

"Together in Isolation"

ABN 82 433 875 430

PMB 988 Derby WA 6728
Telephone: (08) 9193 1006 Fax: (08) 9191 1539
E-mail : Kimberley.SOTA@education.wa.edu.au

Dear Parents /Caregivers,

Please find enclosed the enrolment forms and a copy of the Guidelines of Kimberley School of the Air. It is important when enrolling to complete all forms and to contact the school if you are having difficulty with any of the forms.

Once students are enrolled with Kimberley SOTA, the process for you as parents and caregivers is as follows:

- School Principal will contact you.
- Students set work will be sent out with library, art resources.
- A home visit will be set up when possible, to help set up classroom, computer and resources.
- The classroom teachers will visit to work with all students each semester and to provide support to the home tutor.

It is important to remember that students will be expected to complete all set work each term. If work is not returned and contact has not been made with the school your child's enrolment may be suspended.

Please endeavor to contact us if there are any changes to your phone numbers or addresses. This will ensure that you will receive regular information from the school and be kept up to date with school events and

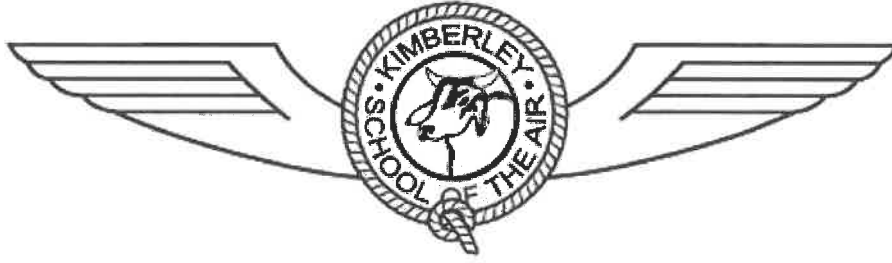
Please do not hesitate to contact me.

Yours Sincerely

Mr Paul Noble

PRINCIPAL

Paul.Noble@education.wa.edu.au



"Together in Isolation"
ABN 82 433 875 430

PMB 988 Derby WA 6728
Telephone: (08) 9193 1006 Fax: (08) 9191 1539 E-mail: Paul.Noble@education.wa.edu.au

Welcome to Kimberley School of the Air. Please find enclosed the enrolment package.

Please complete the enrolment form (one for each child), family profile and return them to this office as soon as possible. We would also like you to send a photocopy of your child's **birth certificate** and **immunization** information.

Please also read the enclosed 'Enrolment Guidelines' carefully. They describe your obligations and responsibilities upon enrolment.

Learning resources will be sent to you upon receipt of your enrolment forms. Teachers will also be in contact with you as soon as possible to assist you with your introduction to correspondence learning.

To enroll your child/ren to participate in SATWEB lessons, please complete User Agreement and Site Details forms and forward them with your enrolment forms.

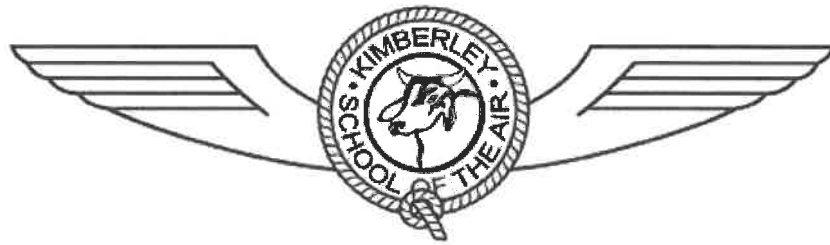
Please don't hesitate to contact us at any time.

The FREECALL number for Kimberley School of the Air is **1800 816 212**.

From the Principal and all of the staff at KSOTA, welcome to our school!

Yours sincerely

Paul Noble
PRINCIPAL



KIMBERLEY SCHOOL OF THE AIR

ENROLMENT GUIDELINES K- 6

Kimberley School of the Air is able to provide an educational service for geographically isolated students, combining daily contact between classmates and teachers with an extensive resource base located in Derby.

We are able to offer our students a variety of comprehensive learning programs. These include home visits by teachers, air lessons, telephone support lessons, camps and correspondence based programs to meet individual needs.

ELIGIBILITY TO ENROL

Students **must** be residing in a remote and isolated location without school bus access to a government school for a minimum period of six (6) months. Programs are offered for Kindergarten to Year 6 students.

SCHOOL EXPECTATIONS

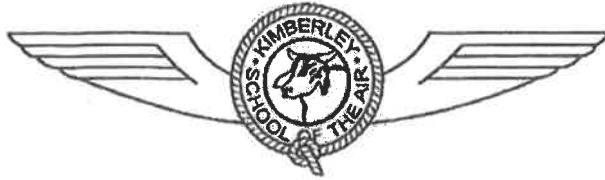
1. **Parents must provide a home tutor who can work with students on their daily learning program.** This is a key expectation of the school which parents must facilitate.
2. **It is a lawful requirement for compulsory school aged children to participate in full time learning programs.** This is a key expectation of the school which parents must facilitate. Evidence of this participation is based on teacher contact with students and families, air lesson roll records, and the regular completion and submission of student work for assessment.
3. **Students issued with a school computer are expected to attend SATWEB lessons.** As a courtesy to staff, fellow students and tutors, staff at the school should be informed of absences before SATWEB lessons commence. A message to this effect can be left with the school officer to pass on.
4. Attendance at Home Tutor Seminar is highly desirable for both Home Tutor and children, and attendance at other camps is encouraged for all children.

ADDITIONAL PARENT RESPONSIBILITIES

1. Computer and satellite maintenance.
2. Provision of power to run computer.
3. Provision of a suitable learning environment for students.
4. Safe keeping of school property.
5. Return of all equipment and surplus stock to school upon your departure / at the school's request.
6. Reimbursement for lost / damaged school property to be paid by the family responsible.

SPECIAL NEEDS

The school is always ready to discuss student's individual education needs and to cater to these needs as required.



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 DERBY WA 6728
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 FAX: (08) 9191 1539

Family Profile

| CHILDREN NAME/S | GENDER | LEFT / RIGHT HANDED |
|-----------------|--------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Who will be the Home Tutor? _____
 - Does the Home Tutor have extra duties besides teaching the Children? _____
 - If so, what are they? _____
-
- TEACHER VISITS** – Would you like overnight visits or would you prefer teachers to stay elsewhere? Please attach a “mud map” and directions to your home to enable teachers to visit. _____
-
- MAIL COLLECTION** – Do you have a mail delivery service or do you have regular trips to town for mail collection? **HOW OFTEN** _____
 - Will your child participate in SATWEB Lessons? _____
 - Where will the Computer be situated? _____

DO YOU HAVE ANY OF THE FOLLOWING EQUIPMENT?

| | | | |
|-------------------------------|------------------------|----------|----------------------|
| Tape Cassette/CD Player _____ | Video/Dvd Player _____ | TV _____ | Satellite Dish _____ |
|-------------------------------|------------------------|----------|----------------------|

WHERE IS THE LEARNING CENTRE?

| | | |
|-----------------------------------|----------------------------------|-------------------------------|
| 1. Special room for lessons _____ | 2. Separate from your home _____ | 3. On the kitchen table _____ |
| 4. On the verandah _____ | 5. In a caravan _____ | 6. Other _____ |

FACILITIES PRESENT IN YOUR LEARNING CENTRE (please tick)

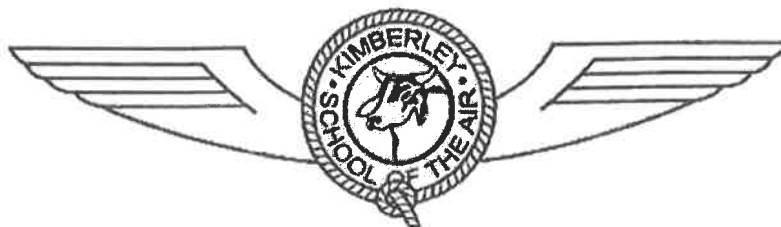
| | | |
|----------------------------------|---|----------------------------------|
| 1. Bookcases _____ | 2. Storage cupboards _____ | 3. Pin up space for charts _____ |
| 4. Table & Chair per child _____ | 5. Do you wish to borrow desks & chairs from KSOTA? _____ How many? Desks _____ Chairs _____ | |
| 6. Computer _____ | 7. Do you require a computer from KSOTA? _____ | |

GENERATOR HOURS - To give the teacher information about daytime power availability for specific lessons and for use of the computer: _____

FAMILY CIRCUMSTANCES - Are there any special family circumstances you feel the KSOTA staff need to be aware of? _____

ADDITIONAL INFORMATION _____

ENROLMENT PACK
(for enrolment in a Western Australian public school)



The Enrolment Pack comprises:

Part A – Application for Enrolment

(includes information about applying for Enrolment in a Western Australian public school and the Application for Enrolment Form)

Documents which need to be supplied or sighted by the school are listed on the form.

Part B – Enrolment

(includes Parent information about enrolment in a Western Australian public school and the Enrolment Form)

ENROLMENT PACK (PART A)

APPLICATION FOR ENROLMENT

(For enrolment in a Western Australian Public 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://det.wa.edu.au/curriculumsupport/eald/detems/portal/>

Parent information about applying to enrol in a Western Australian public school

Thank you for your interest in applying to enrol your child in a Western Australian public school.

Enrolment in a public school is a two step process.

Step 1: Enrolment Pack Part A – Application for Enrolment

Parents lodge an *Application for Enrolment Form* with the school (attached within this pack).

Step 2: Enrolment Pack Part B – Enrolment (Includes Parent information about enrolment in a Western Australian public school and the Enrolment Form)

If your child is eligible for enrolment, you will be provided with *Parent information about enrolment* in a Western Australian public school and you will be required to complete an *Enrolment Form*.

The school will notify you of the results of your application as soon as possible. The information you have provided will be used by the school once eligibility is confirmed.

Documentary evidence, including court orders relating to your child, may be required to support information supplied. Principals may consult with the Education Regional Office where sufficient evidence has not been supplied. All official records must be in the child's legal name. The use of a preferred name may be possible for informal communications.

It is highly recommended not to purchase items such as uniforms until you receive confirmation of enrolment.

The Department's *Enrolment Policy* can be found at <http://www.det.wa.edu.au/policies>.

Who can enrol a child?

Enrolment applications can be lodged by:

1. Parents, defined in the *School Education Act 1999* as persons who at law have responsibility for the long term care, welfare and development of the child; or the day-to-day care, welfare and development of the child;
2. Independent minors; and
3. Persons aged 18 years or older who may apply on their own behalf.

The school may require documentary evidence in support of the application. A person with proper authority to make the application must provide the required information. The school is not required to determine whether another parent or person with authority concurs with the lodging of the application or the information included in it.

If there is a dispute between parents or authorised persons about the enrolment or one party requests or has enrolled the child at a different school, then the schools involved should endeavour to maintain the original enrolment and continuity of the child's schooling unless it is clearly not in the child's educational interests to do so, is not possible, or has been determined otherwise by a court. For further information see Frequently Asked Questions (FAQs) in the *Enrolment Policy*, under Related Information).

Who can be enrolled?

Permanent Australian residents and those children holding an approved visa subclass are entitled to be enrolled, although not necessarily at a particular school unless the school has a 'local-intake area' (refer section **Applications to local-intake schools (compulsory years of schooling)** below). Those overseas students who do not have an entitlement to enrol in a public school may be enrolled on a full fee paying basis under conditions which the school will outline.

In establishing a usual place of residence, the *Residential Parks (Long-stay Tenants) Act 2006* recognises any agreement conferring the right to occupy premises for a fixed term of three months or longer. Short term residential arrangements can be accepted in cases such as recent arrival in the State, residence in boarding houses and caravan parks, or homelessness.

Schools may not enrol children who are:

1. receiving home education; or
2. applying to enrol at another school; or
3. enrolled at another Kindergarten (public or private), unless transferring.

The principal may consider whether a child may attend for a short period (s 75(2) *School Education Act 1999*) and may consult with the school in which the student is already enrolled before a decision about attending is made. Attendance for more than four weeks requires that the student relinquish enrolment at the school in which the student is already enrolled.

Where can students be enrolled?

The enrolment requirements differ from school to school. Local-intake schools have a designated geographical area from which enrolments are taken. Local-intake schools must accept all applicants from within their defined area, subject to residential qualifications. Non local-intake schools may receive applications but not necessarily enrol all applicants (see below for further advice on applications to non local-intake schools).

If you are unsure whether the school you applied for has local-intake status, you may check the *Declaration of Local-Intake Areas for Schools* on the Department's policies website at <http://www.det.wa.edu.au/policies>. (Browse via A-Z document list). Further information is available from the **Enrolment policy/Enrolment Procedures/Local-intake area schools**, or contact either the principal of the school or the Coordinator Regional Operations at the local Education Regional Office.

Applications to local-intake schools (compulsory years of schooling)

Where the school has a local-intake area, an eligible child whose place of residence is within that area is guaranteed enrolment in the compulsory years of schooling (Pre-primary to Year 12).

Children whose usual place of residence is not in the local-intake area are accommodated where possible. If the school has further capacity to accommodate children from outside the local-intake area, after making provision for local-intake area needs, the following selection criteria are to be applied in considering applications for enrolment:

| First Priority | Second Priority | Third Priority |
|--|---|--|
| Child qualifying for an approved specialist program for that year. | Child who has a sibling also enrolled at the school in the current year, (other than siblings enrolled in specialist programs), and who lives nearest the school. | Child who does not have a sibling enrolled at the school in the current year, or who has a sibling enrolled in a specialist program, and who lives nearest the school. |

Applications to local-intake schools (pre-compulsory years of schooling)

Students in the pre-compulsory year of schooling (Kindergarten) are guaranteed a place in a public school. Where possible this will be their local school. The following selection criteria are to be applied in considering applications for enrolment:

| First Priority | Second Priority | Third Priority | Fourth Priority |
|--|--|--|---|
| Child residing in the local-intake area who has a sibling also enrolled at the school in the current year, and who lives nearest the school. | Child in the local-intake area who does not have a sibling enrolled at the school in the current year, and who lives nearest the school. | Child not residing in the local-intake area who has a sibling also enrolled at the school in the current year, and who lives nearest the school. | Child not residing in the local-intake area who does not have a sibling enrolled at the school in the current year, and who lives nearest the school. |

Applications to non-local-intake schools (pre-compulsory and compulsory)

Where the school does not have a local-intake area and the number of applications exceeds the number of places available, the child living nearest to the school will be given priority. Parents applying to enrol their children in specialist programs and siblings of children already enrolled at the school do not have priority over those children living nearest the school. That is, proximity to the school is the only criterion to be used in non local-intake schools.

Lodging Applications and Enrolment Forms from local-intake area students

Families residing in the local-intake area may lodge the Application for Enrolment Form and the Enrolment Form concurrently, with the agreement of the school.

Applications for starting school and for the first year of secondary school

Parents are encouraged to apply by the closing date in the year prior to attending, even if the child is of compulsory school age (Pre-primary to Year 12) and is guaranteed a place in the local school. This assists schools with planning.

For children of compulsory school age wishing to enrol at a school that is not the local school the closing date for applications for the first round of offers is the first Friday in Term 3 of the previous year.

For children starting in Kindergarten the closing date for applications for the first round of offers is the first Friday in Term 3 of the previous year.

Applications may still be made after this date and will be considered on a case by case basis, in accordance with the Department of Education's *Enrolment Policy* which can be found at <http://www.det.wa.edu.au/policies>.

Requested documentation

You will be asked to show your child's Birth Certificate (original or certified copy) or birth extract or equivalent identity documents; your child's 'Immunisation Certificate'; usual place of residence: for example utilities account, lease agreement of at least three months, proof of ownership of property, driver's licence, statutory declaration, copies of any Family Court or other court orders, and visa details (if applicable) - Principals may accept a maximum of 3 documents as evidence of residential address.

Once the application has been accepted, you will be required to complete an Enrolment Form and submit it to the school (refer to the Enrolment Pack Part B – Enrolment). If your Application for Enrolment is not accepted, you will be advised in writing within three weeks of the advertised closing date for applications.

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Eligibility to enrol in a particular school

The only guaranteed place in a public school is if you live in the local-intake area of that school. Enrolment in a particular primary school does not guarantee a place at a specific secondary school.

Applications to transfer from another school

Decisions about the enrolment of your child into a specific year of schooling and/or the educational program will be based on age eligibility, as well as the child's level of previous schooling, achievement levels and identified needs.

If you are applying for the following year, you will be advised in writing about your application within three weeks of the closing date for applications (that is after the end of the first week of Term 3). If you are applying for the current year, you will be advised in writing as soon as possible.

Once the application has been accepted, in addition to the Enrolment Form you will also need to supply evidence of your child's progress from the previous school. This can be in the form of reports, records or samples of work.

If your child has gained enrolment from outside the local-intake area into a specialist program, any siblings cannot be guaranteed enrolment to the same school.

Kindergarten

The Western Australian Government fully funds Kindergarten for age-eligible children in public schools and supplements the cost of Kindergarten in Catholic and independent schools. Children may be enrolled in Kindergarten in one school only, either public or private.

Disclosure of information

For parents of students with disability

In order to provide an appropriate education program the school may require specific information relating to your child's disability and personal needs to enable the school to make any necessary teaching and learning adjustments. The school may also use the information you provide when applying for specialist resources or services and/or supplementary funding to support your child's education.

Suspensions and exclusions

Information on any suspensions and exclusions needs to be provided to the school at the time of applying to enrol. This information will help the school to provide your child with any support that may be required.

Children currently under suspension from a public school cannot be enrolled at another public school until the suspension period expires.

Children who have previously been suspended or excluded from a public school may be required to enter into a behaviour agreement with the school if enrolment is accepted.

Confidentiality

All information provided on this form will be treated confidentially. Section 242 of the *School Education Act 1999* precludes this information from being used for any purpose other than: to determine whether your application for enrolment can be accepted; to assist the school with addressing any needs for your child if enrolment is accepted; and to comply with legal requirements or ministerial directions.

Disputes

Should you disagree with a school's advice regarding your application for enrolment please contact the principal in the first instance. The Coordinator Regional Operations at your Education Regional Office can provide advice if a concern has not been resolved. Information about formal disputes can be obtained from the school, the Education Regional Office or the Department's *Enrolment Policy* which can be found at <http://www.det.wa.edu.au/policies>.



Kimberley School of the Air

OFFICE USE ONLY

Date received: _____
 Year Level: _____
 Birth certificate/Passport/Travel document sighted (Circle):
 Student resides within local intake area YES NO
 Visa sighted: YES NO
 Family Court Orders: YES NO

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

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____

Name of person enrolling child:

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____

(Independent Minors and those aged 18 years or older may apply on their own behalf)

Tel (H): _____ Tel (W): _____ Mobile: _____

Signature: _____ Date: ____/____/____

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.

NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an 'X' in the box to indicate each document attached (or sighted) to this application form.
**Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents
 if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation Certificate'
3. Copies of Family Court or any other court orders (if applicable)
4. Proof of address (see Requested documentation in the attached Parent information)
5. Information relating to suspensions or exclusions
6. Information relating to disability

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

1. Date of entry into Australia
2. Passport or travel documents
3. Current visa subclass and previous visa subclass (if applicable)

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer
 provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
 (if holding an international full fee student visa, sub class 571);

or
 Evidence of the visa for which the student has applied if the student holds
 a bridging visa

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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://det.wa.edu.au/curriculumsupport/eald/detcms/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*).

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PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

| | | | |
|--|--------------|------------------------|--------------|
| Child's surname Legal (if different): | Given names: | Date of birth: | Sex (M / F): |
| Surname of parent/responsible person: | Given names: | Mr / Mrs / Ms / Other: | |
| Residential Address (must be completed): | | | Postcode: |
| Nearest intersecting street: | | | |
| Postal Address (if different from residential address): | | | Postcode: |
| Telephone (Home): | | Mobile Phone No: | |
| Work (if convenient): | | Email: | |
| Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Year Level: _____ Start date: Beginning of school year 20____: <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____ | | | |
| If applicable, year level child currently enrolled in (e.g. Year 7): | | | |
| If applicable, name of school at which the child is currently or was last enrolled: | | | |
| Are you applying to enrol in a specialist program at this school? Name of specialist program: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Will there be any brothers or sisters attending this school? Name/s and year levels: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Is your child currently under suspension from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Has your child ever been excluded from a school? If YES, name of school: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____ | | | |
| Does your child have a disability/medical condition? <i>This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate whether:</i> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s Please outline nature of disability/medical condition/s (or attach details). | | | |
| Application for Enrolment approved: _____ (signature of Principal) ___/___/___ (date) | | | |



Kimberley School of the Air

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, doubleclick 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 | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Parent/Guardian/Carer 1..... | <input type="checkbox"/> | Name | Relationship to student |
| Parent/Guardian/Carer 2..... | <input type="checkbox"/> | _____ | _____ |
| Independent minor | <input type="checkbox"/> | _____ | _____ |

(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. | _____ | _____ | _____ | _____ |

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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 form/s will be provided by the school.

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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:

- | | |
|---|--|
| <input type="checkbox"/> Secondary Assistance | <input type="checkbox"/> Youth Allowance |
| <input type="checkbox"/> Assistance for Isolated Children (AIC) | <input type="checkbox"/> 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.

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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

- | | |
|--|--|
| <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 |

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 behavioural (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"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | _____ |
| <input type="checkbox"/> Seizure Disorder (eg 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)

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PARENT / GUARDIAN DETAILS

Parent/Guardian 1 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).

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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.

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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

Site Reference No

Student Surname

School

Lat. / Long.

Site Details Form

Site Details

(for installation of SIDE/SOTA Satellite or Wireless based Solutions)

The following details are required by DOE & Optus to allow them to make contact with the residents and install the new satellite service or supply Hardware for Telstra's Mobile network/wireless solution.

Physical location where satellite service is to be installed (or USB Modem) to be supplied:

| |
|--|
| |
| |
| |
| |

Postal Address:

| |
|--|
| |
| |
| |
| |

Contact Name at above address

(Please print full name)

Contact Phone Number(s) at above address

Contact Fax Number(s) at above address

Contact e-mail address

| |
|--|
| |
| |
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| |

Indicate any power limitations that may exist

| |
|--|
| |
| |

Indicate any special conditions that we should know about, (i.e. heritage listed homestead, two families at one site, etc)

| |
|--|
| |
| |
| |

Any other comments (i.e. Telstra Mobile Strength in the area)

| |
|--|
| |
| |
| |
| |

Parent / Guardian Signature

DATE

Student's Surname

| |
|--|
| |
|--|

Parent Occupation Groups

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

| GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 |
|--|---|---|---|
| <p>Senior management in large business organisation government administration & defence, and qualified professionals</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>Other business managers, arts/media/sports persons and associate professionals</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].</p> <p>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/indus trial 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, clerks and skilled office, sales and service staff</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, billing 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p> | <p>Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Drivers, mobile plant, production/ processing machinery and other machinery operators 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> |

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 Kimberley School of the Air 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, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
 - No, I do not give consent.
- In addition, see Appendix F of the Student's online policy.

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.

In addition, see the School's policy and the Student's online policy.

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 to 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 local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

The school also has the Newsletter accessible on the Website. Please subscribe to www.....
[school to include this sentence re the website and newsletter if they wish].

Name of student: _____ Year/Class/Room: _____

Name of person signing the consent form:

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

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____

User Agreement

| |
|-----------------------|
| Site Reference Number |
| Student Surname |
| School |

The following are the terms and conditions on which the computer and associated equipment (*Computer*) and Internet access (*Internet*) are being provided to your household:

- the Computer is the property of the Department
- you must take reasonable care of the Computer
- if the Computer is not working properly, or is damaged or destroyed, you must notify the Department as soon as possible
- the Computer should only be used in accordance with the operating manuals provided with it
- the Computer and the Internet may only be used for educational use - business use is not allowed
- you must exercise reasonable parental supervision of your child's/children's use of the Computer and the Internet
- you must comply with the Department's Internet use policy (which is amended from time to time), and must ensure that your child/children do likewise. This can be found at the following web site – <http://www.side.wa.edu.au/usage.html>. Please review this periodically
- you must not, and must ensure that your child/children do not, access any illegal or offensive web site on the Internet, in particular pornographic sites. The Department's decision on what constitutes an illegal or offensive web site is final. The police will be notified if illegal use is suspected
- Internet gambling is not allowed
- the Department may remotely monitor your use and your child's/children's use of the Computer and the Internet
- all information stored on the Computer's hard drive may be accessed by the Department
- you must not install illegal programmes or software on the Computer
- you must not delete or modify programmes or software which have been pre-installed on the Computer by the Department
- the Department may modify, upgrade, remove or replace any and all programmes or software on the Computer at any time
- in no circumstances is the Department responsible for loss or corruption of any data stored on the Computer
- failure to comply with these conditions may result in your's and your child's/children's use of the Computer or the Internet being either temporarily or permanently withdrawn

Your agreement to the Terms and Conditions as parent/guardian of the SIDE/SOTA student is required for the computer and associated equipment and Internet access to be provided to your household.

I am the parent/guardian and agree to the Terms and Conditions described above.

Parent / Guardian Signature

DATE

Parent / Guardian Name (please Print)

Address of Property: _____

| Student (s) Name | | | | |
|------------------|-----------|-----|------------|----------------------------|
| First Name | Last Name | DOB | Year Level | School Name where enrolled |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



"Together in Isolation"

KIMBERLEY SCHOOL OF THE AIR
Parent Student Contract

Dear Parents/Guardians

Camp organisers realise the responsibility parents give them when allowing their child/ren to attend a camp and, therefore, endeavour to cover all eventualities. The organisers, like parents, place trust in the students to demonstrate sensible behaviour at all times. All camps are an extension of school and carry rules and restrictions. In addition the campsite usually has a set of conditions which must be observed.

Students failing to comply with this contract may be returned home at their parents' expense.

Parent / Guardians signature _____

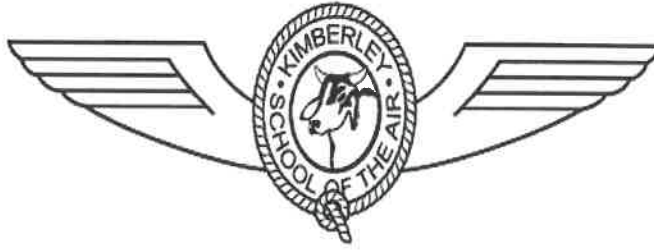
Student name(s) _____

Student

I understand and agree to abide by all camp rules and restrictions. I also agree that if I infringe any of these rules, be they verbal, written or traditionally understood, I may be returned to my home at my parent's expense.

Signed _____ (Student 1) _____ (Student 2)

Date _____ / _____ / _____



"Together in Isolation"

KIMBERLEY SCHOOL OF THE AIR
Permission to Travel in Vehicles

I _____ give permission for my child/ren to travel in any of the following vehicles as necessary under the supervision of teaching staff and contracted tour providers.

- Broome Top Deck Tour Bus and/or other coach/bus company for transport purposes
- School owned Toyota Prado
- Other Hire Bus or car for transport purposes

Student Name/s:

Parent/Guardian Signature: _____

Please print name: _____

Date: ____/____/____

FORM 1 – STUDENT HEALTH CARE SUMMARY - REVISED

SECTION A

| | | | |
|--|----------------------|-------------|----------------|
| School: KIMBERLEY SCHOOL OF THE AIR | Year: _____ | Form: _____ | Teacher: _____ |
| Student's Name: _____ | Date of Birth: _____ | | |
| Address: _____ | Gender: Male/Female | | |

| | |
|------------------------------|------------------------|
| FAMILY CONTACT DETAIL | MEDICAL DETAILS |
|------------------------------|------------------------|

| | |
|--------------------------------|---|
| Name: _____ | Medical Practice: _____ |
| Relationship to student: _____ | Doctor 1: _____ Telephone: _____ |
| Address: _____ | Doctor 2: _____ Telephone: _____ |
| Telephone: (W) _____ | I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (H) _____ | Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (M) _____ | 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. |
| Relationship to student: _____ | |
| Address: _____ | Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Telephone: (W) _____ | Medicare No. (If required – for children requiring regular emergency care): _____ |
| (H) _____ | |
| (M) _____ | |

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.

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.
 Signature: _____ Date: _____
 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 TABLE, 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)

| Health Conditions | Tick health condition | Will school staff require specific training to support your child? |
|----------------------------|--------------------------|--|
| Severe Allergy/Anaphylaxis | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Minor & Moderate Allergies | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Seizures | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Activities Of Daily Living | <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Other Conditions or Needs (Please specify)

| | |
|-------|--|
| _____ | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| _____ | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? YES NO
 If yes, advise the Principal

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

Name:

Date of Birth:

School:

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/Care 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: / /