



ENROLMENT FORM

Illawarra Crescent South

BALLAJURA WA 6066

Tel: 08 9262 7777

E-mail: Ballajura.CC@education.wa.edu.au

Web: www.bcc.wa.edu.au

Please complete this form and submit with all required documentation to apply for a place at Ballajura Community College.

STUDENT DETAILS (PLEASE COMPLETE ALL FIELDS)		INTENDED START DATE: ____ / ____ / ____	
Student surname: _____ Legal Surname (if different): _____ First Name: _____ Second Name(s): _____ Preferred Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth: ____ / ____ / ____
		Year level entering: _____	
		Religion (if applicable): _____	
Student's residential address: Number/Unit No: _____ Street Name: _____ Suburb: _____ Postcode: _____ Home phone (if applicable): _____ Car Registration (if applicable): _____			
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander (TSI) <input type="checkbox"/> Yes, <u>both</u> Aboriginal and TSI What is your country? _____		Student's first language: _____ Does the student speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Aboriginal English <input type="checkbox"/> Yes, Creole <input type="checkbox"/> Yes, Pidgin English <input type="checkbox"/> Yes, other language – please specify _____	
Full name/s of siblings attending the College: _____			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Carer 1 Name: _____ Relationship to student: _____ <input type="checkbox"/> Parent/Carer 2 Name: _____ Relationship to student: _____ <input type="checkbox"/> Independent minor Name: _____ Relationship to student: _____ <input type="checkbox"/> Other Name: _____ Relationship to student: _____			
Previous School: _____			
If previously enrolled in Home Education, specify Education Region: _____			
RESIDENCY STATUS			
Nationality (optional): _____		Country of birth: _____	
Is the student an Australian Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, Is the student a permanent resident of Australia? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the student a temporary resident of Australia? <input type="checkbox"/> No <input type="checkbox"/> Yes		Student's visa information Visa sub-class number (3 digit no.): _____ Date of arrival in Australia: ____ / ____ / ____ Visa expiry date: ____ / ____ / ____	
DISABILITY/LEARNING DIFFICULTY			
Does the student have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide documentation with this enrolment application <input type="checkbox"/> Physical Disability <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Autism <input type="checkbox"/> Visual impairment <input type="checkbox"/> Other, please specify: _____		Does the student have a learning difficulty? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide documentation with this enrolment application <input type="checkbox"/> ADHD <input type="checkbox"/> Mental health <input type="checkbox"/> Language difficulties <input type="checkbox"/> Gender dysphoria <input type="checkbox"/> Anxiety <input type="checkbox"/> Other, please specify: _____	

CONFIDENTIAL INFORMATION

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer

Does the family have a health care card? No Yes If Yes please provide card number: _____
Expiry date: ____ / ____ / ____

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

No Yes If Yes, please specify and attach supporting documentation: _____

Is this student in the care of Director General of the Department of Communities – Child Protection and Family Support (CPFS)?

No Yes If Yes, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

CPFS Case Manager name: _____

District: _____ Contact number: _____

Does this student receive any of the following allowances? (Check boxes that apply)

Secondary Assistance Youth Allowance Assistance for Isolated Children (AIC) Abstudy

APPLICATION INFORMATION

Is this student applying for a Specialist Program at the College?

Advanced Curriculum Enrichment (ACE) No Yes Music Excellence No Yes

Basketball Excellence No Yes Is this student currently enrolled in the IMSS instrumental music program? No Yes - Instrument _____

PARENT / CARER 1 DETAILS

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____ Gender: Male Female Other

Postal Address: (if different from student residential address)

Number and Street: _____ Suburb: _____ Postcode: _____

Please indicate if you are responsible for Fees and Charges: Yes No

If No, name of person responsible: _____

Mobile Number: _____ Phone (Wk): _____ Phone (Hm): _____

Email Address: _____

All parents across Australia are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Do you speak a language other than English at home? No, English only
 Yes, other language – please specify _____

What is the highest year of school Parent/Carer (1) has completed?

Year 12 or equivalent Year 10 or equivalent
 Year 11 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 Parent/Carer (1) has completed?

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

What is your occupation group for Parent/Guardian (1)? _____ (Refer to insert 'Parent Occupation Groupings')

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 / CARER 2 DETAILS

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____ Gender: Male Female Other

Postal Address: *(if different from student residential address)*

Number and Street: _____ Suburb: _____ Postcode: _____

Please indicate if you are responsible for Fees and Charges: Yes No

If No, name of person responsible: _____

Mobile Number: _____ Phone (Wk): _____ Phone (Hm): _____

Email Address: _____

All parents across Australia are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

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 Advanced diploma /Diploma No non-school qualification

What is your occupation group for Parent/Guardian (1)? _____ *(Refer to insert 'Parent Occupation Groupings')*

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).

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency)

Contact 1

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____

Residential address:

Number and Street: _____ Suburb: _____ Postcode: _____

Mobile Number: _____ Phone (Wk): _____ Phone (Hm): _____

Email Address: _____

Contact 2

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____

Residential address:

Number and Street: _____ Suburb: _____ Postcode: _____

Mobile Number: _____ Phone (Wk): _____ Phone (Hm): _____

Email Address: _____

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

- that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled. I have provided all documentation available to me.

Name of person enrolling student

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____

Signature: _____ Date: _____

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

APPROVAL OF PRINCIPAL OR DELEGATE

Enrolment approved Yes No Principal (or delegate) name: _____

Date: ___/___/_____ Principal (or delegate) signature: _____

OFFICE USE ONLY

Student's official documentation all sighted and copied Yes No Date ___/___/_____

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport | <input type="checkbox"/> National Police History Check form |
| <input type="checkbox"/> Proof of residence | <input type="checkbox"/> Visa documents | Other – please specify _____ |
| <input type="checkbox"/> School report | <input type="checkbox"/> Immunisation certificate | |
| <input type="checkbox"/> NAPLAN/OLNA report | <input type="checkbox"/> Court order | |

Residency status Australian citizen Permanent resident Temporary resident

EALD Stage Stage 1 Stage 2 Stage 3 Aboriginal/Torres Strait Islander Yes No

Limited schooling visa Yes No TIWA enrolment Yes No International Fee Paying Yes No

Disability Yes No Code Level of adjustment Include in NDC Yes No

Learning difficulty Yes No Medical condition Yes No

Program Advanced Curriculum Enrichment Music Excellence Basketball Excellence
Education Support LINKS ACCESS Mainstream

Student Key: _____ Family Key: _____ Academic Year: _____ TAG: _____
House: _____ Homeroom: _____ Start Date: _____ C.C. No: _____

SAS Form Applicable: Yes No Centrelink Family Health Care Card
 Veteran's Affairs Pensioner Concession Card Centrelink Pensioner Concession Card Abstudy

Contributions/charges billing: ___% PC1 ___% PC2 ___% Other _____

School record to be sent to: PC1 PC2 Other _____

Date on MAZE by ESO: ___/___/_____ Date timetabled by YGDP: ___/___/_____ Date checked by BSO: ___/___/_____

Records received from transferring school Yes No Transfer Note sent Yes No