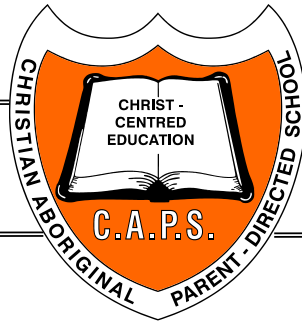


KURRAWANG



PRIMARY EDUCATION

ABN: 12 408 281
PO Box 618
KALGOORLIE WA 6430
TEL: (08) 9091 2590 Fax: (08) 9021 8781
EMAIL: principal@capskurrawang.wa.edu.au

APPLICATION FOR ENROLMENT

- This is an application form only and should not be taken to mean that enrolment will automatically follow.
- **THIS FORM MUST BE COMPLETE IN FULL BEFORE WE CAN CONSIDER YOUR APPLICATION**
- Please enclose previous school reports and other information that may be helpful to teachers in working with your child.
- On acceptance of enrolment, any student tuition fees will be advised for each academic term. They are non-refundable once the student commence at CAPS Kurrawang.

STUDENT DETAILS:

*Please tick () or where necessary.

Surname:	Middle Name:	First Name:
Address:		
Town:		Post Code:
Home Phone:	Mobile:	
Health Care Card No:	D.O.B:	
Gender: Male () Female ()	Year Level:	
Curriculum Council Number:	Aboriginal or Torres Strait Islander: Yes () No ()	
Email Address:		

OFFICE USE ONLY

Enrolment officer(s) to check and complete each step

1) Date received:
2) Date of interview:
3) Enrolment date:
4) Date transfer note sent:
5) Date of entry onto Spread Sheet:
6) Dated copy of enrolment form sent to teacher:

PAR ENT/ GUARDIAN DETAILS:

*Please tick () or where necessary

Student Lives with:	Mother ()	Father ()	Both Parents ()	Neither Parent ()
Access Restriction:	Yes ()	No ()	If Yes please attach, e.g. Family court documents.	

Father/ Stepfather/ Guardian	Mother/ Stepmother/ Guardian
Title (e.g. Mr, Mrs, Ms, Dr):	Title (e.g. Mr, Mrs, Ms, Dr):
Surname:	Surname:
Given Name(s):	Given Name(s):
Name of Workplace: Work Contact No: <i>*For contact during school hours</i>	Name of Workplace: Work Contact No: <i>*For contact during school hours</i>
Mobile:	Mobile:
Country of Birth:	Country of Birth:
Nationality:	Nationality:
Do you speak a language other than English at home? <input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please Specify _____ <i>*If more than one language, indicate the one that is spoken most often.</i>	Do you speak a language other than English at home? <input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please Specify _____ <i>*If more than one language, indicate the one that is spoken most often.</i>
Resident Status:	Resident Status:
Citizen	Citizen
Permanent Resident	Permanent Resident
Temporary Resident	Temporary Resident
If you are a temporary resident complete details for Primary Visa Holder:	If you are a temporary resident complete details for Primary Visa Holder:
Name Visa Code:	Name Visa Code:
Contact Arrival Date:	Contact Arrival Date:
Email:	Email:
What is the highest year of primary or secondary the parent or guardian has completed? <input type="checkbox"/> Year 12 or Equivalent <input type="checkbox"/> Year 11 or Equivalent <input type="checkbox"/> Year 10 or Equivalent <input type="checkbox"/> Year 9 or equivalent or below <i>*If you have never attended school, tick 'Year 9 or equivalent or below'.</i>	What is the highest year of primary or secondary the parent or guardian has completed? <input type="checkbox"/> Year 12 or Equivalent <input type="checkbox"/> Year 11 or Equivalent <input type="checkbox"/> Year 10 or Equivalent <input type="checkbox"/> Year 9 or equivalent or below <i>*If you have never attended school, tick 'Year 9 or equivalent or below'.</i>
What is the level of the highest qualification the parent or guardian has completed? <i>Mark one box only</i> <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/ Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non- school qualification	What is the level of the highest qualification the parent or guardian has completed? <i>Mark one box only</i> <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/ Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non- school qualification
What is the occupation group of the parent or guardian? <i>*Please select the appropriate parental occupation group from the list on the next page of this form and write the number in the box provided.</i> <ul style="list-style-type: none">If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.If the person has not been in paid work in the last 12 months, enter '8' in the box provided <input type="checkbox"/>	What is the occupation group of the parent or guardian? <i>*Please select the appropriate parental occupation group from the list on the next page of this form and write the number in the box provided.</i> <ul style="list-style-type: none">If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.If the person has not been in paid work in the last 12 months, enter '8' in the box provided <input type="checkbox"/>

OCCUPATIONAL GROUP LIST

Group 1: Senior Management in large business organisation, Government Administration and Defence, and Qualified Professionals

- **Senior Executive/ Manager/ Department Head** in industry, commerce, media or other large organisation.
- **Public Service manager** (Section head or above), Regional Director, Health/Education/Police/Fire services Administrator
- **Other Administrator** [School Principle, Faculty Head/Dean, Library/Museum, Gallery Director, Research Facility Director]
- **Defence Forces** Commissioned Officer
- **Professionals** generally have a 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.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing Professional**
- **Business** [Management Consultant, Business Analyst, Accountant, Auditor, Policy Analyst, Actuary, Valuer]
- **Air Sea Transport** [Aircraft/Ship's Captains/Pilot, Flight Officer, Flying Instructor, Air Traffic Controller]

Group 2: Other Business Manager, Arts/ Media/ Sports Person and Associate Professionals

- **Owner/ Manager** of farm, construction, import/ export, wholesale, manufacturing, transport, real estate business
- **Specialist Manager** [Finance/ Engineering/ Production/ Personnel/ Industrial Relations/ Sales/ Marketing]
- **Financial Services Manager** [Bank Branch Manager, Finance/ Investment/ Insurance Broker, Credit/ Loans Officer]
- **Retail Sales/Service Manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- **Arts/ Media/ Sports** [Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media Presenter, Photographer, Designer, Illustrator, Proof Reader, Sportsman/ woman, Coach, Trainer, Sports Official]
- **Associate Professionals** generally have diploma/ technical qualifications and support managers and professionals.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician/ associate Professional**
- **Business/ Administrator** [Recruitment/ employment/ industrial relations/ training officer, marketing/ advertising specialist, market research analyst, technical sales representative retail buyer, officer/ project manager]

Group 3: Tradesmen/ Women, Clerks and Skilled Office, Sales and Service Staff

- **Tradesmen/ women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.
- **Clerks** [Bookkeeper, Bank/ PO Clerk, Statistical/ Actuarial Clerk, Accounting/ Claims, Audit Clerk, Payroll Clerk, Recording/ Registry, Filing Clerk, Betting Clerk, Stores/ Inventory, Purchasing Order Clerk, Freight/ Transport/ Shipping Clerk, Bond Clerk, Customs agent, Customer Services Clerk, Admissions Clerk]
- **Office** [Secretary, Personal Assistant, Desktop Publishing Operator, Switchboard Operator]
- **Sales** [Company Sales Representative, Auctioneer, Insurance Agent/ Assessors/ Loss Adjustor Market Researcher]
- **Service** [aged/ disabled/ refuge/ child Care Worker, Nanny, Meter Reader, Parking Inspector, Postal Worker, Courier, Travel Agent, Tour Guide, Flight Attendant, Fitness Instructor, Casino Dealer/ Supervisor]

Group 4: Machine Operators, Hospitality Staff, Labourers and related workers

- **Drivers, Mobile Plant, Production/ Processing Machinery and other Machinery Operators.**
- **Hospitality Staff** [Hotel Service Supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper]
- **Office** [Typist, Word Processing/ Data entry/ Business Machine Operator, Receptionist, Office Assistant]
- **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]
- **Assistant/ Aide** [Trades' Assistant, School/ Teachers AIDE, Dental Assistant, Veterinary Nurse, Nursing Assistant, Museum/ Gallery Attendant, Usher, Home Helper, Salon Assistant, Animal Attendant]
- **Defence Forces** Ranks Below Senior NCO not include above
- **Agriculture, Horticulture, Forestry, Fishing, Mining Worker** [Farm Overseer, Shearer, Wool/ Hide Classer, Farm Hand, Horse Trainer, Nurseryman, Green Keeper, Gardener, Tree Surgeon, Forestry Logging Worker, Miner, Seafarer/ Fishing Hand]
- **Other Worker** [Labourer, Factory Hand, Storeman, Guard, Cleaner, Caretaker, Laundry Worker, Trolley Collector Car Park Attendant, Crossing Supervisor]

EMERGENCY DETAILS:***First Contact***

Title:	Last Name:	Given Names:
Address:		
Town:	Post Code:	
Phone:	Mobile:	Work:

Second Contact

Title:	Last Name:	Given Names:
Address:		
Town:	Post Code:	
Phone:	Mobile:	Work:

Third Contact

Title:	Last Name:	Given Names:
Address:		
Town:	Post Code:	
Phone:	Mobile:	Work:

STUDENT ADDITIONAL PERSONAL INFORMATION:*Please tick () or where necessary.

Language spoken at home:		
Please attach or show a copy of birth certificate, if one is available:	Yes ()	No ()
Please attach a copy of your child immunisation records:	Yes ()	No ()
Have you ever been Involved with the Police/ Juvenile Court System?	Yes ()	No ()
If yes when and where did this occur?		
Any Other agencies that your family is involved with/ Contact Person (Please List)?		

PREVIOUS SCHOOL INFORMATION:

Name of Previous school:	
Reason for leaving school:	
Phone No:	Fax No:

REFERENCE:

Name of person enrolling student:
Signature:
Name of person helping with enrolment:
Phone Contact:
Name of agency:

CAPS – KURRAWANG

MEDICAL RECORD

STUDENT DETAILS:

Surname:	First Name:	Other Given Names:
Address:		Post Code:
City/town:		D.O.B:
Medicare No:	Health Care No:	

NEXT OF KIN DETAILS:

Surname:	First Name:	Other Given Names:
Address:		Post Code:
Town:		
Home Phone No:	Mobile No:	

FAMILY DOCTOR DETAILS:

Family Doctor Name:
Contact Number:

DOES YOUR CHILD SUFFER FROM ANY OF THESE PROBLEMS LISTED BELOW?

Heart Problems		Allergies	
Respiratory Problems		• Food	
• Asthma		• Drugs	
• Other		• Ointments	
Sugar Diabetes		• Other	
Blood Pressure			
Epilepsy		Bed Wetting	
Phobias		Travel Sickness	

Other Medical Details:

PARENTAL CONSENT:

I/ We hereby authorize CAPS Kurrawang to obtain medical attention as may be deemed necessary and I understand that I am responsible for any costs incurred. I further authorize CAPS to transport my child to be treated including administration of injections, anaesthetic, the performance of surgical treatment and blood transfusion if and when necessary and I understand that they will contact me with details of the incident/ medical treatment that occurred.

Parent/ Guardian Signature

CONSENT TO PUBLICATIONS AND MEDIA

Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and enable parents and others to be informed about the school's work.

I give consent for photographs that include the student to be published in school print publications, such as the newsletter and school magazine. Yes No

I give consent for photographs that include the student to be published on the school internet site and in other electronic publications. Yes No

I give consent for samples of work by the student to be published in print publications within school programs such as the newsletter and magazine. Yes No

EXCURSION CONSENT

I give consent for the student to be allowed to attend all activities that are part of the school's curriculum, such as visits to museums and parks. You will still be informed prior to the excursion through the school newsletter, student diary or other notice. If you do not want your child to participate, you will need to give written notice and state the reasons for withdrawing your child. Overnight excursions and activities that have an inherent risk will require a separate permission form.

Yes No

Student Name: _____

Parent Name: _____

SIGNATURE OF PARENT/GUARDIAN

Date

CONDITIONS OF ENROLMENT

Enrolment at CAPS Kurrawang is subject to acceptance to the following conditions and terms:

- Parents or Guardians who are enrolling a student agree with and are willing to support the Christian ethos of the school.
- Parents or Guardians agree to the students fully sharing in the life and program of the school including Christian Education and Physical Education.
- Parents or Guardians wishing to enrol students at CAPS Kurrawang must complete and sign the CAPS Application for Enrolment Form for each child who is applying for a position in the school.
- Parents or Guardians must provide, on admission or shortly thereafter academic and health documents pertaining to the students as requested by the school.
- Parents or Guardians must agree to provide updates on enrolment details at the beginning of each academic year. These may include current addresses, telephone numbers, contact people, medical details and the like.
- Parents or Guardians provide their children with the correct uniform approved by the school and to ensure that children are sent to school neatly and modestly dress in acceptable uniform.
- Parents or Guardians agree to pay all fees and uniform costs as determined by the School Board. The fees are payable in advance by the end of the first full week of term and where payment is not made within seven days of receipt of an account; a late payment charge may be levied. (Note: In cases where this requirement would cause hardship, alternative arrangements may be discussed with the Principal.
- Parents or Guardians will ensure that their children attend school on a regular basis and that absences are notified to the school as soon as possible.
- Parents or Guardians accept the right of the school to employ such discipline as it seems wise and expedient for the child and agree to uphold in every way possible the school's authority to administer discipline in accordance with the school policies.
- Parents or Guardians give permission for authorities at CAPS Kurrawang to supervise the health and hygiene of their child at school.
- Parents or Guardians agree to other terms and conditions that may apply specifically to their child as discussed with the Principal or his/ her nominee.
- That the school may suspend or terminate a student's enrolment at its discretion for failure to comply with these conditions or for the other serious breaches of school policies and regulations.
- Parents or Guardians give the right for CAPS to disclose my Child's birth date for the sole purpose of participation in a sporting competition.

I/we, _____ accept the conditions of the enrolment at CAPS
Parent/Guardian print name

Kurrawang as set out above and hereby apply to have enrolled at CAPS Kurrawang

Student print name

Signature: Father/ Guardian

Signature: Mother/ Guardian

Date: