

2023 Enrolment Checklist

☐ In area application

Student Name _____ Year Group _____

The documentation below is required and all tick boxes and questions must also be completed for acceptance before any request to enrol will be considered.

Part applications will not be accepted.

1.	Student Enrolment Form Included in pack and must be fully completed	
2.	Student Health Care Summary Included in pack and must be fully completed	
3.	Birth Certificate Full Birth Certificate or legal documentation that states names of parents, full name of child and date of birth. <i>(Original copy must be sighted)</i>	
4.	Passport and Visa Grant Notice <i>(Student & Parent/Guardian)</i> For Permanent or Temporary Resident	
5.	Immunisation History Statement Obtain through Mygov or a Medicare office. <i>(Immunisation statement must be dated within 2 months of submission of enrolment)</i>	
6.	Proof of Address You must include a current copy of two of the following: 1. Shire Rates Notice - current 2. Lease Agreement <i>(must be current at commencement of 2023 school year)</i> 3. Utility bill no older than 3 months (Water, Gas, Electricity only)	
7.	School Reports – Year 7 Applicants Must include last two school reports and last NAPLAN results	
8.	School Reports – Year 8 to 12 Applicants Must include last two school reports and last NAPLAN or OLNA results if applicable.	
9.	Unique Student Identifier (USI)	
10.	Court Orders Must be current or most recent (if applicable)	
11.	Disability / Health conditions/ Learning difficulties Documentation Supporting documentation must be supplied – e.g. Doctors Diagnosis	

Application for Student Enrolment

(Please Print)

Student Information		
Year Level		
Legal Surname as per birth certificate		
First Name		
Middle Name		
Preferred First Name		
Date of Birth		
Gender		
Student Residential Address	Street:	
	Suburb:	Postcode:
Student Mobile		
SCSA Number (listed on school report)		
USI Number		
Name of brothers/sisters attending Atwell College and year group		



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Interviewed By:	Interview Date:
Room Booked:	Interview Time:
Start Date:	Notes:

Parent/Guardian Details		
	Parent/Guardian 1	Parent/Guardian 2
Title (Mr, Mrs, Ms, Miss)		
First Name		
Surname		
Relationship to Student		
Parent/Guardian Postal Address		
Suburb & Postcode		
Mobile Number		
Email address		
Parent Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student reside with this parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for payment of College contributions and charges (1 person only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		
Employer		
Workplace Phone Number		
Other Telephone (if applicable)		

Does the parent/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
What is the highest year of schooling the parent/guardian has completed? If you did not attend school, select 'Year 9 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 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 below
What is the highest qualification the parent/guardian has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade cert) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade cert) <input type="checkbox"/> No non-school qualification

Additional Emergency Contact Details

Title, Full Name	
Relationship to Student	
Mobile	
Email address	
Does this contact reside at the same address as student :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Order

Please indicate the order in which the following people should be contacted in an emergency.	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Additional Emergency Contact
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Student Details - Additional Information

Religion:	
Students First Language:	
Main Language Spoken at Home:	
Is the student of Aboriginal or Torres Strait Islander origin? (For students of both Aboriginal and Torres Strait Islander origin mark both 'YES' boxes)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
Is the student subject to any court orders/access restriction in respect of their care, welfare and development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student in the care of the Department for Child Protection and family Services (CPFS) Chief Executive Officer ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student an Australian citizen?	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No, please specify _____
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify _____
Is the student a permanent or temporary resident? Attach copy of Visa	<input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident Visa Sub Class Number: _____ Visa Grant Number: _____ Visa Expiry Date: _____ Date entered Australia: _____
Has the student ever been excluded from another school? If Yes, please name school	<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous School (If previously enrolled in Home Education, please specify Education Region)	
It is compulsory for all students in Year 7 to study a language.	Please rank your language <i>preference</i> : <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese

Student Details - Medical Information

Does the student have a medical condition or intensive health care need? If yes, please specify	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child have a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory: Vision <input type="checkbox"/> Sensory: Hearing <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other Diagnosis: _____ <input type="checkbox"/> Learning difficulties
Permission to call Doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to administer First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Card	<input type="checkbox"/> Number: _____ <input type="checkbox"/> Expiry Date: _____
Centrelink Health Care Card	<input type="checkbox"/> Number: _____ <input type="checkbox"/> Expiry Date: _____
If there is a medical emergency, parent/guardians are expected to meet the cost of an ambulance.	

Memorandum of Agreement - Student

<p><u>Student Responsibilities</u></p> <p>All students will adhere to the policies and processes of Atwell College</p> <ol style="list-style-type: none"> 1. I will wear full school uniform. 2. I will follow the teachers' instructions and work to the best of my ability in all classes. 3. I will behave in a way that supports and encourages the learning of others. 4. I will show respect to other students, staff and the school environment. 5. I will arrive to lessons on time and with all the right equipment to participate in the lesson. 6. I will access all information technology and use the internet in accordance with the Atwell College student online policy. 7. I will adhere to the DOE mobile phone policy <p><i>NA – College Policies are accessible online via the College website</i></p>	<p>Student Name: _____</p> <p>Student Signature: _____</p> <p>Date: _____</p>
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Memorandum of Agreement – Parent/Guardian

Parent/Guardian Responsibilities

1. I will ensure my child's attendance at school on all school days or notify the college of the reasons for the absence.
2. I will provide my child with full school uniform and appropriate equipment.
3. I will notify the school of any changes to contact details or health details of my child.
4. I will maintain positive contact with my child's team of teachers.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please Read Carefully and Complete

I have read the Atwell College policies found on the website and agree to abide by the information contained in them

☐ Yes ☐ No

A copy of all the college policies can be found on our website at <http://www.atwellcollege.wa.edu.au/view/policies/>

I have read the Atwell College students online permission policy granting my child access to an online account and all 3rd Party software available at the College

☐ Yes ☐ No

I agree that any photograph taken of my child may be displayed in documents used by the College for public relations exercises, public display and/or internet publications.
Please note : selecting no will exclude your student from inclusion in the Year Book

☐ Yes ☐ No

I give permission for my child to be issued a student Smart Rider card (this will include your child's photo for ID purposes)

☐ Yes ☐ No

The information and statements provided in this application for enrolment are true and accurate

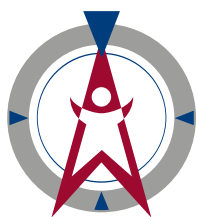
Parent/Guardian 1 signature: _____

Date: _____

NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed.

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<input type="checkbox"/> Birth Certificate or Current Passport Provided	<input type="checkbox"/> Eligible birthdate
<input type="checkbox"/> Immunisation records received	<input type="checkbox"/> Proof of Residency Provided
<input type="checkbox"/> Copy of Visa Supplied	<input type="checkbox"/> Medical Documentation Supplied
All data entered on Integris by: _____ Date _____	

We provide high quality teaching and learning experiences that empower our students to thrive, be successful lifelong learners and resilient, prosocial citizens.



ATWELL COLLEGE

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