

<b>PRIVACY AND DECLARATION</b>			
<b>Please tick to confirm:</b> <i>I understand:</i> <input type="checkbox"/> that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures. <input type="checkbox"/> 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>I declare:</i> <input type="checkbox"/> This is the only enrolment I have made for the student. <input type="checkbox"/> I understand that I am required to notify the school as soon as any of the enrolment details for the student change. <input type="checkbox"/> 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.			
<b>Name of person enrolling student</b> <b>Title:</b> _____ <b>First Name:</b> _____ <b>Surname:</b> _____ <b>Relationship to the student:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____ <i>(Independent minors and those aged 18 years or older may sign on their own behalf.)</i>			
<b>APPROVAL OF PRINCIPAL OR DELEGATE</b>			
<b>Enrolment approved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Principal (or delegate) name:</b> _____ <b>Date:</b> ____/____/____ <b>Principal (or delegate) signature:</b> _____			
<b>OFFICE USE ONLY</b>			
Student's official documentation all sighted and copied <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date</b> ____/____/____			
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of residence <input type="checkbox"/> School report <input type="checkbox"/> NAPLAN/OLNA report		<input type="checkbox"/> Passport <input type="checkbox"/> Visa documents <input type="checkbox"/> Immunisation certificate <input type="checkbox"/> Court order	
		<input type="checkbox"/> National Police History Check form Other – please specify _____	
<b>Residency status</b> <input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident			
<b>EALD Stage</b> <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3		<b>Aboriginal/Torres Strait Islander</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Limited schooling visa</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>TIWA enrolment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Code _____		<b>Level of adjustment</b> <input type="checkbox"/> _____	
<b>Learning difficulty</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Medical condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Program</b> Advanced Curriculum Enrichment <input type="checkbox"/> Music Excellence <input type="checkbox"/> Basketball Excellence <input type="checkbox"/> Education Support <input type="checkbox"/> LINKS <input type="checkbox"/> ACCESS <input type="checkbox"/> Mainstream <input type="checkbox"/>			
<b>Student Key:</b> _____ <b>Family Key:</b> _____ <b>Academic Year:</b> _____ <b>TAG:</b> _____ <b>House:</b> _____ <b>Homeroom:</b> _____ <b>Start Date:</b> _____ <b>C.C. No:</b> _____			
<b>SAS Form Applicable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Centrelink Family Health Care Card			
<input type="checkbox"/> Veteran's Affairs Pensioner Concession Card <input type="checkbox"/> Centrelink Pensioner Concession Card <input type="checkbox"/> Abstudy			
<b>Contributions/charges billing:</b> ____% PC1    ____% PC2    ____% Other _____			
<b>School record to be sent to:</b> <input type="checkbox"/> PC1 <input type="checkbox"/> PC2 <input type="checkbox"/> Other _____			
<b>Date on MAZE by ESO:</b> ____/____/____		<b>Date timetabled by YGDP:</b> ____/____/____	
		<b>Date checked by BSO:</b> ____/____/____	
<b>Records received from transferring school</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Transfer Note sent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



# ENROLMENT FORM

Illawarra Crescent South  
BALLAJURA WA 6066  
Tel: 08 9262 7777  
E-mail: [Ballajura.CC@education.wa.edu.au](mailto:Ballajura.CC@education.wa.edu.au)  
Web: [www.bcc.wa.edu.au](http://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: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth: _____ / _____ / _____
Legal Surname (if different): _____			
First Name: _____			
Second Name(s): _____			
Preferred Name: _____		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?		Student's first language: _____	
<input type="checkbox"/> No		Does the student speak a language other than English at home?	
<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes, Torres Strait Islander (TSI)		<input type="checkbox"/> Yes, Aboriginal English	
<input type="checkbox"/> Yes, <u>both</u> Aboriginal and TSI		<input type="checkbox"/> Yes, Creole	
What is your country? _____		<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?		Student's visa information	
If No, <input type="checkbox"/> No <input type="checkbox"/> Yes		Visa sub-class number (3 digit no.): _____	
Is the student a permanent resident of Australia?		Date of arrival in Australia: ____ / ____ / ____	
Is the student a temporary resident of Australia?		Visa expiry date: ____ / ____ / ____	
DISABILITY/LEARNING DIFFICULTY			
Does the student have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes		Does the student have a learning difficulty? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Please provide documentation with this enrolment application		Please provide documentation with this enrolment application	
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> ADHD	<input type="checkbox"/> Mental health
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Autism	<input type="checkbox"/> Language difficulties	<input type="checkbox"/> Gender dysphoria
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Other, please specify: _____	<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.

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).