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	☐ MALE ☐ FEMALE
		POSTCODE	
NATIONALITY		DOES THE STUDENT MAINLY SPEAK ENGLISH AT HOME?	YES ☐ NO ☐
IF NO, LANGUAGE SPOKEN			
RELIGION		* WITHDRAWN FROM R/E?	YES ☐
IS THE STUDENT	☐ ABORIGINAL	☐ BOTH ABORIGINAL & TORRES STRAITS ISLANDER	☐ NEITHER ABORIGINAL OR TSI

RELATIONSHIP WITH PARENT/S

CHILD LIVES WITH			
BOTH PARENTS	☐	PARENT 2 ONLY	☐
PARENT 1 ONLY	☐	OTHER PERSON RESPONSIBLE	☐

ACCESS RESTRICTION

Is this student subject to access restriction? *(Attach supporting documentation)*	YES ☐ NO ☐	RELATIONSHIP TO CHILD	

NAME OF SIBLINGS OR OTHER CHILDREN IN THE HOUSEHOLD ATTENDING THIS SCHOOL

SIBLING 1	SIBLING 2	SIBLING 3

PREVIOUS SCHOOL

NAME OF SCHOOL LAST ATTENDED	

DEPARTMENT OF CHILD PROTECTION

Is this student in the care of child protection & family services (CPFS) if yes, please specify:	YES ☐ NO ☐	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 ☐ NO ☐

PERMANENT/TEMPORARY RESIDENT

COUNTRY WHERE STUDENT WAS BORN	Australia ☐ or Other country please specify & Complete below		
CITIZENSHIP	Australia ☐ or Other country please specify & Complete below		
PERMANENT RESIDENT	YES☐	DATE ARRIVED IN AUSTRALIA	
		VISA GRANT NUMBER	
		VISA SUB CLASS NUMBER	
		VISA SUB CLASS EXPIRY DATE	
		PASSPORT NUMBER	
OR			
TEMPORARY RESIDENT	YES☐	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 ☐ NO ☐
Please tick photo permissions for your child's image to be used in the following forms of communication.	
ALL FORMS OF COMMUNICATION	YES ☐ NO ☐

Birth Certificate / Immunisation

Birth Certificate attached	YES ☐ NO ☐	Immunisation Form attached	YES ☐ NO ☐

Student Medical / Health Conditions

MEDICARE CARD NUMBER		EXPIRY DATE	
HEALTHCARE CARD NUMBER		EXPIRY DATE	
MEDICAL PRACTICE		AMBULANCE COVER	YES ☐ NO ☐
PERMISSION TO ADMINISTER FIRST AID	YES ☐ NO ☐	PERMISSION TO CALL AMBULANCE	YES ☐ NO ☐
Does the student have a medical condition or intensive health care need?	NO ☐ YES ☐ IF YES, PLEASE SPECIFY		

☐	ALLERGY – ANAPHYLAXIS	☐	SEIZURE DISORDER (E.G. EPILEPSY)
☐	ALLERGY – OTHER	☐	HEARING CONDITION
☐	ASTHMA	☐	MENTAL HEALTH OR BEHAVIOURAL (E.G. DEPRESSION, ADD/ADHD)
☐	DIABETES	☐	INTENSIVE HEALTH CARE NEED (E.G. TUBE FEEDING)
☐	DIAGNOSED MIGRAINE/HEADACHES	☐	OTHER – PLEASE SPECIFY

DISABILITY

DOES THE STUDENT HAVE A DISABILITY?		☐NO ☐ YES IF YES, PLEASE SPECIFY:	
☐	AUTISM SPECTRUM DISORDER	☐	GLOBAL DEVELOPMENTAL DELAY
☐	DEAF OR HARD OF HEARING	☐	VISION IMPAIRMENT
☐	SPECIFIC SPEECH LANGUAGE IMPAIRMENT	☐	PHYSICAL DISABILITY
☐	INTELLECTUAL DISABILITY	☐	IF OTHER PLEASE PROVIDE DETAILS BELOW
☐	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 ☐ NO ☐	
I authorise for my child's information (not their name) to be included in the national consistent collection of data (NCCD)		YES ☐ NO ☐	

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	☐	Bachelor's degree or above	☐
Year 11 or equivalent	☐	Advanced diploma/Diploma	☐
Year 10 or equivalent	☐	Certificate I to IV (including trade certificate)	☐
Year 9 or equivalent or below	☐	No Non-school qualification	☐

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'.

What is your occupation group? (More detailed description of groups available if required)	1 ☐ - Senior Management in Large business organisation 2 ☐ - Other Business Managers, & associate professionals 3 ☐ - Tradesmen/women, clerks and skilled office, sales and service staff 4 ☐ - Machine Operators, hospitality staff, labourers and related workers 8 ☐ - Not in paid work in the last 12 months

Occupation/Workplace		Location	
Do you speak a language other than English?	NO ☐ YES ☐ If YES which language? _____ Mainly Speak English at home? YES ☐ NO ☐		

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	☐	Bachelor's degree or above	☐
Year 11 or equivalent	☐	Advanced diploma/Diploma	☐
Year 10 or equivalent	☐	Certificate I to IV (including trade certificate)	☐
Year 9 or equivalent or below	☐	No Non-school qualification	☐

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'.

What is your occupation group?	1 ☐ - Senior Management in Large business organisation 2 ☐ - Other Business Managers, associate professionals 3 ☐ - Tradesmen/women, clerks and skilled office, sales and service staff 4 ☐ - Machine Operators, hospitality staff, labourers and related workers 8 ☐ - Currently not in paid work

Occupation/ Workplace		LOCATION	
Do you speak a language other than English?	NO ☐ YES ☐ If YES which language _____ Mainly Speak English at home? YES ☐ NO ☐		

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 ☐ NO ☐

Signature			
Name of person enrolling student			
Relationship to student			
Signature		Date	

Please ensue all sections of reh enrolment form are completed & attached a copy of your child's birth certificate *& immunisation records. A copy of immunisation can be found online through myGov.

OFFICE USE ONLY			
Entry date into PPS		Year & room number	
Court orders:	YES ☐ NO ☐	Court documents supplied	YES ☐ NO ☐ N/A ☐
Medical action plan required	YES ☐ NO ☐	Publications/permissions checked	YES ☐ NO ☐
Birth certificate Date sighted	YES ☐ NO ☐	Immunisation details received Immunisations up to date	YES ☐ NO ☐ YES ☐ NO ☐
Visa papers received & copied Passport received & copied	YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A ☐	Entered into SIS by Date:	
Faction allocation to		Transfer note sent	YES ☐ NO ☐
Student added to SeeSaw		Parent/Carer Supplied SeeSaw Paperwork	YES ☐ NO ☐

PINGELLY PRIMARY SCHOOL
Strive to Excel
ABN 82 834 871 125

Local Excursions

Dear Parents / Caregivers,

Throughout the years 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 actives 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,

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: _____/_____/_____

39 Park Street, Pingelly, WA, 6308
Ph: 08 9887 2000 Email: pingelly.ps@education.wa.edu.au

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 **DO NOT HAVE** any convictions, circumstances or reasons, which might preclude my working with, or near, children.	

OR

2	I declare that I **DO HAVE** convictions, circumstances or reasons which might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below: _____ _____ _____ _____ _____ _____ (Please attach a separate sheet of paper, if required)	

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.