

WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the *Student Enrolment Form* and return it to the school for confirmation of this student's enrolment. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/responsible person details section of this form. Please place X in provided.

When you enrol your child at this school, please check that you have the following:

- Birth certificate
- Identity documents (if applicable)
- Immunisation certificate
- Court order (if applicable)
- Proof of address

If your child was not born in Australia, you must provide:

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas (if applicable).

In addition, if your child is a temporary visa holder you must provide:

- Confirmation of enrolment or evidence of permission to transfer provided by Education International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

INFORMATION TO BE PROVIDED

Where an item is marked with an asterisk (*) the information must be provided. This information is required by the Western Australian Department of Education to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the *Enrolment Form*, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements. For a student with a disability who has significant and complex support needs the principal will negotiate to delay the first day of attendance with the parent/responsible person if the necessary teaching and learning adjustments are not currently available at the school;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/responsible person.

SECURITY AND CONFIDENTIALITY

The information provided in *Enrolment Forms* is 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.

ASSISTANCE WITH COMPLETING THIS FORM

If you require assistance completing this form, including translation services, please contact your school.

STUDENT DETAILS



YEAR LEVEL _____ **FORM** _____ **HOUSE** _____

*SURNAME _____

*POSTAL ADDRESS _____

*LEGAL SURNAME: _____

_____ P/CODE _____

*1st NAME _____

*RESIDENTIAL ADDRESS _____

*2nd NAME _____

_____ P/CODE _____

PREFERRED NAME _____

HOME TELEPHONE NUMBER _____

*Date of Birth ____/____/____ Male / Female

Names of siblings attending this school: _____

*Is this student in the care of the Dept for child Protection (DCP)? YES () NO ()

_____ Name of the DCP Case Manager

_____ DCP District

_____ Contact phone number

*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

*Child lives with Parent 1 () Parent 2 () Both Parents () Neither Parent ()

*Access Restrictions YES () NO () If yes, please attach details

Religion _____ Is the student to be withdrawn from religious instruction? YES () NO ()

*Is the student of Aboriginal or Torres Strait Islander origin? () NO

(For students of both Aboriginal & Torres Strait Islander origin () YES, Aboriginal

Mark both "YES" boxes) () YES, Torres Strait Islander

Does the student mainly speak English at Home? YES () NO ()

Does the student speak a language other than English at home? NO () English only

(If more than one language, indicate the one that is spoken most often) YES () Other - please specify _____

Out of school intake area: YES () NO ()

Health Card YES () NO ()

*Citizenship: Australian () Other - please specify _____

*Permanent Resident YES () NO ()

*Temporary Resident YES () NO ()

Visa Sub Class Number _____

Visa Sub Class Number _____

Visa Expiry Date ____/____/____

Visa Expiry Date ____/____/____

Date Entered Australia ____/____/____

Date Entered Australia ____/____/____

In receipt of Allowance: Secondary Assistance () Abstudy () Youth Allowance ()

Assistance for Isolated Children (AIC) ()

*Country of Birth - Australia () Other - please specify _____

*Previous School _____

OR

If previously enrolled in Home Education, specify the Education District _____

Movement reason (if applicable) _____

NAME OF PERSON ENROLLING STUDENT _____

SIGNATURE _____

DATE ____/____/____

FIRST NAME

SURNAME

In the event of an emergency, please indicate the order in which the people listed below should be contacted.

eg: (1) Parent 1 (2) Parent 2 (3) Other contact

() **PARENT / RESPONSIBLE PERSON 1 - Details (this should be the most available SMS contact)**

Title _____ *First Name _____ *Surname _____

*Please indicate relationship to student: _____

Email _____ Would you like the Newsletter emailed YES () NO ()

Occupation/Workplace _____ *Phone _____ *Mobile _____

*Home Address (if different from student) _____ *Phone _____

*Postal Address (if different from student) _____

Do you mainly speak English at home? YES () NO ()

Do you speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)

NO, English only () YES, other - please specify _____

() **PARENT / RESPONSIBLE PERSON 2 - Details**

Title _____ *First Name _____ *Surname _____

*Please indicate relationship to student: _____

Email _____ Would you like the Newsletter emailed YES () NO ()

Occupation/Workplace _____ *Phone _____ *Mobile _____

*Home Address (if different from student) _____ *Phone _____

*Postal Address (if different from student) _____

Do you mainly speak English at home? YES () NO ()

Do you speak a language other than English at Home? (if more than one language, indicate the one that is spoken most often)

NO, English only () YES, other - please specify _____

() **OTHER CONTACT DETAILS**

Title _____ *First Name _____ *Surname _____

Please indicate relationship e.g. Friend, Neighbour, Grandparent _____

Occupation/Workplace _____ *Phone _____ *Mobile _____

*Address _____ *Phone _____

OFFICE USE ONLY

Entry Date ____/____/____

Date Transfer Note Sent ____/____/____

Birth Certificate sighted YES () NO ()
(or passport or Travel documents)

Date Sighted ____/____/____

*Publications/Internet Permission Form Completed YES () NO ()

Contributions & charges Billing: PG1 _____% PG2 _____% Other _____%

Immunisation records provided: YES () NO ()

Entered on School Information System by: _____ Date ____/____/____

Leave Date ____/____/____ Re-enrolment Date ____/____/____ School _____

Leave Date ____/____/____ Re-enrolment Date ____/____/____ School _____

Leave Date ____/____/____ Re-enrolment Date ____/____/____ School _____



Office use only

Medical conditions: _____	Academic year	7	8	9	10	11	12
	Calendar year						
	Form/class						

Office use: Student's name: _____

UMRN: _____

Retain until: _____

Particulars of student

Surname: _____ First name: _____

Preferred name: _____

Date of birth: _____ Gender: Male Female

Current address: _____

Postcode: _____

Student's mobile: _____

Current school: _____ Last school attended: _____

Country of birth: _____

Main language spoken at home: _____ Interpreter required: Yes No

Student of Aboriginal origin? Yes No

Parent/guardian contact

Surname: _____ First name: _____

Relationship to student: _____

Mobile: _____ Home: _____ Work: _____

Student's brothers and sisters:

1. Full name: _____ Year of birth: _____

2. Full name: _____ Year of birth: _____

3. Full name: _____ Year of birth: _____

4. Full name: _____ Year of birth: _____

5. Full name: _____ Year of birth: _____

The Health Centre at school does not stock or routinely give out medicines for headaches or other pain relief. Parents are advised to supply medicines for their child if needed.

The School Dental Service (SDS) provides free dental health checkups to students attending a Department of Education recognised school from 5 to 16 years of age or to Year 11, which ever comes first. For more information please call 9313 0555 or visit www.dental.wa.gov.au

If you would like assistance completing this form, please contact the Community Health Nurse at your child's school.

High School Health Record

If your child has a health issue that may require support at school, a parent/guardian is required to complete a health care plan which is available from the school administration office. This will inform and prepare the school staff to better manage health care needs and or respond to health emergencies during school hours.

Student health status

Tick current health issues

Office use only:

<input type="checkbox"/>	Anaphylaxis risk	
<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Diagnosed migraine or other headaches	
<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Hearing impairment	
<input type="checkbox"/>	Mental health and wellbeing concerns	
<input type="checkbox"/>	Visual impairment	
<input type="checkbox"/>	Learning difficulties	
<input type="checkbox"/>	Other condition/s	

Please note any other information which would be helpful for the Community Health Nurse:

The information on this form remains confidential and is used only by authorised Health Service staff. Consent to provide health care and/or to share personal information will be sought from parent, guardian or student as appropriate.

This form was completed by:

Name: _____ Relationship to student: _____

Signed: _____ Date: ____ / ____ / 20____

Office use only:

Date	Acuity level	

Confidential Record



PARENT/RESPONSIBLE PERSON INFORMATION

STUDENT NAME: _____

PARENT/RESPONSIBLE PERSON 1 – Details (cont)

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 []

(If you did not attend school, mark "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 []

What is your occupation group? [] (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (see overleaf). 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, enter '8' above.

PARENT/RESPONSIBLE PERSON 2 – Details (cont)

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 []

(If you did not attend school, mark "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 []

What is your occupation group? [] (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (see overleaf). 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, enter '8' above.

Parent Occupation Groups

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 2 sections)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/i ndustrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</p>			



Policy Document: Student Use of Personal Computing Devices

Broome Senior High School is committed to providing supportive learning environments for all students and is keen to assist students with personal computing devices. In this context a personal computing device is **any portable electronic device that can access, create and store digital content.**

Clearly, safety and security from both the students' and school's point of view are prime concerns as is the impact on school resources. Consequently, the following policy has been established.

Personal computing devices may be used at school by students based on the following conditions:

- 1. Knowledge and written approval from parent/guardian(s) and the school must be obtained prior to use of any personal computing device.**
The signing and registering of the acknowledgement slip below constitutes such knowledge and approval. A copy of the signed agreement should be placed into the student's school diary.
- 2. The student accepts FULL responsibility for the care and use of their own personal computing devices. In particular, BSHS does not accept responsibility for theft or loss of any device or parts/accessories.**
BSHS provides all students with the option of a locker and key lock, but has no other facilities for secure storage. Personal computing devices should not be left in lockers outside of school hours. Families should check the details of their personal insurance coverage for events such as loss/damage.
- 3. ~~Personal computing devices are to be stand-alone and are unable to have access to internal resources in the BSHS Network; this is Department of Education policy. Students with their own web enabled devices can browse and access Broome SHS's online learning system and any web based resources.~~**
The integrity of the school network could be severely compromised by the introduction of viruses and this is a risk that cannot be accepted until automated methods of dealing with infected devices is established.
- 4. The use of personal computing devices in individual lessons is, AT ALL TIMES, at the discretion of the class teacher.**
There may be times when the activity is intended to be done without computer assistance or when the attention of the student is required elsewhere.
- 5. It is the student's responsibility to ensure that battery power is sufficient for their use. The school is unable to provide access to a power supply for use in lessons or for recharging.**
Most rooms do not have sufficient or appropriately placed power points for use and Occupational Health & Safety regulations require that all electrical appliances used in the school be tested every 6 months for electrical safety. BSHS cannot guarantee the integrity of student owned power supplies for personal computing devices.
- 6. The school is unable to provide technical assistance for hardware or software problems that may occur with students' personal computing devices. Such assistance remains the personal responsibility of the student. If a personal computing devices malfunctions during a lesson, the student is required to continue with his/her learning promptly in a conventional manner.**
BSHS IT Support Staff have a responsibility to maintain and develop the school's network and associated ICT systems and are unable to respond to private needs. Nor can the school accept responsibility for any loss or damage that might occur as the result of such assistance.

..... continued over page

7. The student is responsible for ensuring that any software required is already installed on their personal computing devices.

The School is unable to supply or install software due to resource constraints and licensing agreements.

8. Printing of documents from student personal computing devices may only be done using a personal data-transfer device (disc or flash-drive etc) compatible with the school network. It is the student's responsibility to have a suitable data-transfer device.

Whilst such data-transfer devices expose the network to some risk of corruption, it is not of the same order as that posed by the laptop itself and is considered minimal considering security systems in place.

9. At ALL stages students' access to programs or materials from their personal computing devices must be relevant to their current work/learning. The appropriateness of usage remains at the discretion of the teacher. In the event of students using their personal computing devices inappropriately, the teacher may require the student to close down the device and continue working via other means. Any further consequences would be as prescribed in the BSHS behaviour management policy. Where there is reasonable suspicion that material contrary to the ethos of BSHS is being brought to school on a personal computing device, the school reserves the right to impound the device and institute a search for such material.

'Reasonable suspicion' is at the discretion of school administration, based on the reliability of any evidence collected.

Agreement Document: Student Use of Personal Computing Devices

SECTION FOR STUDENT

I have read the policy regarding the use of personal computing devices and agree to abide by the terms and conditions contained therein.

Further, I understand that if there is a breach of the agreement, I risk having this privilege withdrawn and any further action in line with Broome Senior High School's Behaviour Management Policy.

Name of student: Form Class:

Signature: Date:

SECTION FOR PARENTS/GUARDIANS

I have read this agreement and am aware my own and my child's responsibilities in relation to the care and use of their personal computing devices.

Name of parent/guardian:

Signature: Date:

SECTION FOR OFFICE USE

Deputy Principal: Date:

Year Leader: Date:

Copy to student diary

Copy to student file

Copy to parent / Guardian

Notification to teachers

Mobile Phone/Technological Device Policy and Code of Conduct

Rationale:

Mobile Phones, I-Pods and other items of Technology are commonly regarded as essential communication and entertainment tools. To allow our students to develop in their use they are allowed to bring them to school where they will accept responsibility for their appropriate use and the security of these items. To this end any student who wishes to bring or use a mobile phone or technological device at school must have a Mobile Phone/Technological Device Licence. To obtain a licence a student must agree to follow a strict code of conduct which includes use in and out of school.

Times students are allowed to have items turned on (Use Time)

It is not appropriate for students to have devices on during class time or while moving from one class to another. Students are allowed to have the devices on and to use them before the first siren in the morning, after being released from class at recess and lunch up until the siren goes to return to class and after being released from class at the end of the day. These are "use times". During class times and while moving between classes the devices must be turned off and ear pieces etc must not be in ears. These are "non use times".

If students have an item on during "non use times" then, when asked, they are to switch it off and give it to the teacher who will place it in a safe location. In most cases, in the first instant it will be returned at the end of the period, in the second at the end of the day from the Deputy Principal and in the third parents will be asked to come and pick it up from the Deputy and a ban or suspension of the Licence may be put into place. Further episodes could result in suspended and then full suspension and lengthy bans or removal of the Licence.

Students are not to use phones or other devices in the Library or Offices around the school.

Inappropriate Use

Where an item is used in an inappropriate or unlawful way then consequences including suspension, bans and licence suspension will be put in place. The Mobile Phone/Technological Device Code of Conduct outlines to students and parents examples of inappropriate use but obviously cannot allow for the multitude of possibilities. The school Administration will use their professional judgement in deciding if the device has been used inappropriately. For the purpose of guidance in decision making some examples of inappropriate use and the possible consequences are outlined below.

For example, if a student or some one is using their phone to film an incident or other students or staff or community members without their permission then they may be suspended and their phone licence will be suspended for up to a term. A student who uses their phone to film something happening on school grounds then shares that image with others, will be suspended and their phone licence will be suspended for a term. This would be the same for other technological devices.

Another example of inappropriate use is Cyber Bullying. The use of mobile phones to SMS or computers for internet chat rooms, emails or similar technology for the purpose of bullying and harassment or threatening messages to others, is inappropriate use and serious consequences such as In school and out of school suspension and removal of the licence will be activated.

- Note:
1. The emphasis is on students taking responsibility for their own property and actions. Use of their phone by others will not be an excuse if the phone is used inappropriately.
 2. This policy will be in place for in and out of school incidents. Suspensions may not be used for out of school incidents but suspension of licences at school will be put in place.
 3. If the activity is deemed unlawful then the police will be informed and evidence passed to them. Eg Sharing images of people without their permission.

**Broome Senior High School
Mobile Phone/Technological Device Licence.**

Purpose.

Mobile Phones and other technological devices are modern forms of communication and our students need to learn to take responsibility for looking after and using these in appropriate ways. To this end any student who wishes to bring or use a mobile phone or technological device at school must have a Mobile Phone/Technological Device Licence. To obtain a licence a student must agree to follow a strict code of conduct which includes phone and technological device use in and out of school.

Code of Conduct

Use Times. At school I will only have my phone or technological device on and use them during "USE TIMES" unless directed by a staff member to switch it on during "Non-Use Time" or to switch it off because I am under their supervision during the "Use Times". I accept that if I do not follow the "Use Time" clause then my phone or technological device will be confiscated, initially until the end of the period and further episodes will eventually result in the suspension of my licence for a period of time.

USE TIME	NON-USE TIME
Before first siren of the day	On the way to class after siren has sounded
During recess break	During Form
During lunch break	When moving between classes
After school	In class.
	Inside the Library or Offices

Security. I accept that while at school the care and safe keeping of the phone or any technological device is my responsibility. I also accept that if I allow someone to use my phone or technological device then I will accept any consequences which may result from them using it inappropriately.

Appropriate and Lawful Use. I agree to use my phone or technological devices in an appropriate and lawful way at all times, and I understand this includes use in and out of school. I will not use my phone or other technological devices to:

1. Take pictures or video of people without their permission. This includes filming incidents of inappropriate and/or unlawful behaviour.
2. Share any pictures or videos without permission.
3. Send messages or images to others which are or can be interpreted as harassment.
4. Reply to inappropriate and/or unlawful messages from others in a way that can be interpreted as harassment or inflaming the situation.
5. Download inappropriate and/or unlawful images, audio or text.

Student Awareness Statement

I, _____, agree to the code of conduct and understand that if I break this code then my Licence will be suspended.

- This means I will not be allowed to bring my phone or other technological devices to school for that period of time.
- I understand that if I use my phone or other technological devices in an inappropriate or unlawful manner then I will be suspended and am aware that this Code of Conduct is in place at all times.
- I agree that if I am suspected of inappropriate use then my phone or technological devices content can be looked at by a member of the School's Senior Executive.

Signed _____
(Student)

Date _____

Parental/Guardian Awareness Statement. (Optional)

I, _____, have read the code of conduct and agree to support the school in its implementation.

Signed _____
(Parent/Guardian)

Date _____



MEDICAL/HEALTH DETAILS

STUDENT NAME: _____

MEDICARE NUMBER: _____ Expiry Date: _____

STUDENT DETAILS – ADDITIONAL INFORMATION

*Does the student have a disability? YES [] NO []

If YES, please specify disability:

*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.

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

STUDENT DETAILS – MEDICAL/HEALTH

Does the student have a medical condition or intensive health care need? YES [] NO []

If YES, please specify –

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – other | <input type="checkbox"/> Mental health or behaviour (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diagnosed migraine/headaches |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | <input type="checkbox"/> Other _____ |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

Medical Practice (Name & Address)

Doctor's Name _____ Phone _____

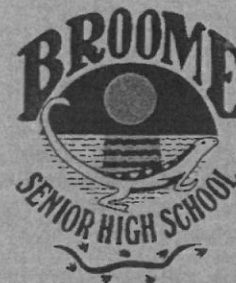
Please provide details of any other information you would like noted

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)

- Permission to call:
- | | |
|------------------------------------|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Administer First Aid |
| <input type="checkbox"/> Doctor | |
| <input type="checkbox"/> Dentist | |

NAME OF PERSON ENROLLING STUDENT _____

SIGNATURE _____ DATE ____/____/____



Perseverance & Integrity

PUBLICATIONS / INTERNET PERMISSION

It is a legal requirement that the school has parental permission for any photo or video footage of children that appears in the media. As we would like to share children's achievements with the wider community your child may feature in future articles. Articles may feature on GWN, Goolarri Media, WIN, Broome Advertiser, West Australian Newspaper, Sunday Times Newspaper and teacher publications such as School Matters. As your child may feature in such articles during their time at Broome Senior High School, we would like you to complete the permission slip below.

Thanking you.

SAEED AMIN
Principal

X _____

PUBLICATIONS / INTERNET PERMISSION SLIP

I _____ give permission for my child

_____ to appear in photos/video footage that

may accompany news articles related to Broome Senior High School. I understand that my child may appear in articles on television, for example: GWN, Goolarri, WIN, or in Newspapers: Broome Advertiser, West Australian, Sunday Times and teacher publications such as School Matters during his/her time at Broome Senior High School.

Signature _____

Date _____

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Facsimile (08) 9193 5540
Email: broome.shs@det.wa.edu.au
Website: www.broomeshs.wa.edu.au
ABN: 26 311 726 811