

REFERRAL FOR ENROLMENT

As part of our process, you are welcome to request assistance from one of our staff members when completing this form.

Please return the completed form to enrolments@yschools.wa.edu.au

If you experience any issues or have any concerns, please contact Enrolments on **0455 343 269**.

Section 1: Student Information (completed by Parent or Guardian)			
Surname:			
Given name:		Gender:	
Preferred name:		Date of Birth:	
Current Year Level:		Preferred Pronouns	
Application for:	Mirrabooka (7-9). <input type="checkbox"/> Mirrabooka (10-12) <input type="checkbox"/>		
Medicare No:		Exp:	No on card:
<i>If not eligible for Medicare, please make sure you provide a copy of passport and/or citizenship papers</i>			
USI Number:			
Home Phone:		Student Mobile	
Student Email:			
Street Address:			
Suburb:		Postcode:	
Address for correspondence if different from above:			
Section 2: Student Language and Cultural Diversity			
Where was the student born? Country		Town	
Is the student Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please tick below)		

<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Eligible for ABSTUDY <input type="checkbox"/> Aboriginal & Torres Strait Islander			
Is student an Australian Citizen, Permanent Resident? (Attach copy of Birth Certificate) See appendix 4		<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident	
If no, please provide date entered Australia			
Visa Sub Class and Expiry date (Attach Visa copy)	Visa No.	Expiry Date	
Language Spoken at home?		<input type="checkbox"/> English Only <input type="checkbox"/> Other (please advise)	
If other, how well does student speak English		<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> Not Stated	

Section 3: Parent / Legal Caregiver details		
	Parent / Caregiver 1	Parent / Caregiver 2
Consents	SMS <input type="checkbox"/>	SMS <input type="checkbox"/>
	Email <input type="checkbox"/>	Email <input type="checkbox"/>
	Parent or guardian <input type="checkbox"/>	Parent or guardian <input type="checkbox"/>
	Day-to-Carer <input type="checkbox"/>	Day-to-Carer <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Lives with student <input type="checkbox"/>
	Mail <input type="checkbox"/>	Mail <input type="checkbox"/>
	Reports <input type="checkbox"/>	Reports <input type="checkbox"/>
	School app <input type="checkbox"/>	School app <input type="checkbox"/>
Given Name:		
Surname:		
Title:	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/>	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/>
Relationship To Student:		
Address:		
Suburb:		
Postcode:		
Mobile:		

Home Phone:		
Email Address:		
Place of work & Address:		
Work Phone:		
Work Mobile:		
Cultural Background:		
Country of Birth:		
Main language spoken at home:		
Interpreter needed:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Current Occupation:		
What is the highest level of primary or secondary education completed:	<input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent
What is the level of the highest qualification completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advance diploma/Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificates) <input type="checkbox"/> No post-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advance diploma/Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificates) <input type="checkbox"/> No post-school qualification

List of Parent/Caregiver Occupation Groups

Occupation Group is defined as the main work undertaken by the parent / guardian. If you have more than one job, select your main group.
Please select the appropriate group from the following list. If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation. If you have not been in paid work for the last 12 months, select number 8.

	Description	Parent /Caregiver 1	Parent / Caregiver 2
Group 1	Senior management in large business organisation, government administration, defence and qualified professionals.	<input type="checkbox"/>	<input type="checkbox"/>
Group 2	Other business managers, arts/media/sportspersons and associated professionals.	<input type="checkbox"/>	<input type="checkbox"/>
Group 3	Tradesmen/women, clerks and skilled office, sales and service staff	<input type="checkbox"/>	<input type="checkbox"/>
Group 4	Machine operators, hospitality staff, assistants, labourers and related workers.	<input type="checkbox"/>	<input type="checkbox"/>
Group 8	Not been in paid employment in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Alternative Emergency Contact Details

For an emergency where the parent/caregiver cannot be contacted, please provide alternative contacts. **Please ensure this person is not previously listed above and is over the age of 18.**

EMERGENCY CONTACT PERSON THREE	EMERGENCY CONTACT PERSON FOUR
Name:	Name:
Relationship (e.g., Aunt):	Relationship (e.g., Aunt):
Contact number:	Contact number:
Email:	Email:
Address:	Address:

Section 5: Special Family Circumstances

Is the student in the Care of Department of Child Protection and Family Services (DCPFS)? <i>If YES, please specify the DCPFS Case Manager, their DCPFS District and their contact telephone number.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Case Manager:
	District:
Are there any Family Court Orders, Parenting Agreements, Apprehended Violence Orders or Domestic Violence Orders in place? <i>If YES, please specify and attach supporting documentation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Previous Education Details

Name of most recent school attended	
The date student last attended	
Current Year Level	<input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12
Can you provide past/present school reports?	<input type="checkbox"/> Yes (attached) <input type="checkbox"/> No
Has student completed any other certificates at other schools	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list names of certificates (**Please provide a copy of the certificate with your application)	

Please describe why the child has disengaged from mainstream schooling and has been referred to Y School.

Section 7: Medical Details

Does your child suffer from any of the following and if so, please provide any relevant details in the space below and complete the medical action plan in **appendix 3**.

- | | |
|--|--|
| <input type="checkbox"/> * Allergies – Severe – Anaphylaxis | <input type="checkbox"/> Hearing Condition |
| <input type="checkbox"/> Diabetes Condition | <input type="checkbox"/> Diagnosed Migraine/headaches Vision |
| <input type="checkbox"/> Physical disability Seizures/disorder (e.g. epilepsy) | <input type="checkbox"/> Allergies – Minor to Moderate |
| <input type="checkbox"/> *Asthma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Joint Hypermobility |

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? Yes No

Diagnosed Learning Difficulty/Disability

Does your child have a diagnosed learning difficulty/disability? Yes No

- | | |
|--|---|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Central Auditory Processing Disorder (CAPD) | <input type="checkbox"/> Dysgraphia |
| <input type="checkbox"/> ADHD | |
| <input type="checkbox"/> Dyscalculia | |
| <input type="checkbox"/> Other conditions/needs. Please specify: | |

If you have ticked any of the conditions above, you must provide documents.

Section 8: Health & Wellbeing Information		
Has your child been Immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are these Immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach evidence of immunisations. Immunisation History Statements MUST be printed within 2 months prior of commencement at Y School.		
In order for Y School to plan for the educational and other needs of your child and to ensure they are able to safely participate in all school activities, we are requesting the information listed below. Please answer the questions to the best of your knowledge, providing additional information where possible.		
Does the student have a mental health condition that may require support from the school?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Other conditions/needs. Please specify:		
If you have ticked any of the conditions above, you MUST provide supporting documents		
MEDICAL PLAN: All medications brought to the school must be listed on the MAP in Appendix 3		
IN AN EMERGENCY, AN AMBULANCE WILL BE CALLED AT FAMILY'S/CARER'S EXPENSE where possible, parents/ carers will be contacted before emergency transport is called.		
Medical Practice Name:		
Address:	Preferred Doctor:	Phone number:

Section 9: Parent/Guardian Agreement

- A. I confirm that the information provided within is a true and accurate record and I will disclose any change in relevant information in full detail in order for Y School to provide the best education for my young person e.g. medical (including anxiety and mental health issues) and learning difficulties. Should significant known issues impacting engagement (including behavior, medical, mental health, etc.) not be disclosed at the time of enrolment, Y School reserves the right to cease enrolment.
- B. I understand that this is an application for enrolment only and this form does NOT mean that the enrolment has been accepted by Y School.
- C. I understand that to be enrolled at Y School my young person must have a literacy and numeracy assessment undertaken by a teacher and wellbeing assessment undertaken by a member of student support services.
- D. I understand that Y School will use the literacy and numeracy assessment and wellbeing assessment to develop an Individual Education Plan (IEP) that will guide my young person's learning and personal development.
- E. I agree to attend any case conference or meetings designed to further support my young person on their educational pathway.
- F. I have read and understood the attached government fact sheet relating to the National Consistent Collection of Data on School Students with Disability (NCCD, provided at interview)
- G. I agree that I have the responsibility to help support my young person's IEP wherever possible.
- H. I understand that my young person is expected to adopt and comply with Y School Values of Respect, Honesty, Responsibility and Caring and I agree to support Y School with this.
- I. I agree that we will not hold Y School or its staff or representatives responsible for any unforeseen personal injury or loss during the course of a Y School approved activity including excursions and work placements.
- J. I agree to pay for any damage my young person causes to Y School buildings, vehicles or property.
- K. I agree to send my young person to Y School when it is open for instruction, unless exempt, as approved by the Y School.
- L. I give my permission to use VEVO to check Visa entitlements during period of enrolment.
- M. Y School reserves the right to cease enrolment in extreme cases of:
 - Violence and aggression
 - Threatening behaviour
 - Long term disengagement
 - Repeated issues with alcohol and substance use
 - Issues identified by the Executive Principal

Parent/Guardian Name:

Parent/Guardian signature:

Date:

Parent/Guardian Consent

I consent to Y School being provided details and copies of academic assessments and reports, behaviour reports, medical reports and psychological reports, where appropriate in the development of learning pathways and increased levels of support.

Parent/Guardian Name:

Parent/Guardian signature:

Date:

Section 10: Student Agreement

- A. I understand that my enrolment is a partnership between me, my family, and Y School
- B. I understand that I will have a literacy and numeracy assessment undertaken by a teacher and wellbeing assessment undertaken by member of the student support services team.
- C. I commit to follow an Individual Education Plan (“IEP”) that will guide my learning and development.
- D. I commit to adopt and comply with Y School Values of Respect, Honesty, Responsibility and Caring and I agree to support Y School in this.
- E. I commit to attending Y School when it is open for instruction unless I am exempt.
- F. I commit to participating in Y School activities including classes, choices and excursions.
- G. I will follow the instructions given to me by Y School staff.
- H. I will treat fellow students with respect and compassion.
- I. I understand that the possession or distribution of cigarettes, alcohol, or other drugs before, during or after any school activity is illegal and is not acceptable.

I understand that mobile phone use is governed by the agreement outlined in the Parent/Carer/Student Handbook.

Student Name:	Student signature:	Date:
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Section 11: Confidentiality

The Y School student support services (psychologist, counsellors, youth workers and senior administrative team) provide confidential systemic support based on identified individual needs. This includes:

- Planning (student snapshot, de-escalation profiles, risk)
- Referrals to internal and external services
- Support to identify barriers to education and potential adjustments
- Consultation with Teaching/training staff (confidentiality is maintained)
- Communication and collaboration with engaged external supports
- Individual counselling (where needed)

The overall goal is to provide opportunities to work towards increasing well-being and engagement in education and/or training. What you discuss with the student support team remains confidential within Y School except for in certain circumstances e.g.

- If your school psychologist, counsellor or youth worker believes you are at high risk of significantly harming yourself or others (including risk to young person) and/or
- If you are at risk of harm from others
- If there is a legal requirement e.g., subpoena

Your student support services team, where possible, will attempt to discuss situations where they feel they must break confidentiality with you, first.

Please sign below to acknowledge that you have read and understood the contents of this document and agree to its terms.

Student Signature:		Date:	
Parent/Guardian Signature:		Date:	
Student support member Signature:		Date:	

Section 12: Release of information for the Student Support Services Team to contact external providers

1. Student details

Student Name		Date of Birth	
Student Phone Number:		Year group	
Referral Person & Role		Date of Referral	

2. Parent/Guardian details

Parent / Caregiver Full Name		Relationship	
Contact number		Alternative #	
Email			
Home address			

3. Alternative contact person

Full name		Relationship	
Contact phone number		Alternative #	
Email			

4. Eligibility for service:

Are you the legal guardian of this student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parents/ guardians in agreement with student support services involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain:	
Is there a family court order relating to this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
Is there another Psychologist /Health Professional currently working with this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Student information

Current concerns
Previous interventions & assessments

Reason/s for accessing the school psychologist

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6. Signed consent for student support services

I _____
(parent/guardian's full name),

have read, been explained to and understand the nature of services that will be provided by the student support services at Y School and give my permission for the school to provide services to and/or involving my child.

Student full name		Date of birth	
Parent/caregiver signature:		Date	

7. Consent to exchange information with other agencies

I _____ *(parent/guardian's name)* give permission for the agencies/people listed below to release and/or exchange information regarding:

Name of agency & contact person		Contact number	
Name of agency & contact person		Contact number	
Name of agency & contact person		Contact number	
Name of agency & contact person		Contact number	

8. Confidentiality

The information obtained will be documented and kept secured and confidentially with the student's confidential file at the school (Please attach copies of any relevant reports you may already have).

Signature of Parent/guardian	Date
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To progress with your Childs application, we need the following documentation.

Appendix 1: Enrolment Checklist

Fully completed and signed Referral for Enrolment application including Medicare and student health and wellbeing information	
Copy of Birth Certificate	
Proof of address for ex. Recent Utility Bill.	
Latest report from previous school including any NAPLAN reports	
Immunisation details*	
Passport with Visa Sub Class Number (if applicable for confirming residence and eligibility) as per *appendix 4	
Any family court orders Court Orders (if applicable)	
CPFS Caseworker details (if applicable)	
Support letter with diagnosis and recommendations (if applicable)	

*Under the Public Health Act 2016, proof that your young person's immunisation is up to date for their age. The only acceptable document for this purpose is the young person's Australian Immunisation Register (AIR) Immunisation History Statement: You can access your young person's AIR any time through: MYGOV /Medicare Express Plus App/visiting a Medicare or Centrelink office or Calling the AIR General Enquiries Line on 1800 653 809 to request a statement to be posted.

Appendix 2

Media / Photograph / Video Authorisation	
<p>Y School photo authorisation - Please confirm your child's image may be used in:</p> <p style="text-align: center;"> <input type="checkbox"/> School Newsletters (also website). <input type="checkbox"/> Power Point Presentations <input type="checkbox"/> Promotional Displays set in and outside the organisation. <input type="checkbox"/> Media Publications. <input type="checkbox"/> Photographs. <input type="checkbox"/> DVD's </p>	
Transport Authorisation	
<p>As part of our education and training program, there are times when staff will transport students on excursions. These could include sites of educational value, i.e., museums, libraries, and recreational locations. At other times, students may also accompany staff to food outlets and/or shops. These excursions contribute to their educational program or assist in creating a sense of connection with the students.</p> <p>To transport students, it is necessary for staff, with suitable driver's licence to drive school vehicles. Prior permission will be sought from you if it is ever necessary to transport your student in a private vehicle.</p> <p>Please note that these authorisations are for the entire duration of your child's enrolment at Y School.</p>	
<p>I/We, the parent/guardian of _____ (student's name), give our full consent for Y School - as stated above.</p>	
Parent/Guardian Signature:	Parent/Guardian Signature:
Name:	Name:
Date:	Date:

APPENDIX 3

MEDICAL ACTION PLAN	
Parents/ Carers in consultation with the child's Doctor [GP], complete the following information where relevant.	
Medical Condition:	
Regularity of symptoms:	
Triggered by:	
Symptoms first appear as:	
Worsened symptoms will be:	
What medications /preventatives are required and when:	
Does your child self-medicate?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If needing assistance, in what form would that be required?	
The Y School Asthma Action Plan	
<p>Step 1. Sit the student in an upright position, to remain calm and offer reassurance.</p> <p>Step 2. Without delay give 4 puffs of reliever medication [use of spacer if required].</p> <p>Step 3. Wait 4 minutes - if little to no response repeat Step 2.</p> <p>Step 4. If no improvement; severe difficulty in breathing or speaking an ambulance will be called.</p>	
IF YOUR CHILD REQUIRES A DIFFERENT ACTION PLEASE SPECIFY/ATTACH	
Declaration	
<p>We [the Parent/Guardian] agree to the above MEDICAL PLAN [and if relevant] ASTHMA ACTION PLAN and authorise Y School to assist my child with medication where required or act accordingly in an emergency.</p> <p style="text-align: center;">I declare the above particulars to be true and correct in every respect and accept the practice of the procedures put in place by Y School.</p>	
Parent/ Caregiver Signature	
Date	

APPENDIX 4

Citizenship document requirements.

Student not an Australian citizen but verified on VEVO to be a Permanent Resident:
If a student is a Permanent Resident, either a copy of their Visa Grant Notice or VEVO should be retained on file as evidence of this.

Student born in Australia and at least one parent also born in Australia
Australian Birth Certificate is sufficient

Student born in Australia and both parents born overseas

- **If an Australian Citizen - any of the following:**
 - Australian Birth Certificate and one parent's Australian Citizenship Certificate granted prior to child's birth
 - Australian Birth Certificate and one parent's Australian Passport **granted prior to child's birth**
 - Australian Birth Certificate and one parent's Permanent Residency (e.g. VEVO or Visa Grant Notice) **granted prior to child's birth**
 - Australian Passport
 - Australian Citizenship Certificate
- If not an Australian Citizen (i.e. Temporary / Permanent Resident) - copy of Visa Grant Notice or VEVO

Student born overseas:

- If a Temporary Resident - copy of Visa Grant Notice or VEVO
- If a Permanent Resident - copy of Visa Grant Notice or VEVO
- If an Australian Citizen - copy of Australian Citizenship Certificate or Australian Passport

Bridging Visa:

VEVO is not sufficient for students on Bridging Visas. Instead, the Visa Grant Notice is required as this provides more information on the student's previous visa, as well as the visa being applied for.

APPENDIX 5

CONFIDENTIALITY

All information provided on this form will be treated confidentially. Section 242 of the *School Education Act 1999* and the Department of Education and Training's *Information Privacy and Security Policy 2001* preclude this information from being used for any purpose other than:

- to determine whether your application for enrolment can be accepted.
- to assist Y School with addressing any needs for your child if enrolment is accepted; and
- to comply with legal requirements or ministerial directions.

STANDARD COLLECTION NOTICE

1. Y School collects personal information, including sensitive information about pupils and parents or guardians before and during a pupil's enrolment at Y School. This may be in writing or during conversations. The primary purpose of collecting this information is to enable Y School to provide schooling to the pupil and enable them to take part in all the activities.
2. Some of the information we collect is to satisfy Y School's legal obligations, particularly to enable Y School to discharge its duty of care.
3. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.
4. Y School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, medical practitioners and people providing services to Y School, including visiting specialist, teachers, coaches, volunteers and counsellors.
5. Personal information collected from pupils is regularly disclosed to their parents or guardians.
6. Y School Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have unreasonable impact on the privacy of others, where access may result in a breach of Y School duty of care to the pupil, or where pupils have provided information in confidence
7. Y School's Privacy Policy also sets out how you may complain about a breach of privacy and how Y School will deal with such a complaint.
8. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in Y School newsletters and magazines and on our website. Photographs of pupil activities such as sporting events, Y School camps and excursions may be taken for publication by the school. Y School will obtain separate permissions from the pupil's parent or guardian prior to publication where not already gathered.
9. If you provide Y School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to Y School and why, that they can access that information if they wish, and that Y School does not usually disclose this information to third parties.

The School enrolment practices comply with the School Education Act 1999, the Public Health Act 2016 (WA), the Disability Discrimination Act 1992 and the Disability Standards for Education 2005