ENROLMENT PACK (PART B)

ENROLMENT FORM

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

Parent information about Enrolment in a Western Australian public school (below) provides important information to read before lodging the Enrolment Form with the school.

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program. Website: http://def.wa.edu.au/curriculum/support/eald/detems/portal

ENROLMENT

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the Parent/Guardian Details section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the School Education Act 1999).
INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

The National Goals for Schooling in the 21st Century state that ‘the learning outcomes of educationally disadvantaged students ‘...should.....’ improve and, over time, match those of other students’.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

CONSENT FORMS

The following forms are attached for parents to consider and sign if in agreement:

- Media Consent: Publication of images of the student and their work.
- Internet Access: Appropriate use of internet services by students.
- Viewing Consent: For ‘Parental Guidance (PG)’ items deemed suitable by the teacher and school administration.
- Local Excursions: Agreement to minor excursions, not including excursions which require individual agreement.

STUDENT HEALTH CARE

The Department’s Student Health Care policy clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is available from the school. For students identified as having health conditions requiring support at school, additional forms will be provided by the school.
Leonora District High School

STUDENT ENROLMENT FORM
(For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying Parent information about Enrolment in a Western Australian public school before lodging the Enrolment Form with the school.

Note: If you are typing the information into this form, double-click the check box ☐ and select the radio button under the heading Default value ‘Checked’ and click OK. e.g. ☑.

STUDENT DETAILS

Surname: ___________________________ Legal Surname (if different): ___________________________

Previous Surname (if applicable): ___________________________

1st Name: ___________________________ 2nd Name: ___________________________ 3rd Name: ___________________________

Preferred 1st Name: ___________________________

Email Address: ___________________________

Date of Birth: _______/_____/______ Sex: ☐ Male ☐ Female

Residential Address: ___________________________________________________________

__________________________________________________________________________

Postcode: ___________________________

Telephone (Home): ___________________________ Student’s Mobile (if applicable): ___________________________

Car Registration (if applicable): ___________________________

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

__________________________________________________________________________

Student lives with:

Both Parents ☐ Other ☐

Parent/Guardian/Carer 1 ☐ ☐ Name Relationship to student

Parent/Guardian/Carer 2 ☐ ☐ Independent minor ☐ ☐

(Reg3. School Education Regulations 2000)

For information on access restriction, see Confidential section of this form.

Emergency Contacts (Indicate contacts in order of preference):

Name Phone No. Mobile No. Relationship to student

1. ___________________________ ___________________________ ___________________________

2. ___________________________ ___________________________ ___________________________

3. ___________________________ ___________________________ ___________________________
STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality (optional): ___________________________ Country of Birth: ___________________________

Religion: ___________________________. Is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

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 is spoken most often.) ☐ NO, English only
☐ YES, other - please specify: ___________________________

Australian Citizenship/Permanent Resident: ____________________________ ☐ YES ☐ NO

Date of Arrival in Australia: ____________________________ Visa Sub-class No: ____________________________ Visa Sub-class No Expiry Date: ______________

International Fee Paying (if known): ____________________________ ☐ YES ☐ NO

Does the student receive any of the following allowances:
☐ Secondary Assistance ☐ Youth Allowance
☐ Assistance for Isolated Children (AIC) ☐ Abstudy

Previous School: ____________________________

Reason for change of school (optional): ____________________________

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

Movement reason (optional): ____________________________

CONFIDENTIAL

Access Restriction - 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.

Is this student in the care of the Department for Child Protection and Family Support’s (CPFS) Director General? ☐ YES ☐ NO

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

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.
STUDENT DETAILS - MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability? □ YES □ NO If YES, please specify the disability/s:

________________________________________________________________________

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  ☐ Severe Mental Disorder
☐ Deaf or Hard of Hearing  ☐ Global Developmental Delay (prior to age 6)
☐ Specific Speech Language Impairment  ☐ Vision Impairment
☐ Intellectual Disability  ☐ Physical Disability

Does the student have a medical condition or intensive health care need? YES □ NO □
If YES, please specify.

☐ Allergy – Anaphylaxis  ☐ Hearing condition (e.g. otitis media)
☐ Allergy – Other __________________________  ☐ Mental health or behavioural (e.g. depression, ADD/ADHD)
☐ Asthma  ☐ Intensive Health Care Need (e.g. tube feeding)
☐ Diabetes  ☐ Other: __________________________
☐ Diagnosed migraine/headaches
☐ Seizure Disorder (e.g. epilepsy)

Medical Practice (Name and Address): ____________________________________________

________________________________________________________________________

Doctor’s Name: __________________________ Telephone: __________________________

Dental Surgery Practice (if applicable, name and address): __________________________

Dentist’s Name: __________________________ Telephone: __________________________

________________________________________________________________________

Medicare No: ___________ Valid to: ___ / _________

Health Care Card (if applicable): □ YES □ NO. If Yes, please provide no. __________________________ Expiry Date: ________

Do you have ambulance cover? .................................................................................. □ YES □ NO
(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: ____ First Name: ______________ Second Name: ______________ Surname: ______________

Please indicate relationship to the student: ____________________________________________
Uncontrolled when printed

Please indicate whether you have the: ☐ Day to day care of the student or ☐ Long term care of student.

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: ____________________________

Postal Address (if different from student residential address):

______________________________________________________________________________

Telephone (Home): _______________________ Email Address: __________________________

Occupation/Workplace location:

______________________________________________________________________________

Telephone (Work): _______________________ Mobile No: __________________________

Do you mainly speak English at home? ................................................................. ☐ YES ☐ NO

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)

______________________________________________________________________________

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

☐ Year 12 or equivalent
☐ Year 11 or equivalent
☐ Year 10 or equivalent
☐ Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

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

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? ________ (insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

Parent/Guardian 2 Details

Title: ________ First Name: ____________ Second Name: ____________ Surname: ____________

Please indicate relationship to the student: __________________________________________

Please indicate whether you have the: ☐ Day to day care of the student or ☐ Long term care of student.

Fees and charges billing: ☐ YES ☐ NO If no, who is responsible: ____________________________

Postal Address (if different from student residential address):

______________________________________________________________________________

Telephone (Home): _______________________ Email Address: __________________________

Occupation/Workplace location:

______________________________________________________________________________

Telephone (Work): _______________________ Mobile No: __________________________

Do you mainly speak English at home? ................................................................. ☐ YES ☐ NO

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)

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

☐ Year 12 or equivalent
☐ Year 11 or equivalent
☐ Year 10 or equivalent
☐ Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

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

(If you did not attend school, mark ‘Year 9 or equivalent or below’)

What is your occupation group? (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter ‘8’ above).

OTHER CONTACT(S) DETAILS

Title: ___________ First Name: ___________ Second Name: ___________ Surname: ___________

Please indicate relationship to the student: ________________________________

Postal Address (if different from 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.

SIGNATURE

Name of person enrolling student:

Title: ___________ First Name: ___________ Second Name: ___________ Surname: ___________

Relationship to the student: ____________________________________________

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: ___________________________ Date: _____________________________

(independent minors and those aged 18 years or older may sign on their own behalf)

PRINCIPAL’S APPROVAL

_____________________________________

Principal’s signature

Approved / Not approved

Date: _____________________________
OFFICE USE ONLY

Student's official documentation all sighted (Date): ☐ YES ☐ NO
☐ Birth certificate ☐ Passport ☐ Travel document/s
Student's Residency status: ☐ Local ☐ Permanent Resident
☐ Overseas Student: If yes, International fee paying: ☐ YES ☐ NO
Entry Date: ____________________________

Previous School: ______________________ Records received: ☐ YES ☐ NO
Publications/Internet Permission Form completed: ☐ YES ☐ NO
Contributions and Charges Billing: ☐ PG1: ____% ☐ PG2: ____% ☐ Other: ____%
Official documentation:
(including reports, to be sent to):
☐ PG1: ______ ☐ PG2: ______ ☐ Other: ______
Immunisation records provided: ☐ YES ☐ NO

Form/Class: ____________________________ House faction: ______________________
Approved by Principal: ☐ NO ☐ YES on (Date): __________________

Entered on School Information System by: ______________________ on (Date): __________
Student leaves school: (Date) __________ Date Transfer Note Sent: __________

Destination: ____________________________

Records received from transferring school: ☐ NO ☐ YES on (Date): __________

RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

1. Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.
2. Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.
3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.
4. Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.
5. Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.
## Attachment 1

### Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form.

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management in large business organisation, government administration &amp; defence, and qualified professionals</td>
<td>Other business managers, arts/media/sports/persons and associate professionals</td>
<td>Tradesmen/women, clerks and skilled office, sales and service staff</td>
<td>Machine operators, hospitality staff, assistants, labourers and related workers</td>
</tr>
<tr>
<td>Senior executive/manager/department head in industry, commerce, media or other large organisation.</td>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</td>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td>Drivers, mobile plant, production/processing machinery and other machinery operators</td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/police/fire services administrator.</td>
<td>Specialist manager [finance/engineering/productive personnel/industrial relations/sales/marketing].</td>
<td>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims auditor, payroll clerk, recording/registry/filing clerk, betting clerk, store/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</td>
<td>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</td>
</tr>
<tr>
<td>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director].</td>
<td>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer].</td>
<td>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</td>
<td>Office assistants, sales assistants and other assistants</td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer.</td>
<td>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.</td>
<td>Arts/media/sports [musician, actor, dancer, painter, poet, sculptor, journalist, author].</td>
<td>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</td>
</tr>
<tr>
<td>Business</td>
<td>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</td>
<td>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</td>
<td>Assistant/face [trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, senior assistant, animal attendant].</td>
</tr>
<tr>
<td>Air/sea transport [instructor/crew/captain/first officer/pilot, flight officer, flying instructor, air traffic controller].</td>
<td>Business/administration [recruitment/employment/industrial relations/training/office, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</td>
<td>Business Forces senior non-commissioned officer.</td>
<td>Labourers and related workers</td>
</tr>
</tbody>
</table>

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

At Leonora DHS 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.

MEDIA CONSENT
Children’s images and/or their work are often published to recognise excellence or effort and may appear in newspapers, in newsletters or on film or video. Their names may also be included but no contact details are provided. Photos of children may also feature on the Leonora DHS website or on sites run by the Department of Education, however no names or 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 consent for my child to have his/her image and/or work published as above.
- No, I do not give consent.

VIEWING CONSENT
Children often watch videos/DVDs/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 need parental permission.
- Yes, I consent for my child viewing items with a ‘PG’ rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

LOCAL EXCURSIONS
Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in Leonora town. Parents will be notified of all excursions.
- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

TRANSPORT IN SCHOOL VEHICLES
Children occasionally need to be transported in school vehicles when being picked up for school and dropped off from school, for health reasons (such as to visit the clinic or the hospital), home visits and excursions.
- Yes, I consent for my child being transported in school vehicles for short distances to and from the school.
- No, I do not give consent.

HEALTH TREATMENTS
In collaboration with Community Health, we treat head lice, skin sores and other minor health issues at school.
- Yes, I consent to my child being treated at school for minor health issues, e.g. head lice, ring worm and other skin sores.
- No, I do not give consent.

INTERNET ACCESS
Student access to the internet is provided in accordance with the school policy (available from the office or 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.

Name of person signing the consent form:
Title: ___________________  First Name: ___________________  Surname: ___________________
Relationship to student (e.g. parent/guardian/responsible person): ________________________________
Signed: ___________________

If you need any more information about any of the above, please speak to school office staff.

Enrolment Pack (Part B) – Enrolment Form
Version 2.0, 30 August 2013
Dear Parent/Caregiver

It is a requirement of the Department of Education that we gain permission from you to administer basic first aid to your child.

To save the school staff time in the treatment of minor ailments please sign and return this form for children in your care.

Please tick Yes/No if you give permission for a First Aid qualified staff member to administer basic first aid as described below:

- Elastoplast (or similar) Plastic Band-Aids [ ] Yes [ ] No
- Elastoplast (or similar) Fabric Band-Aids [ ] Yes [ ] No
- Fixomull or other dressings [ ] Yes [ ] No
- Dettol / Savlon / Bettadine Antiseptic Lotion [ ] Yes [ ] No
- Burn / sting relief ointment (for bites etc.) [ ] Yes [ ] No
- Sunscreen [ ] Yes [ ] No

These items (mentioned above) are for cuts, scrapes, grazes, bites, burns, etc. in the event of your child needing, more than basic first aid you will always be contacted.

_________________________  _______________________
Student Name:                     Form:  

_________________________  _______________________
Parent/Caregiver Name: Date:  

_________________________
Parent/Caregiver Signature:  

Use BLOCK LETTERS
# FORM 1 – STUDENT HEALTH CARE SUMMARY

**SECTION A**

- **School:**
- **Year:**
- **Form:**
- **Teacher:**
- **Student's Name:**
- **Date of Birth:**
- **Address:**
- **Gender:** Male/Female

**FAMILY CONTACT DETAIL**

- **Name:**
- **Medical Practice:**
- **Doctor 1:**
- **Telephone:**
- **Doctor 2:**
- **Telephone:**
- **Dental Practice:**
- **Name of Dentist:**
- **Telephone:**

**MEDICAL DETAILS**

- **Address:**
  - I give permission for the school to seek medical/dental attention for my child as required. Yes □ No □
- **Telephone:**
  - (W) □
  - (H) □
  - (M) □
  - Do you have ambulance insurance? Yes □ No □
  - Insurance Provider:
  - If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
- **Name:**
  - List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
- **Address:**
  - Health care card: Yes □ No □
  - Expiry Date:
- **Telephone:**
  - (W) □
  - (H) □
  - (M) □
  - Medicare No. (If required – for children requiring regular emergency care):
  - Card Number:
  - Expiry Date:

**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?

- No □ - sign below and return Section A of this form to the school office. If your child’s requirements change, please notify 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 "ABLE, 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)

<table>
<thead>
<tr>
<th>Health Conditions</th>
<th>Tick health condition</th>
<th>Will school staff require specific training to support your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Allergy/Anaphylaxis</td>
<td>□</td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>Minor &amp; Moderate Allergies</td>
<td>□</td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>Diabetes</td>
<td>□</td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>Seizures</td>
<td>□</td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>Asthma</td>
<td>□</td>
<td>YES □ NO □</td>
</tr>
<tr>
<td>Activities Of Daily Living</td>
<td>□</td>
<td>YES □ NO □</td>
</tr>
</tbody>
</table>

Other Conditions or Needs (Please specify)

- □ 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

---

Form 1, Page 1 of 2

Revised 13/2/2013
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:

Signature:

Parent/Carer Signature: __________________________ Date: __________________________

Parent/Carer Name: __________________________

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: / /
LEONORA DISTRICT HIGH SCHOOL
WHOLE SCHOOL COMPUTER NETWORK AGREEMENT

STUDENT AGREEMENT

STUDENT USAGE
At point of enrolment, Leonora District High School students are asked to sign this agreement on acceptable use of the ‘Whole School Computer Network’. Without this signed agreement, access to the Leonora District High School Computer Network will not be permitted.

AGREEMENT
As a student at Leonora District High School, I accept personal responsibility for the following:
1. I agree to use the computers and the Internet appropriately and only under the supervision of a teacher.
2. I agree to only use the Internet for curriculum related purposes (i.e. no games, no ‘cheat sheets’, no ‘chat lines’, no recreational browsing)
3. I agree to adhere strictly to copyright regulations for sites visited
4. I agree to accept personal responsibility for reporting any misuse to the network to the class teacher i.e. any message(s) sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language or alteration of computer settings
5. A) I will obey Section 440A of the Commonwealth Crimes Act and Cyber Crimes Act 2001 which states that a person shall not knowingly or recklessly:
   a. Use a telecommunication service supplied by a carrier to harass or menace another person
   b. Use a telecommunication service supplied by a carrier in a manner which would be regarded by another person as offensive
   B) I agree to use appropriate language when communicating on the internet (i.e. no swearing, use of vulgar or other inappropriate language at any time)
6. I agree to not to reveal my personal address or phone number or the address and phone numbers of others
7. Fair Usage: Students who exceed their allocation for printing and internet downloads will have their accounts suspended. They may purchase additional allowances at the rate set by the school.

I am aware that I have a responsibility to adhere to the above and understand that any violation of this agreement will result in disciplinary action, withdrawal of internet access and possible LEGAL ACTION.

Student Legal Surname: ___________________________ First Name: ___________________________
Student Signature: ___________________________ Date: ___________________________
School Year: ___________________________

PARENT / GUARDIAN AGREEMENT

I, being the parent/guardian of the above student, have read the Student Agreement and agree to my child accessing the ‘Whole School Computer Network’ under the conditions of that agreement.

Parent Signature: ___________________________ Date: ___________________________

The above agreements become effective on the first day of enrolment at the school.

OFFICE USE ONLY

Student Surname: ___________________________ First Initial: ___________________________ Year __________
Children’s Ear Health Check

EARBUS CONSENT FORM

School ___________________ Year ______ Classroom ________

1. Fill this form out in INK and SIGN
2. Only ONE child’s name on each form
3. RETURN the form to the school admin
4. You can pull out at any time
5. You can get help with the form at school

What happens?
A trained screener will....
- Look in your child’s ears
- Do three quick tests
- Contact you about treatment

If needed we...
- Take pictures inside the ear (for the Doctor)
- Our Nurse, Health Worker or Doctor see your child at school
- May treat your child – we will contact you by phone or letter – give us your number below
- May give medicines – you do not have to pay – Please give us your Medicare number
- May ask schools to help with medicines at some schools
- Share results with your child’s teacher, school health nurse, local AMS, WA Institute for Deaf Education (WAIDE) and other health professionals for further help

I agree for my child to take part in the Earbus Program

Child’s First Name ___________________________ Last Name ___________________________
Date of Birth ___/___/_______ Male ☐ Female ☐ Other Name/s ___________________________
Address: ___________________________ Post Code: _________
Medicare: ☐ Ref ☐ Exp ☐ 📋 / ☐
I am - Please tick one:
☐ Parent ☐ Guardian ☐ DCP Caseworker ☐ PRINT NAME ___________________________
PHONE ___________________________ ☐ SIGN ___________________________ DATE ___/___/20___

When available, and in partnership with AMS, a Health Check may be part of our service
My child has recently had a health check ☐ Yes ☐ No
I would like my child to have a health check ☐ Yes ☐ No

PLEASE TURN OVER
Optional — Are you or your child? Aboriginal □ Torres Strait □ ASTI □ Maori □ Pacific Islander □ African □ Other ____________

TELL US YOUR CHILD’S HEALTH STORY FOR THE DOCTOR

YOUR DOCTOR/SURGERY/AMS

Is your child taking medicine? □ Yes □ No
Which One/s? ______________________________________

Does your child have any allergy/reaction to medicine/food □ Yes □ No
Which ones? ______________________________________

Is immunisation up to date? □ Yes □ No

EAR HEALTH

Does your child get ear ache or runny ears? □ Yes □ No
Tell us about it ______________________________________

Is your child getting help from an EAR specialist? □ Yes □ No

Name of Ear Doctor ____________________________ Where __________________

GENERAL HEALTH

Does your child have any health problems now? □ Yes □ No
Which ones? ______________________________________

Any health problems in the past? □ Yes □ No
Which ones? ______________________________________

Are you worried about your child’s health? □ Yes □ No
□ Speech □ Balance □ Heart □ Lungs □ Eyes □ Skin □ Weight □ Dental □ Other
Tell us why ______________________________________

Who are we? – We’re a children’s charity who identify and treat ‘at risk’ children affected by Otitis media. (Middle ear disease) We include education and prevention plans for families and communities
Who do we work with? We work with local elders and health providers in your community
Where? We carefully select schools in WA according to guidelines. We go where we are welcome and needed
How much does it cost? Our service is FREE, even surgery if needed.
Why attend the Earbus? We bring our highly trained team of Specialists, GP’s, Audiologists, Nurses & Health Workers
Our treatment pathway? Surgery waitlist is short (3 – 4 mths), working at the nearest regional hospital when we can.
Research? We sometimes use data for research and funding. Your child is never identified in any way.
Cultural Identity? Is completely optional, This will help us with funding to continue services. Thank you

FOR MORE INFORMATION ASK YOUR SCHOOL or (08) 9385-3557 ext 107

www.earbus.org Like us on facebook