



CECIL ANDREWS COLLEGE
T: (08) 9234 3400

E: CecilAndrews.Col@education.wa.edu.au • cecilandrewscollege.wa.edu.au
39 Seville Drive, Seville Grove WA 6112 • PO Box 295, Armadale WA 6992

DOCUMENTATION REQUIRED

When applying to Cecil Andrews College, you will need to provide the following documentation:

- **Birth Certificate or extract or other identity documents**
- **Copy of Family Court or any other court orders (if applicable)**
- **Proof of address**
- **Immunisation Record - Medicare (MyGov)**
- **Student Health Care Summary Form (completed and signed)**
 - **Information relating to health or medical condition, disability or additional needs.**
- **School Report (latest) & NAPLAN Results (latest)**
- **If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass.
(VISA number, date entered Aus, sub class number and expiry)**

You are welcome to bring these documents into the Admin Office and we will make copies, alternatively, you can email them to cecilandrews.col.enrolments@education.wa.edu.au

Incomplete applications or missing documents will not be accepted or processed.

If you have any further queries, please do not hesitate to contact the Admin Office on 9234 3400.

Kind Regards,

Renae Yarran

School Officer Curriculum

PH: (08) 9234 3400

Renae.Yarran@education.wa.edu.au



Application for Enrolment in a Western Australian Public School (Secondary)

You must complete a separate enrolment application for each student. You need to complete an enrolment application form if:

- You are enrolling a child in Kindergarten for the following year.
- You are enrolling a child in Pre-primary for the following year.
- You are enrolling a child in Year 7 at a new school for the following year.
- You are enrolling a child transferring from another school in any year level.

Submitting an application for enrolment does not guarantee you will receive a place at the school. The school will notify you in writing of the outcome of your application.

If you are unable to complete this application form, please contact the school for help.

For more information please visit the Department of Education [website](#).

SCHOOL NAME

School name

PERSONAL DETAILS (Please complete all details below)

Child's surname

Legal surname (if different)

Given names

Date of birth (dd/mm/yy) / / Gender Male Female Not Specified

Parent Surname

Parent First Name Title Mr Mrs Ms Other

Residential Address (must be completed)

Postcode

Postal Address (if different from residential address)

Postcode

Telephone (Home)

Telephone (Work) (If convenient)

Mobile Phone No.

Email

PERSONAL DETAILS (Continued)

Year Level enrolling in **Start date: Beginning of following school year** YES NO

If no, indicate start date / /

If applicable, year level your child is currently enrolled in (e.g. Year 6)

If applicable, name of school at which your child is currently or was last enrolled

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of your child?

YES NO

Does your child have an Australian Immunisation Register (AIR) Immunisation History Statement?

YES NO

If your application is accepted, you will be asked to provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.

Are you applying to enrol your child in a specialist program at this school? YES NO

Name of specialist program

Will there be any brothers or sisters attending this school? YES NO

Name/s and year levels

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

If yes, name of school

Is your child a temporary resident? YES NO If yes, please indicate:

Date entered Australia if born overseas. / /

Visa Sub Class No. Visa expiry date / /

Does your child have health or medical condition, disability or additional needs? YES NO

This information will assist the school principal in planning to provide the best educational program for your child. Please provide details:



FORM 1 STUDENT HEALTH CARE SUMMARY

SECTION A

Year	Form	Teacher
Student's name		
Date of birth (dd/mm/yy)	/ /	Gender Male Female Not Specified
Address		
Postcode		

FAMILY CONTACT DETAILS

Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	
Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - *If yes, specify 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.

Medicare Card number

Medicare Card Individual
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

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

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

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 one or more health condition(s) that will require support from school staff? (Check the box that applies)

NO - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature

Date / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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

List your child's health condition(s)

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 (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and 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 below)	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 needed 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 below:*

Parent/Carer Signature **Date** / /

Parent/Carer Name

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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: **Date** / /