



# Newton Moore Senior High School

*Achieving Today for Tomorrow*

## ENROLMENT FORM

### School Contact Details

Phone:

9722 2400

Email:

newtonmoore.shs@education.wa.edu.au

**All information marked with an asterisk (\*) must be provided**, required by the Western Australian Department of Education to meet legal obligations.

The remaining information is sought to enable the Department and Newton Moore Senior High School to:

- Provide timely and efficient communication
- Provide appropriate student health support
- Meet state and national reporting requirements
- Provide information about financial support

Parent/guardian's are responsible for advising the school of any changes to the information contained in this form.

### 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.

Surname:						
First Name:						
Academic Year:	7	8	9	10	11	12
Enrolling for which calendar year?	20 <u>  </u>					Office Use Only Tick if successful
Tick if applying for any Specialist Program(s).	[ ] MASH [ ] Engineering [ ] Science Horizons					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Required Supporting Documentation

Provide copies of the following with your enrolment:

- Birth certificate and/or identity documents
- Immunisation certificate
- Proof of address (utility bill or rental agreement)

- Court order (if applicable)
- Most recent school report and NAPLAN (if currently not attending WA government school)
- Medical/Disability Diagnosis Documents

Students **not born in Australia**, must provide:

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

Students **holding temporary visa, must also** provide:

- Confirmation of enrolment or evidence of permission to transfer provided by TAFE International WA (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).

Office Use Only      Date Received:    /    /

### Supporting Documentation Provided:

Proof of Address:      IOB ☐      OOB ☐

Immunisation:      ☐

Birth Certificate / Identification      ☐

OSI Report      ☐

School Report - Non-Govt school student      ☐

### If Applicable:

Court Orders      ☐

VISA Evidence      ☐

TIWA      ☐

Visa      ☐

### Principal

Accepted ☐

Not Accepted ☐

### Signature:

Date :    /    /

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## SECTION 1: Student Details

* Surname			
* Legal Surname <i>(If different from above)</i>			
* First Name			
* Other Names <i>(If applicable)</i>			
Preferred Name			
* Date of Birth			
Gender	Male	Female	Indeterminate/Intersex
* Residential Address			
	Suburb		Postcode
Student Mobile	— —		
Siblings currently enrolled/enrolling at Newton Moore SHS			

## SECTION 2: Student Details - Additional Information

Nationality		Country of Birth	
Religion		First language spoken by student	English      Aboriginal English Other-please specify
Is student of Aboriginal or Torres Strait Islander origin?	No      Aboriginal      Torres Strait Islander		
Main language OTHER THAN English spoken at home?	None      Aboriginal English Other-please specify		
Does the student mainly speak English at home?	[ Yes      No		
* In the care of Department for Child Protection and Family Support (CPFS)	Yes      No      If yes, provide CPFS Case Manager details		
	Name:		Phone:
* Current Court Orders/Access Restrictions <i>In relation to this child and their care, welfare, development or access restriction?</i>	Yes      No      If yes, provide a copy of court order		
* Is student listed on a family Health Care or Pension Card? <small>Health Care, Pension &amp; Veterans Affair card</small>	Yes      No      If yes, complete the Secondary Assistance Form on the last page		
In Receipt of Allowance?	Secondary Assistance Scheme (Health Care, Pension & Veteran's Affair card holder) Abstudy Supplement Allowance (Health Care, Pension & Veteran's Affair card holder) Youth Allowance (available from Centrelink)		
* Australian Citizen / Permanent Resident	Yes      No	Date entered Australia:	
Temporary Resident Visa Details	Grant Number		Sub-Class Number
	Expiry Date:		
* Previous School (or District if enrolled in Home Education)			
Movement Reason (if applicable)			

## SECTION 3: Parent/Responsible Persons Details

	Parent / Guardian 1	Parent / Guardian 2
<b>Title</b> (ie Mr, Mrs, Ms, Miss, Dr etc)		
<b>* Surname</b>		
<b>* First Name</b>		
<b>* Relationship to Student</b> (ie mother, father, aunt, friend etc)		
<b>* Responsible for parenting?</b>	Yes      No	Yes      No
<b>* Lives with student?</b>	Yes      No	Yes      No
<b>* Responsible for payment of school fees?</b>	Yes      No	Yes      No
<b>* Receives communication, reports etc?</b>	Yes      No	Yes      No
<b>* Email Address</b> (School's main communication method)		
<b>* Contact Numbers</b>	<b>Mobile</b> _____	_____
	<b>Other</b> _____	_____
<b>* Postal Address</b> (Only if different to student address)	<b>Suburb</b> _____ <b>Post Code</b> _____	<b>Suburb</b> _____ <b>Post Code</b> _____
	_____	_____
<b>Languages OTHER THAN English spoken at home?</b>	Aboriginal English O Other please specify _____	Aboriginal English Other please specify _____
<b>Is English the main language you speak at home?</b>	Yes NO- please specify _____	Yes NO- please specify _____
<b>* Highest year of primary or secondary school you have completed?</b> <i>Mark Year 9 if you did not attend school</i>	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below
<b>* Highest level of qualification you have completed?</b>	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (incl. Trade certificate) No non-school qualification	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (incl. Trade certificate) No non-school qualification
<b>* Your Occupation Group?</b>  <i>Select the appropriate parental occupation group.</i>  <ul style="list-style-type: none"> <li>Use your last occupation if not currently in paid work but have had a job in the last 12 months.</li> <li>Use Group 8 if you have not been in paid work in the last 12 months</li> </ul>	<b>Group 1</b> -Senior management in large business organisation, government administration & defence, and qualified professionals  <b>Group 2</b> -Other business managers, arts/media/sports- persons and associate professionals  <b>Group 3</b> -Tradesmen/women, clerks and skilled office, sales and service staff  <b>Group 4</b> -Machine operators, hospitality staff, assistants, labourers and related workers  <b>Group 8</b> -Not in paid work in the last 12 months	<b>Group 1</b> -Senior management in large business organisation, government administration & defence, and qualified professionals  <b>Group 2</b> -Other business managers, arts/media/sports- persons and associate professionals  <b>Group 3</b> -Tradesmen/women, clerks and skilled office, sales and service staff  <b>Group 4</b> -Machine operators, hospitality staff, assistants, labourers and related workers  <b>Group 8</b> -Not in paid work in the last 12 months

## SECTION 4: Additional Emergency Contact Details

	Emergency Contact 3		Emergency Contact 4	
<b>Title</b> (ie Mr, Mrs, Ms, Miss, Dr etc)				
* <b>Surname</b>				
* <b>First Name</b>				
* <b>Relationship to Student</b>				
* <b>Contact Numbers</b>	<b>Mobile</b>			
	<b>Other</b>			
* <b>Postal Address</b> (Only if different to student address)				
	Suburb	Post Code	Suburb	Post Code
* <b>Email Address</b>				
* <b>Tick any of these that apply to this contact?</b>	<input type="checkbox"/> Yes <b>Responsible for parenting?</b> <input type="checkbox"/> Yes <b>Lives with student?</b> <input type="checkbox"/> Yes <b>Responsible for school fees?</b> <input type="checkbox"/> Yes <b>Emergency contact?</b> <input type="checkbox"/> Yes <b>Receive communication?</b>		<input type="checkbox"/> Yes <b>Responsible for parenting?</b> <input type="checkbox"/> Yes <b>Lives with student?</b> <input type="checkbox"/> Yes <b>Responsible for school fees?</b> <input type="checkbox"/> Yes <b>Emergency contact?</b> <input type="checkbox"/> Yes <b>Receive communication?</b>	

**Please note,** due to system constraints, the order of contacting the authorised persons listed above will be:

1. Parent / Guardian 1
2. Parent / Guardian 2
3. Emergency Contact 3
4. Emergency Contact 4

## SECTION 6: Student Health Care Summary (Form 1)

<b>Medical Contact</b>	<b>Medical Practice</b>		
	<b>Dr's Name</b>		<b>Phone</b>
<b>Dental Contact</b>	<b>Dental Practice</b>		
	<b>Dentist Name</b>		<b>Phone</b>
* <b>Permission to call dentist?</b>	[ ] Yes [ ] No		
<b>Permission to share child's health care information</b>  Student Health care information is shared with staff on a need to know basis	Note: If student is enrolled in a TAFE/an alternative education program, this allows transfer of student health care information to that program. <b>If you've selected No</b> , specify who information can be shared with?  [ ] Yes [ ] No		
<b>Indicate if the child has a diagnosed medical condition.</b>  <i>Some medical conditions or intensive health care may require additional forms to be completed.</i>  <i>Request the form indicated at the right.</i>  <b>For each condition, indicate at the right if specific training for staff is required to support your child.</b>	Allergy – Severe/Anaphylaxis Allergy – Minor/Moderate Asthma Diabetes Hearing condition (ie. otitis media) Intensive Health Care Need (ie. tube feeding) Mental health or behavioural (ie. depression, ADD/ADHD) Diagnosed migraine/headaches [ ] Seizure Disorder (ie. epilepsy) Other -please specify	<b>Training Req'd?</b>  (Form 4) (Form 5) (Form 8) (Form 6)  (Form 9) (Form 10)  (Form 7)	
<b>Do you have ambulance cover?</b>  <i>Parents or guardians are expected to meet the cost of the ambulance.</i>	Yes No	<b>Provider:</b>	
* <b>Permission to call doctor?</b>	Yes No		
* <b>Permission to administer first aid?</b>	Yes No		
<b>Medicare Details</b>	<b>Number:</b>		<b>Stud Ref:</b>
	<b>Expiry Date:</b>		
* <b>Does the student have one or more health conditions that will require support from school staff?</b>	No Yes Please specify condition		
* <b>Please indicate any disabilities you have documentation for:</b>  <i>Provide copies of diagnosis and other relevant documentation for school records.</i>	Autism Spectrum Disorder Severe Mental Disorder Deaf or Hard of Hearing Global Developmental Delay (prior to age 6) Specific Speech Language Impairment Vision Impairment Intellectual Disability Physical Disability Other please specify	<b>Health care plan?</b> Yes Yes Yes Yes Yes Yes Yes Yes Yes	

<b>Office Use Only</b>  Does the child have a medical condition that needs to be flagged on SIS? Have relevant health care documents been issued to the parent?  <b>Date Returned:</b> /    /	[ ] Yes [ ] No [ ] Yes [ ] No
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## SECTION 7: Image Consent

### Permission To Use Student Photographs, Video Footage, Digital Images

The Department of Education may record sound and/or vision of a student and their work while at school or taking part in school related activities or performances. Photographs of students involved in activities and their work are published to enable their experiences and work to be parents and the community. The student does not lose ownership of their works.

Consent is sought for:

Yes No

- **External Use** - including School and the Department yearbook, website, social media, other media pages, audio visual productions promotional material and articles for West Australian Newspapers, School Matters and Community Newspapers
- **Internal Use** - School medical records, Smartrider/Library card (used as a travel card for public transport, school library card, concession card at some venues and student ID)

## SECTION 8: Third Party Consent

Our third party providers supply programs used by the school to:

- communicate to parents (ie Outlook, Connect)
- present information and lesson material to students (ie Clickview)
- educate students in IT programs (ie Microsoft Office, Adobe)
- mark assessments, track student academic and behavioural progress (ie Compass, PBIS)

The full list of third party providers used at Newton Moore SHS is found on the school website under “Downloads and Links” at the bottom of the home page. Notifications will be sent via Connect when changes are made to the list of third party providers.

**Consent to all third party providers listed on the NMSHS website**

Yes

No

This consent is valid until the end of your child’s schooling at Newton Moore SHS unless the school has been notified.

## SECTION 9: Student Code of Conduct

Students attending Newton Moore SHS are expected to:

1. Wear appropriate uniform.
2. Attend school regularly.
3. Behave according to the published schoolwide expectations of wellbeing, respect, responsibility and learning.
4. Strive to achieve their personal best.
5. Contribute to a positive reputation for Newton Moore Senior High School.
6. Follow the Off and Away Mobile Phone Policy of the Department of Education, requiring all mobile devices to be turned off and out of sight throughout the school day.

## SECTION 10: Information and Communication Technology

### Acceptable Use Agreement

Newton Moore Senior High School ICT expectations as set out below are designed to keep students, staff and the school's network safe. All students are expected to follow the rules and to report any breach of these rules to any staff member immediately.

This agreement applies to all devices that access the Newton Moore SHS network. Network facilities and Internet access are provided to help you with your learning.

Breaching the agreement may result in:

- Restricting network and Internet access
- Possible removal of all access
- Other consequences as deemed suitable for the inappropriate actions and behaviour

As a student of Newton Moore SHS I agree to abide by the following ICT

expectations. **I WILL**

1. Only access relevant sites, information, and graphics suitable for students
2. Ensure any mobile phone devices, ear pods/ear phones and smart watches will be Off And Away All Day to comply with the Department of Education's Mobile Phone Policy.
3. Observe all rules regarding computer viruses and will not knowingly place a virus or other malware onto a school device.

**I WILL NOT**

1. Access pornography, promotion of drug abuse, violence, racial discrimination and pirated software.
2. Download or bring downloaded material from such sites as listed in Point 2 to NMSHS in any form, electronic or hardcopy.
3. Download, store, transfer or display inappropriate or illegal material on any device used at NMSHS
4. Use school ICT devices for personal or private activity without permission from a member of staff.
5. Cause damage to or interfere with computer hardware, software or system performance of school devices
6. Connect any device to the wired network without approval
7. Participate in any online activity that compromises the performance, speed or security of the network
8. Obtain, use or access information about usernames or passwords for other users of the school network
9. Access secure or restricted areas of the network, or the personal data files of others
10. Behave online in a way that brings the school into disrepute or that offends others
11. Post inappropriate, offensive, threatening material or messages
12. Not create or access a personal hotspot or external network to look at or download information

***By checking this box, I acknowledge that I have read and agree to abide by the school's Code of Conduct and ICT outlined above. I will strive to be a positive role model for the school community and recognise that all students have the right to learn without disruption.***

**Student Name**

### Parent Acknowledgement

- As the parent/guardian responsible for this student, ***I agree to assist the student to abide by the School's Code of Conduct and ICT Agreement*** as listed above.
- I am aware that the school and its staff members are not liable for injuries or damage to property which may occur where staff have not been negligent.
- I acknowledge that I am responsible for notifying the School of any changes to the information provided on this form to ensure the school has up to date emergency contact information.

***By checking this box, I acknowledge that I have read and agree with Sections 9 and 10, and agree to ensure my child abides by the conditions and accept the consequences for any breach.***

Date

**Parent Name**



**Parent / Guardians that hold:**

- **a Centrelink Pensioner, Concession or Veteran's Affairs Pensioner Card**  
and
- this student is listed on the card or has their own card,

complete the Secondary Assistance Scheme form on the following page and provide a copy of your concession card.

This page has been intentionally left blank.



Department of  
Education

## SECONDARY ASSISTANCE SCHEME YEARS 7 - 12

**\$300 Clothing Allowance** Paid to parent or school

**\$235 Education Program Allowance** Paid to school

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### APPLICATIONS CLOSE

**End of Term 1  
Each Schooling year**

- Valid to claim with Parent/Guardian card only. Student cannot claim with own card if living with parent(s)
- Not eligible if student born in 2006 or before.
- If living as an independent student, letter of proof from Centrelink must be provided.
- Please retain a copy of the application form at the school
- The Education Program Allowance (EPA) of \$235 for students will be paid to the school and will be applied towards education program charges in the first instance.

SCHOOL NAME	SCHOOL CODE
<b>Newton Moore Senior High School</b> 19-35 Hotchin Street SOUTH BUNBURY WA 6230 Phone: 9722 2400	<b>4040</b>

CONCESSION CARD PARENT/GUARDIAN INFORMATION		
LAST NAME - as per concession card	FIRST NAME - as per concession card	
STREET ADDRESS (EG: 15 Jones Road)	SUBURB	POSTCODE
CONTACT PHONE No.	E-MAIL	

PARENT/GUARDIAN SERVICES AUSTRALIA (CENTRELINK) CONCESSION CARD DETAILS		
<input type="checkbox"/> Centrelink Health Care Card (Family Card only NOT Student card)	<input type="checkbox"/> Centrelink Pensioner Concession Card	<input type="checkbox"/> Veterans' Affairs Pensioner Card (Blue card only – expires Dec 2025)

**CARD No. (CRN OF PARENT/GUARDIAN):**

(as per Centrelink Card)

**CARD START Date:**

**CARD EXPIRY Date:**

STUDENT DETAILS		<input type="checkbox"/> INDEPENDENT STUDENT (Attach letter from Centrelink)			
SURNAME/FAMILY NAME	FIRST NAME	DATE OF BIRTH	YEAR LEVEL	CLOTHING ALLOWANCE TO BE PAID TO (tick)	
				<input type="checkbox"/> SCHOOL	<input type="checkbox"/> PARENT
				<input type="checkbox"/> SCHOOL	<input type="checkbox"/> PARENT
				<input type="checkbox"/> SCHOOL	<input type="checkbox"/> PARENT

Payments will only be made by EFT – Please write clearly

**Name of Account Holder(s):**

**BSB Number:** (6 digits)

—

**Account Number:** (up to 9 digits)

### PARENT/GUARDIAN DECLARATION

- I have **not** claimed this allowance for any of these children at another school in Western Australia in this school year.
- I authorise Centrelink to verify my current benefit status and other pertinent details to gain this entitlement.

**I declare the above information to be true and correct and I am aware that it is an offence to provide false or misleading information.**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

*If completing this form electronically and are unable to sign the form, please check this box to confirm the above information is true and correct. If statements made in the application later prove to be false or misleading, the application may be declined. Information supplied will be checked by the school.*

### WITNESS DECLARATION (Concession card and application must be sighted and witnessed at attending school by a Department Officer)

**I have sighted the claimant's card and confirm the details provided are correct.**

School Officer

PRINT NAME OF WITNESS

WITNESS SIGNATURE

POSITION HELD

DATE

**If the form is completed and dated prior to the start of Term 1 complete the commencement confirmation below (tick box and enter current date).**

☐ I confirm that the above student(s) has/have commenced at this school Term 1, this school year DATE: \_\_\_\_\_