Charges, this is the person who will receive all correspondence regarding Charges and Contributions and statements.	

CONFIDENTIAL

ACCESS RESTRICTION - Is the student subject to any court orders in respect of their care, welfare and development?
..... YES NO

If YES, please specify and attach supporting documentation _____

Is the student in the care of the Department for Child Protection and Family Support's (CPFS). YES NO

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

OTHER CONTACT DETAILS

Third Contact Details (People other than Parent/Guardian 1&2 for an Emergency)

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Residential Address: _____

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

STUDENT DETAILS - ADDITIONAL INFORMATION

Country of Birth: _____

Religion (Optional): _____

Student's First Language: _____

Is the student's descent: Aboriginal YES NO
..... Torres Strait Islander (TSI) YES NO
..... Both Aboriginal and TSI YES NO

Does the student speak a language other than English at home? YES NO

Does the student mainly speak English at home? YES NO

(If more than one language, indicate the one that NO, English only
is spoken most often.) YES, other - please specify: _____

Australian Citizenship/Permanent Resident: YES 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 for Year 6: _____

If previously enrolled in Home Education, specify the Education Region: _____



LANGUAGES SELECTION

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 complete the section below to indicate your child's preference is.

Please tick the box for either ASIAN LANGUAGES or EUROPEAN LANGUAGES - for Year 7 & 8 - then number your preferences 1, 2 and 3.

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

ASIAN LANGUAGE	
Chinese (Mandarin)	
Indonesian	

or

EUROPEAN LANGUAGE	
French	
German	
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:

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

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



IMMUNISATION STATUS

Please state your child's immunisation status:

Immunisation Complete Yes * No *If yes ACIR Immunisation history MUST be attached. Please request from 1800 653 809 or email acir@humanservices.gov.au

Not Immunised Yes No

Additional Information: _____

MEDICAL DETAILS

Doctor / Practice Name: _____ Phone Number: _____

Dentist / Practice Name: _____ Phone Number: _____

Permission to call Doctor Yes No

Permission to call Dentist Yes No

Permission to administer First Aid Yes No

Do you have ambulance insurance? Yes No Insurance Provider: _____

If there is a medical emergency, 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 **require support** 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)

- Severe Allergy/Anaphylaxis: _____
- Minor and Moderate Allergies: _____
- Diabetes
- Seizure Disorder
- Asthma
- Coeliac
- Wears Glasses
- Hearing Condition
- Diagnosed Migraine/Headaches
- Other conditions or needs (please specify): _____

Will school staff require specific training to support your child?

- | | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

Yes No

If yes, please advise the school.

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

DIAGNOSED LEARNING DIFFICULTY / DISABILITY

Does the student have a **diagnosed learning difficulty?**

Yes No

If you have ticked any of the disabilities below, you **MUST provide supporting documents (at time of enrolment).**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Vision Impairment <input type="checkbox"/> ADD/ADHD, Requires Medication: Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia <input type="checkbox"/> Dysgraphia <input type="checkbox"/> Dyscalculia | <ul style="list-style-type: none"> <input type="checkbox"/> Deaf and Hard of Hearing (e.g., otitis media) <input type="checkbox"/> Specific Speech Language Impairment Global <input type="checkbox"/> Developmental Delay (prior to age 6) Severe <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Central Auditory Processing Disorder (CAPD) <input type="checkbox"/> Diagnosed Anxiety Disorder <input type="checkbox"/> Other: _____
_____ |
|--|---|

MEDICAL ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant?

Yes No

If yes, please provide details: _____



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 CONT.

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.

School Tops: 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.

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

Jewellery and Body Adornments: 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 Mobile Phone Policy. I agree to abide by this policy..... Yes
..... No

UNIFORM

All students are expected to wear school uniform as part of the School's Dress Code as endorsed by the School Board.

I agree to meet this expectation..... Yes
..... No

ONLINE SERVICES & INTERNET

I have read the Online Services Acceptable Use Agreement. I agree to abide by this policy. ... Yes
..... No

NAME AND SIGNATURE OF STUDENT AGREEING

NAME _____

SIGNATURE

DATE



THIRD PARTY SERVICES AND BYOD MOU

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, ETV and TV4 Education
- Learning area teaching portals including STILE & Mathspace
- Access to Education Perfect – English and Languages resources
- Access to SmartSuite & TV4 Education – Library search resource

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.

The following third-party services being used in our school are found at this link:

<http://margaretrivershs.wa.edu.au/download/19600/>

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 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 (Snapchat, Instagram, Facebook etc) or any site that is not directly part of the school educational program and has been directed by a teacher.

BYOD MOU CONT.

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: _____

PARENT CONSENT

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: <http://www.margaretriver.shs.wa.edu.au/>

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

I give consent for my children to access the following Third-Party Services, as outlined in

<https://margaretrivershs.wa.edu.au/download/19600/> :

- Yes, I give my consent No, I do not give consent

PERMISSION TO PUBLISH STUDENTS' IMAGES AND WORK FOR SCHOOL PURPOSES

Students' images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on our website, in newsletters and social media i.e. School Facebook page or on film/video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no 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.

INTERNET ACCESS

Student access to the internet is provided in accordance with the School Policy (available from the school website). Student 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.

VIEWING CONSENT

Students often watch videos / DVDs and 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 request parental permission.

- Yes, I consent to my child viewing the above material
- No, I do not give consent.

LOCAL EXCURSIONS

Students occasionally walk 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.

- Yes, I consent to my child participating
- No, I do not give consent.

Name of Person Giving Consent: _____

Signature: _____

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 or guardian)

Name: _____

Relationship to student: _____

Signature: _____

Date: _____

Supporting Document Check List

	Parents check	Office check
1. Proof of Current Residential Address.	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of Full Birth Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
3. Immunisation Records.	<input type="checkbox"/>	<input type="checkbox"/>
4. Court order (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of Diagnosed Learning Difficulty Report. Please include all relevant information relating to disability.	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of Passport & Visa (if born overseas)	<input type="checkbox"/>	<input type="checkbox"/>
7. Language choice	<input type="checkbox"/>	<input type="checkbox"/>
8. Most recent school report	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Enrolment Form Received By: _____ (Date): _____

Entered on Excel : _____ (Date): _____

Entered on SIS : _____ (Date): _____

Date Transfer Note Sent: _____

Shine Forth



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Email. margaretriver.shs@education.wa.edu.au

Website. www.margaretrivershs.wa.edu.au

