



Melville Senior High School APPLICATION FOR ADMISSION

Student Name

Seeking Entry into: Year 7 OR Year in 20

Brother or sister at Melville SHS YES NO Name Year

Information to be Provided

Where an item is marked with an asterisk (*) the information must be provided. This information is required by the Western Australian Department of Education to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the enrolment form, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information
- Communicate with you about important matters
- Provide first aid and plan for student health support requirements. For a student with a disability who has significant and complex support needs the Principal will negotiate to delay the first day of attendance with the parent/responsible person if the necessary teaching and learning adjustments are not currently available at the school
- Collect necessary data to ensure school funding, to gather statistical information and to undertake analysis of the composition and performance of the student population and
- Meet State and National reporting requirements.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of parent/responsible person.

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.

Assistance with Completing this Form

If you require assistance completing this form, including translation services, please contact the school.

Out of Local Intake Area Enrolment

Please Fill Expression of Interest Form [HERE](#)

Students who live outside the local intake area are accepted only as vacancies arise. See the intake area boundary map on the school website.

Gifted and Talented, Approved Specialist and Focus Programs

Have you been accepted into a Specialist/Focus program(s) at Melville SHS? YES NO

Name of specialist/focus program:	Gifted & Talented	Academic Extension Program	Music
	Aviation	Graphic Design Media	Netball

(08) 6274 1300

melville.shs@education.wa.edu.au

www.melville.wa.edu.au

Student Details

Where an item is marked with an asterisk* the information must be provided.

* Surname	<input type="text"/>	* Legal Surname	<input type="text"/>
* First Name	<input type="text"/>	* Second Name	<input type="text"/>
Preferred Name	<input type="text"/>	* Email Address	<input type="text"/>
* Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	* Sex:	Male Female Not Specified
* Residential Address	<input type="text"/>		

* Is this student in the care of the Department of Child Protection and Family Support (DCPFS)?
YES NO
If YES, please specify the name of the DCP Case Manager, their DCP District and their contact phone number.

* Is this student subject to any court orders in respect of their care, welfare and development?
YES NO
If YES, please specify and attach supporting documentation.

Does the student require extra support? YES NO UNSURE

If YES, please specify:

* Please indicate where you have documentation about your child's learning difficulties in any of the following areas.
Copies of this documentation will be required for school records.

Learning Difficulty	Autism Spectrum Disorder	Intellectual Disability
Auditory Processing Disorder	Hearing Impairment	Physical Disability
ADHD/ADD	Vision Impairment	Dyspraxia
Specific Speech Language Impairment	Severe Mental Disorder	
Other - for example Dyslexia, Dysgraphia		

I give permission for the Learning Support Coordinator to be made aware of my child's support needs and to provide information when required to staff.

Does your child qualify for 'Schools Plus'? YES NO Why

* Is the student of Aboriginal origin? YES NO Torres Strait Islander YES Both YES

* Does the student mainly speak English at home? YES NO

Does the student speak a language other than English at home? YES NO

Other Language (If more than one, indicate the one that is spoken most of often)

* Citizenship: Australian YES OR Other - please specify
and fill out pink box below

* Permanent Resident YES NO

* Temporary Resident YES NO

* Visa Sub Class Number: _____ * Visa Expiry Date: _____

* Visa Grant Number: _____ (Photocopy of VISA GRANT NOTICE required)

* Date Entered Australia: _____ * Passport Number: _____

* In which country was the student born? Australia Other - Please specify: _____

* Current School

* Is your child currently under suspension / exclusion from a school? YES NO

* Name of school

Parent/Guardian Details

Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the parent/responsible person details section of this form.

Where an item is marked with an asterisk the information **must** be provided.

Parent/Responsible Person Details

* Child lives with: Both Parents Parent 1 Parent 2 Neither Parent

* Is this student subject to access restriction? YES NO
(if yes please attach supporting documentation)

Parent/Responsible Person 1 (this should be the most available SMS contact)

* Title * First Name * Surname

* Please indicate relationship to the student

* Postal Address *Postcode
(if different from student residential address)

* Telephone Home * Telephone Work * Mobile

* Email Address Occupation / Workplace

Do you mainly speak English at home? YES NO

Do you speak a language other than English at Home? YES NO Other Language

* What is the highest year of primary or secondary school you have completed?
(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

* What is your occupation group? Please select the appropriate parental occupation group from the
list provided [HERE](#)

Parent/Responsible Person 2 (this should be the most available SMS contact)

* Title * First Name * Surname

* Please indicate relationship to the student

* Postal Address *Postcode
(if different from student residential address)

* Telephone Home * Telephone Work * Mobile

* Email Address Occupation / Workplace

Do you mainly speak English at home? YES NO

Do you speak a language other than English at Home? YES NO Other Language

* What is the highest year of primary or secondary school you have completed?
(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

* What is your occupation group? Please select the appropriate parental occupation group from the
list provided [HERE](#)

Alternative Emergency Contact 3 - Details

* Title * First Name * Surname

* Please indicate relationship to the student

* Telephone Home * Telephone Work * Mobile

Please advise the school if there are any other contacts you would like recorded.

Student Health Care Summary

* Section A - Medical Details

* Medicare Number and reference number ☐ Expiry Date /
Medical Practice Doctor 1
Telephone

I give permission for the school to seek medical attention for my child as required from the above medical centre. YES NO

Do you have ambulance cover? YES NO

If there is a medical emergency, parent/carers are expected to meet the cost of the ambulance.

List any essential information that could affect your child in an emergency eg. penicillin

Written authorisation must be provided to staff to administer any form of medication at school.

Long term medication - Complete the Medication section of the relevant health care plan on next page.

Short term medication - Request an Administration of Medication form to complete and return to the principal or class teacher.

If your child is enrolled in a TAFE or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program. If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health conditions that will require support from school staff? YES NO

If YES - complete Section B and C. You will be given additional forms to complete.

If your child's requirements change, please notify the school.

* Section B

In the following table, please indicate your child's condition(s) which require the support of school staff (in response to the information below you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?	
Severe allergy / anaphylaxis		YES	NO
Minor & moderate allergies		YES	NO
Diabetes		YES	NO
Seizures		YES	NO
Asthma		YES	NO
Activities of Daily Living		YES	NO

Other conditions or needs (please specify)

Has your child's medical practitioner provided a health care plan to assist the school to manage the condition?

YES

NO

If YES, advise the Principal

* Section C - Consent for photo identification on your child's Health Care Plan

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification. YES NO

* Section D - Medic Alert Information

Does your child have a Medic Alert bracelet or pendant? YES NO

If YES provide details

Check List

When you enrol your child at this school please ensure that you include a copy of the following:

An Application will not proceed unless accompanied by all the paperwork requested.

- | | | | |
|--|--------------------------|--|--------------------------|
| * Birth certificate | <input type="checkbox"/> | Application for specialist program (if applicable) | <input type="checkbox"/> |
| * Most recent school report and NAPLAN results | <input type="checkbox"/> | Identity documents (if applicable) | <input type="checkbox"/> |
| * Immunisation certificate | <input type="checkbox"/> | Court order (if applicable) | <input type="checkbox"/> |
| * 3 forms of proof of address:
Rates Notice or Lease agreement
Plus 2 x utilities bills no older than 3 months | <input type="checkbox"/> | Visa Grant Notice (if applicable)
- for ALL visas including Permanent Residency Visas | <input type="checkbox"/> |

If your child was not born in Australia, you must provide: *

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

OR Australian Citizenship Certificate

Commitment

- | | | |
|---|------------------------------|-----------------------------|
| * Melville SHS students are required to abide by the school dress code. I am aware of the dress code requirements and will ensure that my child will conform fully to correct school uniform. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| * I understand that Melville SHS has a Digital Devices Policy and a Mobile Phone Policy and I will ensure that my child demonstrates appropriate use at all times. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| * I give permission for my child's image and work to be used for staff identification purposes, Year Book, SmartRider, curriculum, promotional and public relations purposes by Melville SHS and the Department of Education. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| * Melville SHS students are expected to abide by the Information & Communication Technology Policy. I will support my child in abiding by the directions of this policy. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| * As a student of Melville SHS every student has Rights and Responsibilities. These are clearly outlined in the student diary. I recognise that my child is expected to value and work within these guidelines at all times. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| * I understand that Melville SHS gives the parent/guardian access to Connect, the school's online learning environment and I will contact the school if I want to 'opt out' of this communication. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please **PRINT** Then Sign

- * Parent / Guardian _____
- * Student _____
- Date: / /

The information on this form is confidential and treated with care.
Computer entries are protected by stringent controls.

An Application will not proceed unless accompanied by all the paperwork requested in the check list.

EMAIL **signed** form to: Melville.SHS.Admissions@education.wa.edu.au
or MAIL to: Melville Senior High School, 18 Potts St, Melville. WA. 6156.