

# PINGELLY PRIMARY SCHOOL ENROLMENT FORM



**PLEASE COMPLETE ALL SECTIONS**

## Student Details

SURNAME		ENROLLING INTO YEAR	
LEGAL SURNAME		PREFERRED START DATE	
FIRST NAME		PREFERRED NAME	
MIDDLE NAME		DATE OF BIRTH	
RESIDENTIAL ADDRESS		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		POSTCODE	
NATIONALITY		DOES THE STUDENT MAINLY SPEAK ENGLISH AT HOME?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NO, LANGUAGE SPOKEN			
RELIGION		* WITHDRAWN FROM R/E?	YES <input type="checkbox"/>
IS THE STUDENT	<input type="checkbox"/> ABORIGINAL	<input type="checkbox"/> BOTH ABORIGINAL & TORRES STRAITS ISLANDER	<input type="checkbox"/> NEITHER ABORIGINAL OR TSI
KINDILINK STUDENT	YES <input type="checkbox"/> NO <input type="checkbox"/>		

## RELATIONSHIP WITH PARENT/S

CHILD LIVES WITH			
BOTH PARENTS	<input type="checkbox"/>	PARENT 2 ONLY	<input type="checkbox"/>
PARENT 1 ONLY	<input type="checkbox"/>	OTHER PERSON RESPONSIBLE	<input type="checkbox"/>

## ACCESS RESTRICTION

Is this student subject to access restriction? <i>(Attach supporting documentation)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	RELATIONSHIP TO CHILD	
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## NAME OF SIBLINGS OR OTHER CHILDREN IN THE HOUSEHOLD ATTENDING THIS SCHOOL

SIBLING 1	SIBLING 2	SIBLING 3
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## PREVIOUS SCHOOL

NAME OF SCHOOL LAST ATTENDED	
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## DEPARTMENT OF CHILD PROTECTION

Is this student in the care of child protection & family services (CPFS) if yes, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	CPFS CASE MANAGER	
DISTRICT		PHONE	

## COURT ORDERS

Is this student subject to any court orders in respect of their care, welfare and development? If yes, please specify and attach supporting documentation.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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## PERMANENT/TEMPORARY RESIDENT

COUNTRY WHERE STUDENT WAS BORN	Australia <input type="checkbox"/> or Other country please specify & Complete below		
CITIZENSHIP	Australia <input type="checkbox"/> or Other country please specify & Complete below		
PERMANENT RESIDENT	YES <input type="checkbox"/>	DATE ARRIVED IN AUSTRALIA	
		VISA GRANT NUMBER	
		VISA SUB CLASS NUMBER	
		VISA SUB CLASS EXPIRY DATE	
		PASSPORT NUMBER	
<b>OR</b>			
TEMPORARY RESIDENT	YES <input type="checkbox"/>	DATE ARRIVED IN AUSTRALIA	
		VISA GRANT NUMBER	
		VISA SUB CLASS NUMBER	
		VISA SUB CLASS EXPIRY DATE	
		PASSPORT NUMBER	

## Student Permission Details

PERMISSIONS – By ticking these boxes, you and your child agree to abide by the School's Policies, included in the Information Pack.

A FULL VERSION OF THESE POLICIES ARE AVAILABLE ON THE WEBSITE OR ON REQUEST FROM THE OFFICE.

INTERNET USAGE PERMISSION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MOBILE PHONE POLICY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ONLINE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VIEWING CONSENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please tick photo permissions for your child's image to be used in the following forms of communication.			
ALL FORMS OF COMMUNICATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>IF NO, PLEASE TICK OPTIONS BELOW</b>
SCHOOL NEWSLETTER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PINGELLY PS FACEBOOK PAGE YES <input type="checkbox"/>
PINGELLY TIMES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PINGELLY PS WEBSITE YES <input type="checkbox"/>
SCHOOL HANDBOOKS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MOBILE PHONE PERMISSION YES <input type="checkbox"/>
LOCAL NEWSPAPER PAPER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SCHOOL CHAPLAIN CONSENT YES <input type="checkbox"/>
SCHOOL BASED ELECTRONIC MEDIA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SEESAW YES <input type="checkbox"/>

## Student Medical / Health Conditions

MEDICARE CARD NUMBER		EXPIRY DATE	
HEALTHCARE CARD NUMBER		EXPIRY DATE	
MEDICAL PRACTICE		AMBULANCE COVER	YES <input type="checkbox"/>
PERMISSION TO ADMINISTER FIRST AID	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PERMISSION TO CALL AMBULANCE YES <input type="checkbox"/>
Does the student have a medical condition or intensive health care need?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES, PLEASE SPECIFY
<input type="checkbox"/>	ALLERGY – ANAPHYLAXIS	<input type="checkbox"/>	SEIZURE DISORDER (E.G. EPILEPSY)
<input type="checkbox"/>	ALLERGY – OTHER	<input type="checkbox"/>	HEARING CONDITION
<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	MENTAL HEALTH OR BEHAVIOURAL (E.G. DEPRESSION, ADD/ADHD)
<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	INTENSIVE HEALTH CARE NEED (E.G. TUBE FEEDING)
<input type="checkbox"/>	DIAGNOSED MIGRAINE/HEADACHES	<input type="checkbox"/>	OTHER – PLEASE SPECIFY

## DISABILITY

DOES THE STUDENT HAVE A DISABILITY?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	IF YES, PLEASE SPECIFY:
<input type="checkbox"/>	AUTISM SPECTRUM DISORDER	<input type="checkbox"/>			GLOBAL DEVELOPMENTAL DELAY
<input type="checkbox"/>	DEAF OR HARD OF HEARING	<input type="checkbox"/>			VISION IMPAIRMENT
<input type="checkbox"/>	SPECIFIC SPEECH LANGUAGE IMPAIRMENT	<input type="checkbox"/>			PHYSICAL DISABILITY
<input type="checkbox"/>	INTELLECTUAL DISABILITY	<input type="checkbox"/>			IF OTHER PLEASE PROVIDE DETAILS BELOW
<input type="checkbox"/>	SEVERE MENTAL DISORDER				
Please indicate if you have documentation regarding your child's disability. Copies of this documentation will be required for school records	YES <input type="checkbox"/>				NO <input type="checkbox"/>
I authorise for my child's information (not their name) to be included in the national consistent collection of data (NCCD)	YES <input type="checkbox"/>				NO <input type="checkbox"/>

## Parent / Carer - Emergency Contact 1

TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS (if different from student residential address)				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?			What is the level of the highest qualification you have completed?		
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<b>Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'.</b>					
What is your occupation group? (More detailed description of groups available if required)	1 <input type="checkbox"/> - Senior Management in Large business organisation 2 <input type="checkbox"/> - Other Business Managers, & associate professionals 3 <input type="checkbox"/> - Tradesmen/women, clerks and skilled office, sales and service staff 4 <input type="checkbox"/> - Machine Operators, hospitality staff, labourers and related workers 8 <input type="checkbox"/> - Not in paid work in the last 12 months				
Occupation/Workplace		Location			
Do you speak a language other than English?	NO <input type="checkbox"/> YES <input type="checkbox"/> If YES which language? _____ Mainly Speak English at home? YES <input type="checkbox"/> NO <input type="checkbox"/>				

## Parent / Carer - Emergency Contact 2

TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS (if different from student residential address)				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?			What is the level of the highest qualification you have completed?		
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<b>Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'.</b>					
What is your occupation group?	1 <input type="checkbox"/> - Senior Management in Large business organisation 2 <input type="checkbox"/> - Other Business Managers, associate professionals 3 <input type="checkbox"/> - Tradesmen/women, clerks and skilled office, sales and service staff 4 <input type="checkbox"/> - Machine Operators, hospitality staff, labourers and related workers 8 <input type="checkbox"/> - Currently not in paid work				
Occupation/ Workplace		LOCATION			
Do you speak a language other than English?	NO <input type="checkbox"/> YES <input type="checkbox"/> If YES which language _____ Mainly Speak English at home? YES <input type="checkbox"/> NO <input type="checkbox"/>				

**Additional Contact - Person 1**

NAME			
RELATIONSHIP TO STUDENT			
MOBILE PHONE		HOME PHONE	
WORK PHONE		EMAIL	
ADDRESS			

**Additional Contact - Person 2**

NAME			
RELATIONSHIP TO STUDENT			
MOBILE PHONE		HOME PHONE	
WORK PHONE		EMAIL	
ADDRESS			

**UNIFORM**

I agree to fully support the school's uniform policy and understand PPS has a no hat, no play policy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Signature**

Name of person enrolling student			
Relationship to student			
Signature		Date	

\* R/E – Treasure Hunters program (Religious education) ran on a fortnightly basis.

**OFFICE USE ONLY**

Entry date into PPS		Year & room number	
Court orders:	YES <input type="checkbox"/>	Court documents supplied	YES <input type="checkbox"/>
Medical action plan required	YES <input type="checkbox"/>	Publications/permissions checked	YES <input type="checkbox"/>
Birth certificate	YES <input type="checkbox"/>	Immunisation details received	YES <input type="checkbox"/>
Date sighted	YES <input type="checkbox"/>	Immunisations up to date	YES <input type="checkbox"/>
Visa papers received & copied	YES <input type="checkbox"/>	School Star Login info sent to parent	YES <input type="checkbox"/>
Passport received & copied	YES <input type="checkbox"/>	/ carer	YES <input type="checkbox"/>
Faction allocation to		Email address supplied to library	YES <input type="checkbox"/>
Student added to seesaw	YES <input type="checkbox"/>	Parents/Guardian supplied seesaw paperwork	YES <input type="checkbox"/>
Online student information forward to class teacher	YES <input type="checkbox"/>	Entered into SIS by	
Transfer note sent	YES <input type="checkbox"/>	Date	
		Date transfer note sent	



Local Excursions

Dear Parents / Caregivers,

Throughout the year students attend various events that are located off school grounds, some of these require students to walk to locations nearby, for example the PRACC, Town Oval and the Memorial Park etc. for activities that include but are not limited to the following:

- Athletics carnival practice
- X-Country Training
- Choir Performances
- Anzac / Memorial services etc.

In attempt to manage time more effectively and cut down on paperwork we are requesting parents/ caregivers sign a form once, which will allow your child/ren to leave school grounds from time to time under direct teacher supervision and walk (or be bused if inclement weather) within a 5kms radius from school grounds. This form will allow your child/ren to attend the events without signing individual consent forms for every trip. Along with the permission note, parents/ guardians are also required to notify the school immediately if health conditions change or arise. Please note, parents/caregivers will be notified when students will be leaving the school ground through a range of forums. If you have any queries or concerns, please don't hesitate to contact the school.

Thank you for your co-operation.

Kind Regards,

Sam Goodland  
Principal – PPS

Local Excursion Permission

I give permission for my child/ren \_\_\_\_\_ to leave school grounds under teacher supervision to walk or be bused to local sites within a 5km radius from Pingelly Primary School to attend various training, practice or services throughout their schooling time at Pingelly PS. I agree to keep the school informed and updated if my child's health situation changes. I understand the nature of these activities and in the event of an emergency I give permission for staff to consent to any emergency medical treatment considered necessary.

Parent / Caregiver Name: \_\_\_\_\_

Parent / Caregiver Signature: \_\_\_\_\_

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



PINGELLY PRIMARY SCHOOL—UNIFORM ORDER

Name:	Date:								
<b>UNIFORM SHIRT - <u>\$25.50</u></b>	2	4	6	8	10	12	14	16	Amount
Child									\$
<b>FACTION SHIRT - <u>\$26.50</u></b>		4	6	8	10	12	14	16	Amount
Red									\$
Green									\$
Gold									\$
<b>MICROFIBER JACKET - <u>\$38.00</u></b>		4	6	8	10	12	14	16	Amount
Child									\$
\$40.00 - Adult (\$40.00)									\$
<b>SCHOOL JUMPER - <u>\$35.00</u></b>		4	6	8	10	12	14	Sml Adult	Amount
Child									\$
<b>MICROFIBER SPORTS PANTS - <u>\$25.00</u></b>		4	6	8	10	12	14	16	Amount
Child									\$
<b>SPORTS SKORT - <u>\$23.50</u></b>	2	4	6	8	10	12	14	16	Amount
Child									\$
<b>PLEATED SKORT - <u>\$27.00</u></b>	2	4	6	8	10	12	14	16	Amount
Child									\$
<b>MICROFIBER SHORTS - <u>\$23.50</u></b>	2	4	6	8	10	12	14	16	Amount
Child									
<b>SCHOOL HAT - <u>\$14.00</u></b>	One size fits all								Amount
									\$
Total amount owed \$									

Office use only:

Paid via:

- Cash
- Centre pay
- Paying online

Banking Details	
Pingelly Primary School P&C	Amount Owed
BSB – 633 000	\$
Account Number - 141439042	

# CONFIDENTIAL DECLARATION FORM



Department of Education

151 Royal Street, East Perth WA 6004

## STRICTLY CONFIDENTIAL

Confidential Declaration form must be completed by:

- Persons requiring access to schools who are **not** employees of the Department of Education.

Please read the following carefully, and tick (✓) **one** of the boxes below:

1	I declare that I <b>DO NOT HAVE</b> any convictions, circumstances or reasons, which might preclude my working with, or near, children.	
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**OR**

2	<p>I declare that I <b>DO HAVE</b> convictions, circumstances or reasons which might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Please attach a separate sheet of paper, if required)</p>	
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I certify the accuracy of the above information. I am aware that I may be required to consent to a criminal record clearance, through the Department of Education's Screening Unit, if it is considered necessary to verify the information I have provided.

Parent Name:			
Child/ren:			
Company: <small>(if relevant)</small>			
Address:			
Telephone:			
Email:			
School visiting:			
Purpose of visit:			
Signature:		Date:	