Newton Moore
Senior High School
Achieving Today for Tomorrow

ENROLMENT FORM

Surname:		
First Name:		
Academic Year:	7 8 9 10 11 12	
Enrolling for which calendar year?	20__	*Office Use Only* Tick if successful
Tick if applying for any Specialist Program(s).	☐ MASH ☐ Engineering ☐ Science Horizons	☐ ☐ ☐

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 of students 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.

Required Supporting Documentation

Copies of the following must be provided with the form, documents can be emailed through to the school.

- **Birth certificate and/or identity documents**
- **Immunisation certificate (no older than 3 months)**
- **Proof of address (utility bill or rental agreement)**
- If applicable:
  - Medical/Disability Diagnosis Documents
  - Court Orders/ Access Restrictions
- Students coming from a non government school - Most recent school report and NAPLAN Court order

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 a 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 Documentiation 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** *(If different from above)*	
✶ **First Name**	
✶ **Other Names** *(If applicable)*	
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** *In relation to this child and their care, welfare, development or access restriction?*	☐ *Yes* ☐ *No* ***If yes,*** *provide a copy of court order*		
✶ **Is student listed on a family Health Care or Pension Card?** *Health Care/Pension or Blue Veterans Affair*	☐ *Yes* ☐ *No* **If yes,** *complete the Secondary Assistance Form on the last page*		
In Receipt of Allowance?	☐ *Secondary Assistance Scheme* *(Health Care, Pension & blue 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
Title (ie Mr, Mrs, Ms, Miss, Dr etc)		
✶ **Surname**		
✶ **First Name**		
✶ **Relationship to Student** (ie mother, father, aunt, friend etc)		
✶ **Responsible for parenting?**	☐ Yes ☐ No	☐ Yes ☐ No
✶ **Lives with student?**	☐ Yes ☐ No	☐ Yes ☐ No
✶ **Responsible for payment of school fees?**	☐ Yes ☐ No	☐ Yes ☐ No
✶ **Receives communication, reports etc?**	☐ Yes ☐ No	☐ Yes ☐ No
✶ **Email Address** **(School's main communication method)**		
✶ **Contact Numbers** **Mobile**		
Other		
✶ **Postal Address** **(Only if different to student address)**	**Suburb** **Post Code**	**Suburb** **Post Code**
Languages OTHER THAN English spoken at home?	☐ Aboriginal English ☐ Other please specify	☐ Aboriginal English ☐ Other please specify
Is English the main language you speak at home?	☐ Yes ☐ No- please specify	☐ Yes ☐ No- please specify
*** Highest year of primary or secondary school you have completed?** *Mark Year 9 if you did not attend school*	☐ 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
*** Highest level of qualification you have completed?**	☐ 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
*** Your Occupation Group?** *Select the appropriate parental occupation group.* • *Use your last occupation if not currently in paid work but have had a job in the last 12 months.* • *Use Group 8 if you have not been in paid work in the last 12 months*	☐ Group 1 *-Senior management in large business organisation, government administration & defence, and qualified profsssionals* ☐ Group 2 *-Other business managers, arts/media/sports- persons and associate professionals* ☐ Group 3 *-Tradesmen/women, clerks and skilled office, sales and service staff* ☐ Group 4 *-Machine operators, hospitality staff, assistants, labourers and related workers* ☐ Group 8 *-Not in paid work in the last 12 months*	☐ Group 1 *-Senior management in large business organisation, government administration & defence, and qualified profsssionals* ☐ Group 2 *-Other business managers, arts/media/sports- persons and associate professionals* ☐ Group 3 *-Tradesmen/women, clerks and skilled office, sales and service staff* ☐ Group 4 *-Machine operators, hospitality staff, assistants, labourers and related workers* ☐ Group 8 *-Not in paid work in the last 12 months*

SECTION 4: Additional Emergency Contact Details

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

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)

Permission to share child's health care information

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. ***If you've selected No****, specify who information can be shared with?*

☐ Yes ☐ No

Does your child have a diagnosed medical condition.

- ❖ **For each condition, indicate at the right if specific training for staff is required to support your child.**
- ❖ **Provide copies of diagnosis and other relevant documentation for school records**
- ❖ **Administration of Medication By School (Written authorisation must be given.)** ***Long Term*** **- Ensure the section on the relevant health care plan is completed.** ***Short Term*** **- Request a Form 3 Administration of Medication Form**

		Staff Training Required
☐ Allergy – Severe/Anaphylaxis	(Form 4)	☐
☐ Allergy – Minor/Moderate	(Form 5)	☐
☐ Asthma	(Form 8)	☐
☐ Diabetes	(Form 6)	☐
☐ Seizure Disorder (ie. epilepsy)	(Form 7)	☐
☐ Activities of Daily LIving (ie. tube feeding)	(Form 9)	☐
☐ Mental health/Behavioural (ie. depression, ADD/ADHD)	(Form 10)	☐
☐ Other -please specify		☐

Do you have ambulance cover?

Parents/Guardians are expected to meet the cost of an ambulance.

Provider Name:

*** Medicare Details**

Number: | | | | | | | | | | | **Individual Stud Ref #:**

Expiry Date:

✶ Medic Alert Bracelet/Pendant Number:

✶ Does the student have one or more diagnosed health conditions that will require support from school staff?

☐ No ☐ Yes Please complete the section below

Specify condition(s)

✶ Please indicate any disabilities you have documentation for and provide copies of diagnosis and other relevant documentation for school records.

	Care plan required?
☐ Autism Spectrum Disorder	☐ Yes
☐ Severe Mental Disorder	☐ Yes
☐ Deaf or Hard of Hearing	☐ Yes
☐ Global Development Delay (prior to age 6)	☐ Yes
☐ Specific Speech Language Impairment	☐ Yes
☐ Vision Impairment	☐ Yes
☐ Intellectual Disability	☐ Yes
☐ Physical Disability	☐ Yes
☐ Other please specify	☐ Yes

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Does the child have a medical condition that needs to be flagged on SIS? [ ] Yes [ ] No

Have relevant health care documents been issued to the parent? [ ] Yes [ ] No

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 shared with peers, 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 is 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

Students 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.

Students 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

Parent and Student 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 explained the above policies to the student. The student and I agree with Sections 9 and 10, and agree to abide by the conditions and accept the consequences for any breach. We recognise that all students have the right to learn without disruption. I have explained to the student and will support them in striving to be a positive role model for the school community*** **at all times.**

Parent Signature		Date	

Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

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 2008 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

Newton Moore Senior High School
19-35 Hotchin Street
SOUTH BUNBURY WA 6230
Phone: 9722 2400

SCHOOL CODE

4040

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

☐ **Centrelink Health Care Card (Family Card only NOT Student card)**

☐ **Centrelink Pensioner Concession Card**

☐ **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

☐ **INDEPENDENT STUDENT** ***(Attach letter from Centrelink)***

SURNAME/FAMILY NAME	FIRST NAME	DATE OF BIRTH	YEAR LEVEL	CLOTHING ALLOWANCE TO BE PAID TO (tick)
				☐ SCHOOL ☐ PARENT
				☐ SCHOOL ☐ PARENT
				☐ SCHOOL ☐ 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 office 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 maybe 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:_____

Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

Collection notice for enrolment

Purpose of collection

We, the Department of Education Western Australia (WA), collect your child's information to manage student enrolments in public schools. The information supports your child's school and contributes to an Australian education system which is fair for all students. This is done under the *School Education Act 1999* and the School Education Regulations 2000.

Note: In this document, 'parent' and 'you' include a child's parent or carer, the adult responsible for a child's day to day care, or a person enrolling on their own behalf.

Information collected for enrolment

When you enrol your child in a public school, you'll need to provide the following personal details and documents:

Child information

- Full name, date of birth, and gender
- Residential address and family living arrangements
- Whether the child identifies as Aboriginal or Torres Strait Islander
- Language background and languages spoken at home
- Current immunisation status
- Previous schools attended and educational history
- Learning, behavioural or other personal needs
- Health and medical conditions (including Form 1: Student health care summary)
- Australian citizenship or visa details

Parent information

- Name and relationship to your child
- Residential address and contact details
- Languages spoken at home
- Level of education, qualifications and occupation

Additional information

- Name and contact details of people the school can contact in an emergency
- Court or care orders or parenting plans, if applicable

Why this information is collected for enrolment

Your information is used to:

- assess and manage enrolment applications
- confirm student identity
- communicate with students and families
- support student learning, health and wellbeing, behaviour and safety
- enable students to take part in state, national and international assessments and reporting, including the
  - NAPLAN in Years 3, 5, 7 and 9
  - Pre-primary Australian Early Development Census (AEDC)
  - secondary Online Literacy and Numeracy Assessment (OLNA)
  - Nationally Consistent Collection of Data (NCCD) on school students with disability
  - any other mandated assessments and reporting
- manage student identifiers like the WA Student Number (WASN) and SmartRider cards
- inform educational policy, planning, strategy, and research
- provide support, services, programs and funding to meet your child's needs.

If we do not collect this personal information, it may put a student at risk and make it harder to provide the right education plans and support. It may also mean we cannot meet our legal responsibilities.

How we use and share enrolment information

We only use and share your child's enrolment information for the purpose it is collected and when the law allows or requires it.

We may share your child's enrolment information with:

- another WA public school when your child changes schools, such as when:
  - your child transfers from Year 6 to Year 7
  - they participate in a school-arranged alternative education program
- their new non-government school or interstate school, if you provide permission
- government agencies for health, welfare and/or legal compliance, and child protection laws.

The personal information we collect is stored locally, within Australia, in our Student Information System and follows our Information and Communication Technologies policies.

Personal information is collected, managed, and disposed of following our Records Management policy and the *State Records Act 2000*.

Your rights – access and correcting enrolment information

You can contact your child's school if you:

- want to see or update the enrolment information you provided
- have concerns about how your child's enrolment information is being used or stored.

Updates to personal information provided throughout a student's schooling are considered part of a student enrolment record.

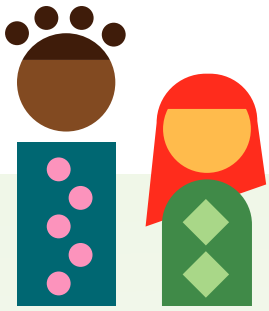
More information

To learn more about how we protect your information, visit our website's page about Privacy.

Government of **Western Australia**
Department of **Health**

Adolescent Immunisation
protection for everybody

Year 7
School-based Immunisation



WA Health delivers a free, routine and nationally recommended adolescent vaccination program in partnership with the education sector through the School-based Immunisation Program (SBIP). A nursing team, certified in vaccination, will visit schools to provide 2 vaccines.

What vaccines are offered in Year 7?

- One dose of diphtheria, tetanus, pertussis (whooping cough) vaccine (dTpa) – boosts immunity from a similar vaccine usually received during early childhood.
- One dose of human papillomavirus (HPV) vaccine – protects against some strains of HPV as well as cancers and genital warts caused by HPV.

Why are vaccines offered in Year 7?

Vaccination is the most effective way to protect your adolescent from diseases that can cause serious harm.

The dTpa vaccine helps protect against 3 potentially serious diseases – diphtheria, tetanus and whooping cough. Getting this booster dose in adolescence helps to maintain effective immunity into adulthood.

HPV vaccines are highly effective when given in adolescence, before exposure to HPV and when the body's immune response is strongest, helping prevent common cancers and genital warts caused by HPV.

Immunisation intent

Why complete immunisation intent now?

Your child can't be vaccinated without your consent.

Whether you consent or decline, it is important to complete the form ahead of the nursing team's visit.

How to complete immunisation intent

Online health.wa.gov.au/adolescentconsent

Hard copy – if you are unable to complete the online form, download a copy from healthywa.wa.gov.au/adolescentimmunisation and return the completed form to the school.

Note: if your adolescent attends a school on Cocos Islands or Christmas Island, complete and return the paper form provided by the school.

If your dependent is an adolescent under the care of the Department of Communities, contact your dependent's case worker to complete a form and return it to their school.

When will vaccinations happen?

Vaccination teams visit WA high schools throughout the year. Your school will notify you before vaccination day via the school's preferred communication method.

Need more information?

Visit healthywa.wa.gov.au/adolescentimmunisation

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