

Mount Barker Community College

Student Enrolment Form



Woogenellup Road, P O Box 116, MOUNT BARKER WA 62

Phone: (08) 9851 3400 Fax: (08) 9851 1820

Email: MountBarker.CC@det.wa.edu.au

Website: www.mountbarkercommunitycollege.wa.edu.au

Together We Strive

If you need help completing this form, please do not hesitate to contact the School on the above numbers.

Please ensure all sections are completed in full

Section 1:	Student Details	Form
Surname		
Legal surname on birth certificate (if different from above)		
Previous surname (attach proof if applicable)		
First name (given name)		
Second name (middle name)		
Third name (if applicable)		
Preferred name		
Date of Birth		
Current school and Year	School Name:	Year Level:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address	Street	
	Suburb/town	State Postcode
Home Telephone		
Student Mobile (if applicable)		
Does the student have any siblings (brothers or sisters) at Mount Barker Community College?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sibling's name	Date of birth
Is this student subject to any court orders/access restriction in respect of their care, welfare and development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify and attach supporting documentation.</i>	
Is this student in the care of the Department of Child Protection and Family Services (DCPFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify the DCPFS Case Manager, their DCPFS District and their contact telephone number.</i>	

Section 2: Parent/Responsible Person Details

	Parent/Responsible Person 1	Parent/Responsible Person 2
Title (Mr/Ms/Mrs/Miss)		
First name		
Surname		
Relationship to student (e.g. father, grandmother)		
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal address (If different from student's residential address)		
Street/Post Office Box		
Suburb/Town		
State		
Postcode		
Contact Numbers Home		
Mobile		
Work		
Which number would you like us to use as your emergency contact number?		
Email address (for correspondence) PLEASE PRINT CLEARLY		
Responsible for payment of Contributions and Charges: <i>(Please note: this can only be sent to one person)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I would like to receive: All correspondence Reports only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive the MBCC newsletter? If yes, to what email address?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

Section 3: Parent/Responsible Person Background Information

	Parent/Responsible Person 1	Parent/Responsible Person 2
<p>Does the parent/responsible person speak a language other than English at home?</p> <p><i>(If more than one language, indicate the one that is spoken most often)</i></p>	<input type="checkbox"/> English only <input type="checkbox"/> Yes, other – please specify <hr/>	<input type="checkbox"/> English only <input type="checkbox"/> Yes, other – please specify <hr/>
<p>What is the highest year of primary or secondary school that the parent/responsible person has completed?</p> <p><i>(For persons who have never attended school, mark year 9 or equivalent or below.)</i></p>	<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	<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
<p>What is the highest qualification the parent/responsible person has completed?</p>	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No qualifications beyond school	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No qualifications beyond school
<p>What is the occupation group of the parent/responsible person?</p> <p><i>(If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.)</i></p>	<input type="checkbox"/> <u>Group 1</u> Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> <u>Group 2</u> Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> <u>Group 3</u> Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> <u>Group 4</u> Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> <u>Other</u> Not in paid work in the last 12 months	<input type="checkbox"/> <u>Group 1</u> Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> <u>Group 2</u> Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> <u>Group 3</u> Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> <u>Group 4</u> Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> <u>Other</u> Not in paid work in the last 12 months

We appreciate your response to our questions regarding your background information as the school's funding is, in part, based on this information.

Section 4: Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts in order, if parent/guardian 1 or 2 are not contactable. For independent students, this is the first point of contact in an emergency.

	Contact	Contact
Title: (Mr/Ms/Mrs/Miss)		
First name		
Surname		
Relationship to student (e.g. father, grandmother)		
Address		
Telephone 1		
Telephone 2		

Section 5: SMS communication for student unexplained absences and late arrivals

Parents will be informed by mobile phone SMS each time their child is absent or late to school when an explanation has not already been provided. If your child is absent and a reason has been provided before the time the SMS is due to be sent, you will not receive a text message. These messages will automatically go to the parent/responsible person 1, unless you indicate otherwise below.

	Parent/Responsible Person 1	Parent/Responsible Person 2
I wish to receive SMS text messages if my child is absent from school or late to school without an explanation. (Please ensure mobile phone number is provided for contact.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Student Details - Additional Information

Religion

(Please note: Religious education is not offered at MBCC)

Does the student speak a language other than English at home?

Yes

No

If more than one language, indicate the one that is spoken most often.

If yes:

Main Language _____

Second Language _____

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Is the student an Australian citizen?

Australian Citizen

Other

If other, please specify: _____

Is the student in receipt of an allowance?

Yes

No

If yes:

Secondary Assistance

Abstudy

Do you possess a current Centrelink Family Health Care Card?

Yes

No

If yes:

Number: _____ Expiry Date: ___/___/___

Is the student a permanent or temporary resident?
(If a temporary resident, provide a copy of current visa or passport)

Permanent resident

Temporary resident

Visa Sub Class Number: _____

Visa Grant Number: _____

Please note: If your child is on a 457 visa, a tuition fee per year will apply.

Visa Expiry Date: ___/___/_____

Date entered Australia: ___/___/_____

In which country was the student born?
(A copy of their Birth Certificate must be provided.)

Australia

Other

If other, please specify:

What school did the student previously attend?
(If previously enrolled in Home Education, please specify Education Region)

Reason for leaving previous school?

Section 7: Student Details Additional Information – Form 1 SHCS

See separate Form 1 – Student Health Care Summary. This form is part of the enrolment form. Please make sure this form is completed along with the enrolment form.

Section 8: Policy Agreements

Student Name: _____

Digital Release Permissions

The Department of Education and Mount Barker Community College (MBCC) may record sound and/or vision of a student and their work while they are at the school, for taking part in school related activities or performances. Photographs of students and their work are often published to enable the students to share their experiences and inform parents and the community about the school's programs and events. This does not mean that the student loses ownership of their work.

I give permission for MBCC to use images of my child in publications and digital format to promote MBCC and the Western Australian Department of Education.

1. Permission granted 2. Permission NOT granted 3. Restricted: Give details

(NB: Ticking box 2 will mean that your child will not appear in school publications of any nature;
Including College Newsletter, College Magazine, College Webpage)

Internet Users Agreement and Guidelines

All students at MBCC must accept responsibility for knowing the contents of the MBCC Internet Users Agreement and must agree to abide by the policy.

Failure to follow the rules will result in loss of network and device use.

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the Acceptable Network Usage Policy. Please tick here

Mobile Devices Policy

To ensure that the privacy and security of all people within our school are protected and teaching/learning is not negatively affected by these devices, student use during school hours and school functions must be appropriate and within the guidelines of our policy.

We (Parent/Guardian and Student) have read, fully understand and agree to comply with the mobile phones and portable devices policy. Please tick here

Student Uniform Policy

Students at MBCC are expected to maintain a high level of dress standard and personal presentation at all times. The College Board has ratified and agrees to the wearing of the school uniform at all times as a condition of enrolment.

We (Parent/Guardian and Student) HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE UNIFORM POLICY. Please tick here

For Parents/Guardians coming onto the School Site (E.g. Reading programs/canteen etc.)

I am aware of the special responsibilities associated with working with children. I declare that I do not have a criminal record and that there are no other circumstances that might preclude my working with children. N.B. If volunteers intend to work with children for 5 days or more in a calendar year, they must apply for a Working with Children check. Parents/guardians attending overnight camps must have a Working with Children card. See www.checkwwc.wa.gov.au for further information.

Please tick here

Local Sporting Precinct Excursions

Mt Barker Swimming Pool, Mt Barker Bowling Club, Sounness Park.

I give consent for my son/daughter to go, under MBCC staff guidance and control, to the above areas from time to time as deemed necessary by the school staff. Please tick here

Excursion Consent

I agree to inform the College before any scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise school staff to consent to my child's receiving such medical treatment as considered necessary. I am aware that any costs incurred as a result of accident or illness are my responsibility and that the school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. Please tick here

PBS Positive Behaviour in Schools

Please refer to the overview document included in this enrolment pack.

Please sign: _____

Date: _____

Section 9: Declaration

It is your responsibility to notify Mount Barker Community College in writing of any changes to the information provided on this enrolment form.

Name of parent/responsible person enrolling the student and providing consents:

(Please print)

Relationship to student: _____

Signature: _____

Date: __/__/__

OFFICE USE ONLY

ACCEPTANCE OF ENROLMENT APPLICATION

Deputy Principal: _____

Date: __/__/__

OFFICE USE ONLY

Student name: _____

Feeder school (if relevant): _____

Year: _____

Form: _____

Entry Date: __/__/__

Date Transfer Note Sent: __/__/__

Student Number: _____

UPN: _____

USI: _____

Previous School: _____

Records Received Yes No

Immunisation records provided: Yes No

Birth certificate sighted: Yes No Date: __/__/__

Entered on School Information system by: _____ Date: __/__/__