



OFFICE USE ONLY

Date Received: _____

Received by: _____

Date Entered on SIS: _____

Entered on SIS by: _____

Application for Enrolment 2021

Student's Surname:	Student's First Name:
Student's Year Group:	Student's Date of Birth:

Enrolment Checklist

When you enrol your child at Harrisdale SHS, please provide copies of the following documentation for the enrolment to be complete and accepted:-

- 3 Proofs of address - Current and signed lease agreement (*if you are renting*) If you '**Private**' rent, a copy of the Landlord's current Rates Notice will also be required. *The renting of a room in a property is not acceptable for enrolment.*
Current Rates Notice (*if you own your home*),
Utility Bill (*Water, Gas or Electricity*) and
Drivers Licence (*with current address*)
- Birth Certificate
- Immunisation Record (Australian Immunisation Register or Medicare Immunisation Statement)
- Court order (*if applicable*)
- Most recent school report
- Most recent NAPLAN results

If your child was not born in Australia or both parents were born overseas, you must provide:

- Evidence of the date of entry into Australia (*If arrived within 3 years, please provide initial passport the student entered Australia with*)
- Passport or travel documents Australian **or** Overseas: Country _____
- Current visa and previous visas (*if applicable*)
- Citizenship Certificate (*if applicable*)

All information on this application form is stored and protected according to the "Information Privacy and Security" policy of the Department of Education. This policy may be viewed on the Department of Education web site – www.det.wa.edu.au

IT IS COMPULSORY TO INFORM THE SCHOOL OF ANY CHANGES TO ANY OF THE INFORMATION PROVIDED BELOW AT ANY TIME.

This information is required by the Western Australian Department of Education to meet legal obligations.

Surname	Student's Residential Address
Legal Surname	Suburb
First Name	State Postcode
Second Name	Student's Mobile (please do not include parent mobile number)
Preferred Name	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	

DECLARATION

1. I declare that the information provided on this form is accurate. I understand that under the WA School Education Act [1999] the provision of false or misleading information, or failure to notify the principal of any changes to any enrolment particulars at any time, may result in the cancellation of my child's enrolment.

2. My Child is expected to adhere to the policies and procedures of Harrisdale Senior High School, including:

- A. wearing school uniform**
- B. punctuality and regular attendance at school**
- C. behaviour according to the code of conduct and behaviour management policy**
- D. striving to achieve their personal best**
- E. contributing to a positive reputation for Harrisdale Senior High School**
- F. adhere to the mobile phone policy and online services usage agreement**

3. I have informed the school of any disabilities, special needs or medical conditions for my child.

4. We (parent and student) have read and understood the Information Technology form provided and have both signed the form.

5. We (parent and student) have read and understood the Permission to Publish Students' Work or Images of Students on Web Sites form provided and have both signed the form.

I, parent/carer of _____, have read this declaration and understand that if I provide
Student's Name

false or misleading information, or failure to notify the principal of any changes to any enrolment particulars at any time, may result in the cancellation of my child's enrolment.

Relationship to student Signature Date

STUDENT CENTERED FUNDING ALLOCATIONS

In this application, you are asked for additional details of the parent's education, occupation etcetera. While this may appear puzzling, it is directly linked to the allocation of school funds.

Why are Additional Details and Additional Student Details so important?

Aboriginality - The Aboriginality allocation is provided to help the school address the learning needs of Aboriginal students and close the education achievement gap between Aboriginal and non-Aboriginal students.

A funding allocation is provided for each Aboriginal student in the school. Aboriginal students are identified through enrolment records based on information provided by parents and carers.

Disability Allocation - The disability allocation is provided to help schools address the learning needs of students with additional learning needs and disability, and comprises two components:

1. Educational adjustment allocation - for mainstream schools to implement programs and learning supports for students with additional learning needs. The allocation will be based on the latest available NAPLAN results for students enrolled at the school in the first semester Census.
2. Individual disability allocation – to support students with eligible disability based on application, approval and review.

Social Advantage / Disadvantage Allocation - This allocation is provided for eligible students to help schools address the higher and additional learning needs of students from the most disadvantaged backgrounds.

The measure of social disadvantage is based on parent occupation, school education and non-school education data obtained from enrolment records. It is therefore important to provide these details on the enrolment form.

English as a Second Language – The EAL allocation is provided to help schools address the learning needs of eligible students who are learning Standard Australian English as an additional language through:

- mainstream secondary English as an additional language (EAL) support programs
- Intensive English Centres (IECs).

To be eligible for support, students must:

- require English language support.
- be identified as Stage 1 or 2 EAL learners,
- hold eligible visa or be Australian citizens
- be enrolled in Years 7 to 12.

Stage 1

- Students born overseas enrolled in Years 2 - 12 in their first year of schooling in Australia.
- Students with a limited schooling background who are within the first two years of schooling in Australia.

Stage 2

- Students born overseas in Years 7-12 in their second or third year of schooling in Australia.
- Students with a limited schooling background in Years 3 - 6 and in their third year of primary schooling in Australia.
- Students with a limited schooling background in Years 7-12 in their third and/or fourth year of secondary schooling in Australia.

Occupation Group 1:

Senior management in large business organisation, government administration, 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 principal, faculty head/dean, library/museum/gallery director, research facility director].
Defence Forces Commissioned Officer.
Professionals generally have 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 captain/officer/pilot, flight officer, flying instructor, air traffic controller].

Occupation Group 2:

Other business managers, arts/media/sportspersons 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/services 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/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].
Defence Forces senior Non-Commissioned Officer.

Occupation 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 tradesperson are included in this group.
Clerks [book keeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk].
Skilled office, sales and service staff.
Office [secretary, personal assistant, desktop publishing operator, switchboard operator].
Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, 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].

Occupation Group 4:

Machine operators, hospitality staff, assistants, 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 and housekeeper].
Office assistants, sales assistants and other assistants.
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/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].
Labourers and related workers.
Defence Forces ranks below senior NCO not included above.
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, 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].

Parent/Guardian 1		Parent Guardian 2	
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Mail address to Mr and Mrs <input type="checkbox"/> or as above		Mail address to Mr and Mrs <input type="checkbox"/> or as above	
Surname		Surname	
First Name and Middle Name		First Name and Middle Name	
Relationship to student		Relationship to student	
Lives with student Yes <input type="checkbox"/> No <input type="checkbox"/>		Lives with student Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Are you responsible for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you responsible for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you the person paying fees? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you the person paying fees? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Should you receive the family Mail? Yes <input type="checkbox"/> No <input type="checkbox"/>		Should you receive the family Mail? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile		Mobile	
In the case of an emergency, should you be notified? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>		In the case of an emergency, should you be notified? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	
Mailing address (if not the same as student)		Mailing address (if not the same as student)	
Number/Street		Number/Street	
Town/Suburb		Town/Suburb	
State Postcode		State Postcode	
Telephone 1		Telephone 1	
Telephone 2		Telephone 2	
EMAIL		EMAIL	
PERSONAL DETAILS - NOTES		PERSONAL DETAILS - NOTES	
Country of Birth		Country of Birth	
Employer/Location		Employer/Location	
Work Phone		Work Phone	
Occupation		Occupation	
ADDITIONAL DETAILS		ADDITIONAL DETAILS	
Main Language other than English spoken at home?		Main Language other than English spoken at home?	
Mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		Mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the highest year of primary or secondary education completed? Year 9 or equal <input type="checkbox"/> Year 10 or equal <input type="checkbox"/> Year 11 or equal <input type="checkbox"/> Year 12 or equal <input type="checkbox"/>		What is the highest year of primary or secondary education completed? Year 9 or equal <input type="checkbox"/> Year 10 or equal <input type="checkbox"/> Year 11 or equal <input type="checkbox"/> Year 12 or equal <input type="checkbox"/>	
What is the highest qualification you have? Advanced Diploma/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Certificate 1 to IV (including trade) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>		What is the highest qualification you have? Advanced Diploma/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Certificate 1 to IV (including trade) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	
Occupation group? <i>Refer to previous page</i>		Occupation group? <i>Refer to previous page</i>	
Write 1, 2, 3 or 4		Write 1, 2, 3 or 4	

I give my permission for the school to administer First Aid in an emergency YES /NO

SIBLINGS

(Information on students currently enrolled at Harrisdale SHS only)

Surname	First Name	Date of Birth
For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts Eg: Relative, family friend etc. Contact has to be 18 years old or over and reside in WA		
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Address	
Surname	House number:	
First Name	Street name:	
Relationship to student	Suburb	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	State	Postcode
Do you have responsibility for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Should you receive family mail? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you responsible for paying school fees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does student live with you Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone 1	Telephone 2	Email

ADDITIONAL STUDENT INFORMATION

Indigenous status <i>(Please Tick one)</i>	
Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>
Both Aboriginal and Torres Strait Islander <input type="checkbox"/>	Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/>
Religion	Australian Citizen/Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
First Language <i>(the language that was used most by the student when he/she was learning to talk)</i>	Citizenship Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Grant Number
	Visa Expiry Date
Main Language other than English spoken at home	Visa Sub-Class Number
	Passport details No: Expiry date:
Country of Birth	Date of Arrival in Australia
Out of state enrolment Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Sighted Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (office use)
Out of area enrolment Yes <input type="checkbox"/> No <input type="checkbox"/>	Birth Certificate Sighted Yes <input type="checkbox"/> No <input type="checkbox"/> (office use)
Court orders in respect of their care, welfare and development (eg: access restriction)? If yes, please specify and attach supporting documentation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Entered in SLP Program <i>(Speech-Language Pathology)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous School
Is this child in the care of CPFS? <i>(Child Protection Family Support)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving
Name of case Manager	If previously enrolled in Home Education, specify district
District	
Phone	Entry Date to this school (office use)
Documented Plan Review Date: _____	
Documented Plan forwarded to CPFS: _____	Has the student ever been excluded from another school? If YES please name the school:
ESP <i>(Education Support Program)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the student in receipt of an allowance? Secondary <input type="checkbox"/> Abstudy <input type="checkbox"/>

USER DEFINED INFORMATION (UDI) AND CONSENT

Medical records can display photo Yes <input type="checkbox"/> No <input type="checkbox"/>	Smartrider Card <i>(Compulsory)</i> Yes <input type="checkbox"/>
Photo use in school Publications Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Photo use in School Newsletter, Annual Reports, Website and Facebook. NOTE: Separate permission will be sought for Third Party Publications)</i>	Use of student work Yes <input type="checkbox"/> No <input type="checkbox"/>
	Able to watch PG movies in Years 7,8 and 9 Yes <input type="checkbox"/> No <input type="checkbox"/>
	Able to watch M movies in Years 10,11 and 12 Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, the Student Health Care Summary available at the back of this enrolment form, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a recognised or qualified, medically/professionally diagnosed disability? Yes No

Do you have a current diagnostic medical report from a specialist? Yes No

If YES, please specify.

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Severe Mental Disorder
<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Global Developmental Delay (<i>prior to age 6</i>)
<input type="checkbox"/> Specific Speech Language Impairment	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Dyslexia Dysgraphia	<input type="checkbox"/> ADHD (<i>Attention Deficit Hyperactivity Disorder</i>)
<input type="checkbox"/> ADD (<i>Attention Deficit Disorder</i>)	<input type="checkbox"/> PTSD (<i>Post-Traumatic Stress Disorder</i>)
<input type="checkbox"/> Depression (<i>severe</i>)	<input type="checkbox"/> Other:
<input type="checkbox"/> FASD (<i>Foetal Alcohol Spectrum Disorder</i>)	

Does the student have a medical condition or intensive health care need? Yes No

If YES, please specify.

<input type="checkbox"/> Allergy – Anaphylaxis	<input type="checkbox"/> Hearing condition (eg otitis media)
<input type="checkbox"/> Allergy – Other	<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Intensive Health Care Need (eg tube feeding)
<input type="checkbox"/> Diagnosed migraine/headaches	<input type="checkbox"/> Other:
<input type="checkbox"/> Seizure Disorder (eg epilepsy)	

Specialist medical reports must be provided at time of enrolment for conditions that are current, as this will be recorded on your child's records. Reports from CAMHS (Child Adolescent Mental Health Services) can be no older than six months from the date on the report. Specialist medical reports will aid with special exam conditions during classroom assessments, NAPLAN, OLNA and ATAR.

For medically diagnosed conditions such as Anaphylaxis, Asthma, Diabetes. Seizures etc. please provide a current and signed Action Plan from the specialist.

STUDENT MOBILE PHONES IN PUBLIC SCHOOLS POLICY

The Department of Education does not permit student use of mobile phones in public schools unless for medical or teacher directed educational purposes.

This is a ban on the use of mobile phones for all students from the time they arrive at school to the conclusion of the school day (“off and away all day”) unless the student has been granted an exemption for the following uses of mobile phones:

- to monitor a health condition as part of a school approved documented health care plan; or
- for a particular educational purpose under the direct instruction of a teacher; or
- with permission of a teacher for a specified purpose.

Students are required to put their smart watches on ‘aeroplane mode’ so phone calls and messages cannot be sent or received during the school day.

Harrisdale Senior High School’s mobile phone policy is in line with the Department of Education’s policy, and as outlined below.

Sound recording and image capture of any member of the school community on or in the vicinity of the school grounds is strictly prohibited. A breach of this policy will result in suspension from school and related sanctions such as loss of Good Standing.

Arrangements can be made for students who need a mobile phone when travelling to and from school to leave their phone at Student Services during the day. There is no need for students to access family and friends during school time. Any emergency contact that may be required can be made through the school administration.

The school recognises that there are times when it is appropriate and useful for students to have access to a mobile phone; for example:

- to contact parents outside school hours
- to confirm or change arrangements to pick up a child from music rehearsals, sport practice or similar activities
- for security to and from school and / or part time work commitments.

Parents/carers who wish their child to have a mobile phone for this reason can arrange for the student to leave the phone at school for the day. Students must take the phone to Student Services before school where the phone will be stored securely. The phone can be collected at the end of the school day. Students are responsible for ensuring that their mobile phones are clearly identifiable as belonging to them with their full name, year group and home room clearly written on the zip lock bag their phone is in.

Students who are seen with mobile phones during school times will have them confiscated.

- 1st Offence: The confiscated item will be logged and stored at the front Office and can be collected by the student after school hours.
- 2nd and Subsequent Offences: As for the first offence, the device will be confiscated, logged and stored at the front office and can be collected by the student after school. Students will lose their Good Standing status and the normal behaviour management processes that may apply also include detention or suspension.

NOTE: *At any time, a student’s refusal to follow a staff member’s request to hand their phone to the staff member will be treated as a serious breach of the school’s behaviour code. Sanctions will include loss of Good Standing and detention or may involve suspension from school.*

CONSENT FORM

I, **(insert student’s name)** _____ agree to abide by the *Student Mobile Phones in Public Schools Policy*. I understand that if I break any of the rules stated in the policy above, it will result in suspension from school and related sanctions such as loss of Good Standing. The period of suspension for this breach of school policy is between five and ten school days.

Signature of student: _____ **Date:** _____

Signature of parent: _____ **Date:** _____

PERMISSION TO PUBLISH STUDENTS' WORK OR IMAGES OF STUDENT ON WEB SITES

The school requests your permission for video or photographic images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. We also seek your permission for the school to publish images and/or samples of your child's work.

If you give your permission, the school may publish images of your child and/or samples of work done by your child in a variety of ways, including, but not limited to, online and hard copy school newsletters, Department of Education internet web sites or intranet web sites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

If you sign the attached form it means that you agree to the following:

- The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- Your child's image may be reproduced either in colour or in black and white.
- The school will not use your child's image or samples of your child's work for any purpose other than for the education of students or for the general promotion of public education and the school.
- The school will only publish the first name of the student. Family names will not be revealed.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Department of Education cannot guarantee that your child will not be able to be identified from the image or work.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form below and return it to the school with this enrolment form. This consent, if signed, will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of images or samples of work of (*insert student's name*) _____ in ways including, but not limited to, web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper, subject to the conditions set out above. I will notify the school if I decide to withdraw this consent.

Name of student _____

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

ONLINE SERVICES ACCEPTABLE USAGE AGREEMENT (SECONDARY STUDENTS)

If you use the online services of the Department of Education you must agree to the following rules:

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others when online.
- I will not give anyone my logon password.
- I will not let others logon and / or use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts without permission from the teacher.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account without permission.
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- I will obtain permission from the copyright owner of any materials inserted into my school work before I subsequently reuse it as a portfolio for employment, in a competition or any other uses other than for my private research and study.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all Internet communications.
- I will not use the Department's online services for personal gain or illegal activity (e.g. music file sharing), to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- I will be mindful of the possible problems caused by sharing or transmitting large files online.

I understand that:

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- the misuse of online services may result in the withdrawal of access to services and other consequences dictated in the School's policy; and
- I may be held liable for offences committed using online services.

I agree to abide by the Acceptable Usage Agreement for school students.

I understand that if I am given an online services account and break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of student: _____

Signature of student: _____ **Date:** _____

Harrisdale Senior High School is requesting permission to disclose personal information to the entities listed below for the purpose of improved school administration and/or teaching and learning programs. Personal information may include information relating to both students and parents. If you wish to access or correct any of the personal information or discuss how the information will be used, please email us at harrisdale.shs@education.edu.au

Dear Parent/Guardian,

The use of online educational resources and cloud based storage are used by teachers across Western Australia to improve student learning outcomes.

Our school and teachers make decisions about the best technology to meet the needs of our students.

Harrisdale Senior High School wishes to utilise the third party application provider/s listed below to support students learning. These providers require personal information to be disclosed to them. Personal information that may be disclosed about your student(s) includes:

- Student Name
- Health Records
- Gender
- Student ID
- Age/ Date of birth
- Year group
- School/Class Teacher
- Photos/videos
- Parent details (E.g. name, email, phone numbers and bank details)
- Address
- Student email (*Note: for all school recommended databases students are required to use their school email address only.*)

It is important that you understand the reasons why we may provide this information to each respective entity, what will be done with it, who else may have access to it and where the data is stored. This information can be found in the links below referring to each provider's terms and conditions and/or privacy policy.

Please read these and ensure that you understand the implications of using this service. If you have any queries around the storage of student's information, please feel free to email us at harrisdale.shs@education.wa.edu.au

Note: Parents have the option of advising the school that they do not provide consent for their child to access any or all of the listed providers.

<p><i>Name of Provider:</i> Academy <i>Type of Service:</i> Interfaces with Student Information System to provide school with additional functionality <i>Website:</i> internal <i>Terms of Use:</i> <i>Privacy Policy:</i> <i>File Storage:</i> Local to School <i>Risk assessment:</i> Low</p>	<p><i>Name of Provider:</i> Education Perfect <i>Type of Service:</i> Curriculum aligned custom content <i>Website:</i> educationperfect.com <i>Terms of Use:</i> https://www.educationperfect.com/wp-content/uploads/2019/01/education_perfect_-_standard_terms_and_conditions_2018-07-26.pdf <i>Privacy Policy:</i> https://www.educationperfect.com/wp-content/uploads/2019/01/education_perfect_-_privacy_policy_2018-08-13.pdf <i>File Storage:</i> Cloud Servers <i>Risk assessment:</i> Low</p>
<p><i>Name of Provider:</i> Kerboodle <i>Type of Service:</i> Packed with customisable learning content, assessment materials and reporting tools. <i>Website:</i> https://global.oup.com/education/secondary/kerboodle/?region=international <i>Terms of Use:</i> https://global.oup.com/legal?cc=au <i>Privacy Policy:</i> https://global.oup.com/privacy?cc=au <i>File Storage:</i> Oxford, United Kingdom <i>Risk assessment:</i> Low</p>	<p><i>Name of Provider:</i> Kahoot <i>Type of Service:</i> Game-based learning platform. <i>Website:</i> https://kahoot.it/ <i>Terms of Use:</i> https://kahoot.com/terms-and-conditions/?utm_name=controller_app&utm_source=controller&utm_campaign=controller_app&utm_medium=link <i>Privacy Policy:</i> https://kahoot.com/privacy-policy/?utm_name=controller_app&utm_source=controller&utm_campaign=controller_app&utm_medium=link <i>File Storage:</i> Oslo, Norway <i>Risk assessment:</i> Low</p>

<p><i>Name of Provider:</i> Manga High <i>Type of Service:</i> Game-based learning platform for primary and secondary school mathematics <i>Website:</i> mangahigh.com <i>Terms of Use:</i> https://app.mangahigh.com/en-au/about/termsandconditions <i>Privacy Policy:</i> https://app.mangahigh.com/en-au/about/termsandconditions#privacy-policy <i>File Storage:</i> Amazon Web Servers (US & Ireland) <i>Risk assessment:</i> Low</p>	<p><i>Name of Provider:</i> MathSpace <i>Type of Service:</i> Provides digital learning based on maths with practice, revision, and tracking capabilities. <i>Website:</i> mathspace.co <i>Terms of Use:</i> https://mathspace.co/terms-of-use <i>Privacy Policy:</i> https://mathspace.co/au/privacy-policy <i>File Storage:</i> Amazon Web Services, United States <i>Risk assessment:</i> Low</p>
<p><i>Name of Provider:</i> Oliver <i>Type of Service:</i> Oliver is a web based learning, teaching, information and library management tool. <i>Website:</i> https://www.softlinkint.com/product/oliver/ <i>Terms of Use:</i> https://www.softlinkint.com/data-protection-privacy-policy/ <i>Privacy Policy:</i> https://www.softlinkint.com/data-protection-privacy-policy/ <i>File Storage:</i> Queensland, Australia <i>Risk assessment:</i> Low</p>	<p><i>Name of Provider:</i> Oxford Online <i>Type of Service:</i> Provides access to online literary resources. <i>Website:</i> https://www.oxforddigital.com.au/ <i>Terms of Use:</i> https://www.oxforddigital.com.au/terms.html <i>Privacy Policy:</i> https://global.oup.com/privacy?cc=au <i>File Storage:</i> Oxford, United Kingdom <i>Risk assessment:</i> Low</p>
<p><i>Name of Provider:</i> Pearson <i>Type of Service:</i> Provides access to digital learning material for students <i>Website:</i> https://www.pearsononline.com.au/wa/ <i>Terms of Use:</i> https://pearson.com.au/terms-of-use/ <i>Privacy Policy:</i> https://pearson.com.au/privacy-policy/ <i>File Storage:</i> Melbourne, VIC <i>Risk assessment:</i> Low</p>	<p><i>Name of Provider:</i> Schoolzine <i>Type of Service:</i> Multi-functional, interactive newsletter. <i>Website:</i> http://www.schoolzine.com/ <i>Terms of Use:</i> https://www.schoolzineplus.com/terms <i>Privacy Policy:</i> http://www.schoolzine.com/privacy.html <i>File Storage:</i> Sydney <i>Risk assessment:</i> Low</p>
<p><i>Name of Provider:</i> Tynker <i>Type of Service:</i> Easy-to-learn, visual programming courses. <i>Website:</i> https://www.tynker.com/ <i>Terms of Use:</i> https://www.tynker.com/terms/ <i>Privacy Policy:</i> https://www.tynker.com/privacy/ <i>File Storage:</i> <i>Risk assessment:</i></p>	

PLEASE COMPLETE THE CONSENT FORM BELOW.

Student(s)

First name:

Surname:

Year Level:

I, parent/carer of _____, have read the terms of use and privacy policy of each of the
Student's Name

applications listed. I understand that my student's personal information will be provided to the third party software providers for the purpose of improved school administration or teaching and learning programs and that this information may be stored outside of Australia.

Relationship to student

Signature

Date

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FRENCH AND MUSIC EXPRESSION OF INTEREST FORM

STUDENT NAME

The school will offer selective students the option to study:

- French language, subject to student ability and interest; and
- Music and instrumental classes delivered at the school and through the Department of Education's Instrumental Music Schools program.

These programs will run as part of the school timetable and will also extend beyond the school day. A student electing to study these subjects is expected to commit to the program/s **for a minimum of three years**, to the end of Year 9.

Valuable learning and cultural understandings, as well as exciting career opportunities, can flow from the study of Languages. Our school is offering French initially for a number of reasons: among these, many students find the language interesting and relevant as it has a lot of "pegs" in relation to their general knowledge and interests (such as mathematicians, scientists and explorers, French words in English, heritage and history, and sports including the Tour de France, football and tennis tournaments). In addition, students can go to special events such as the French Film Festival, and Fete de la Musique. Our school will also explore the possibility of joining with other schools on overseas exchange visits to France for students who continue their studies of French beyond Year 9.

The school also offers Music, for both beginners and students continuing their School of Instrumental Music programs. Our beginners' program is band instruments. The development of young music makers has many benefits, among these being tremendous personal enjoyment, an outlet for creativity and self-expression, forming strong friendships with like-minded peers, and sound evidence linking the study of music with academic performance, self-regulation and self-discipline.

In 2021, an exciting range of special events and co-curricular before school and after school programs will also be offered to extend and enrich the students schooling experience. Details of these programs and associated costs will be provided separately at the beginning of the 2021 school year.

Please complete this form ONLY if you would like your child to be considered for studies of ONE OR BOTH of French and Music. Note that this is an Expression of Interest only. Selection processes will apply for entry to study French and Music.

FRENCH YES

AND / OR

MUSIC (Instrumental) YES

If your child is currently studying an instrument through the Department of Education Instrumental Music Schools program, please indicate the instrument.

Parent signature _____ Student Signature _____

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FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School: Harrisdale Senior High school

Year Group: 7 8 9 10 11 12

Student's Name: _____

Date of Birth: _____

Address: _____

Gender: male female

FAMILY CONTACT DETAIL

Name: _____

Relationship to student: _____

Address: _____

Telephone: (W) _____
(H) _____
(M) _____

Name: _____

Relationship to student: _____

Address: _____

Telephone: (W) _____
(H) _____
(M) _____

MEDICAL DETAILS

Name of Medical Practice: _____

Doctor 1: _____

Telephone: _____

Doctor 2: _____

Telephone: _____

I give permission for the school to seek medical attention for my child as required from the above medical centre: **Yes No**

Ambulance cover: **Yes No** Insurance Provider: _____
If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin. _____

Health care card (Centrelink): _____

Yes No

Card No: _____

Expiry Date: _____

Medicare No: _____

Student's Reference No: _____

Expiry Date: _____

ADMINISTRATION OF MEDICATION INFORMATION

If at any time your child requires short term medication to be given at school, please request an *Administration of Medication* form to complete and return to Administration or Student Services. The school requires written authorisation from you to administer any form of medication

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? _____

Yes No

Note: If your child is enrolled in a TAFE, PEAC 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 a health condition or need that **requires support** from school staff while he or she is in their care?

Yes - complete the remainder of this form and return to the school office. You will be given additional forms to complete.

No - sign and return to the school office. If your child's requirements change, please notify the school immediately.

List your child's health condition(s): _____

Signature: _____ Date: _____

SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION WHICH REQUIRES THE SUPPORT OF SCHOOL STAFF

(In response to the information below, you will be given further medical 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	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Conditions or Needs (Please specify)

YES NO

YES NO

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

If you have ticked "Yes" for specific staff training, please discuss the type of training with 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.

I give permission for my child's "medical details and photo" to be on view for staff. Yes No

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No

If yes, provide details: _____

Signature:

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date: _____

Have relevant health care plans been issued to the parent? Yes No Date: _____

Has the Principal been informed if:

- specific training is required to support the student? Yes No
- the student's health care information is to be restricted? Yes No

Date Student Health Care Summary was completed and uploaded on SIS: / /

CLERICAL OFFICER/ENROLMENT OFFICER: Please remove original, photocopy, and place original for nurse and photocopy in student file.

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