

SHENTON COLLEGE



YEAR 2024

APPLICATION FOR

ENROLMENT

SHENTON COLLEGE DEAF EDUCATION CENTRE

Name of Student _____

Academic Year _____

The information provided will be used to care for the student on school premises, incursions, excursions and school camps.

Please check that all requested documentation is included and returned to Shenton College Deaf Education Centre.

227 Stubbs Terrace SHENTON PARK WA 6008
E - shenton.cdec@education.wa.edu.au

T - (08) 9366 9100
W - dec.shenton.wa.edu.au

For office use only:

Date of Return _____

SECURITY AND CONFIDENTIALITY

The information provided on these enrolment forms will be stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

The Department of Education's *Information Privacy and Security policy* precludes this information from being used for any purpose other than to:

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

PLEASE READ BEFORE COMPLETING APPLICATION

Please complete this *Application for Enrolment* and return it to Shenton College Deaf Education Centre. Family details should include parents, guardians or carers residing at the same address as the student being enrolled. Only permanent residents of Australia and those children holding an approved visa sub-class number are eligible to be enrolled in a government school. Any details relating to parent(s) not residing with the student may be included in the *Parent/Guardian/Carer* section of this form.

The college guarantee's a place for an eligible child when there are appropriate educational programs available; and his or her specialised health care needs (if any) can be met.

When you enrol your child at the College, please **enclose copies** of the following:

- Birth Certificate
- School Reports
- Immunisation Certificate
- Court Order (if applicable)

If your child was not born in Australia, you must provide the following for both **child and parent**:

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

For **overseas students** who are in Australia using an entry visa, it is necessary that we sight and photocopy the passport and sub-class visa of the parent – primary visa holder – and student at this time.

In addition, if your child is a **temporary visa holder**, you must provide:

- Confirmation of enrolment OR evidence of permission to transfer provided by Education and Training International (If holding an International full fee student visa, sub-class 571; or
- Evidence of the visitor and temporary resident visa (other than sub-class 571 referred to above); or
- Evidence of the visa for which the student has applied (If the student holds a bridging visa)

ASSISTANCE WITH COMPLETING THIS FORM

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

INFORMATION TO BE PROVIDED

Where an item is marked with (■) the information must be provided.

This information is required by the Western Australian Department of Education and Training to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the *Application for Enrolment*, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/Guardian/Carer.

■ STUDENT DETAILS

First Name:						
Middle Name/s:						
Surname:						
Preferred Name:						
Year Level at Entry:	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Date of Birth:						
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please describe)					
Home Address:						
Suburb:				Postcode:		
Home Phone Number:				Is this number listed as silent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Mobile:						

OTHER PROVISIONS

Is the student in the care of the Department for Child Protection and Family Support (CPFS)? Yes No

Name of CPFS Case Manager: _____

District: _____

Phone Number: _____

Address: _____

Is the student subject to any Court Orders (e.g. Access Restrictions) in respect of their care, welfare and development? Yes No

If YES, please specify the nature of the Order and attach a photocopy of the most recent order.

STUDENT DETAILS ADDITIONAL

■ Out of school intake area:	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
■ Does the student mainly speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Does the student speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often)</i>	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Please specify: _____
■ In which country was the student born?	<input type="checkbox"/> Australian <input type="checkbox"/> Other, Please specify: _____
■ Is the student an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Is the student a Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Is the student a Temporary Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Visa Sub-Class Number _____ ■ Visa Grant Number _____ ■ Visa Expiry Date _____ ■ Date entered Australia _____ ■ From which country has the student arrived _____	
In Receipt of Allowance: <input type="checkbox"/> Secondary Assistance <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Assistance for Isolated Children (AIC) <input type="checkbox"/> Abstudy	

PREVIOUS SCHOOL INFORMATION

■ Name of school at which student is currently or was last enrolled _____
■ Academic Year _____
■ Last Day of Attendance _____
If previously enrolled in Home Education, specify the Education District: _____
Movement reason (if applicable): _____ _____ _____

■ PARENT INFORMATION/ EMERGENCY CONTACTS

	PARENT/GUARDIAN/CARER 1	PARENT/GUARDIAN/CARER 2
Parent/ Guardian/ Carer 1 is the first point of contact for absences and emergencies		
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First Name:		
Surname:		
Address:		
Suburb:		
Postcode		
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Nationality:		
Main language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Auslan <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Auslan <input type="checkbox"/> Other _____
Home Phone Number:		
Mobile Number:		
Work Phone:		
Occupation:		
Email:		

■ OTHER EMERGENCY CONTACT *(if parent/guardian/carer 1 or 2 not available)*

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First Name:	
Surname:	
Address:	
Relationship to student:	<input type="checkbox"/> Carer <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Home Phone Number:	Work Phone:
Mobile Number:	
Email:	

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

■ CUSTODY/GUARDIANSHIP INFORMATION

■ Who does the student live with? <i>(tick all that apply)</i>	<input type="checkbox"/> Both <input type="checkbox"/> Guardian	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Carer	<input type="checkbox"/> Parent 2 <input type="checkbox"/> Other
If Other please specify:			
■ In shared custody arrangements, show percentage split as determined by Centrelink. (this information must be included)	Parent 1: _____%	Parent 2: _____%	Other: _____%
■ Parent/Guardian responsible for payment of fees:	Parent 1 <input type="checkbox"/>	Parent 2 <input type="checkbox"/>	
■ Is this student subject to Access Restriction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

■ PARENT/GUARDIAN/CARER: PERSON 1 (e.g. mother, father, carer)

What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
<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 equivalent or below	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Non-school qualification
(If you did not attend school: tick 'Year 9 or equivalent or below')	
What is your Occupation group? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <i>(Refer to page 8)</i>	

■ PARENT/GUARDIAN/CARER: PERSON 2 (e.g. father, stepfather, carer)

What is the highest year of primary or secondary school you have completed?	What is the level of the highest qualification you have completed?
<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 equivalent or below	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Non-school qualification
(If you did not attend school: tick 'Year 9 or equivalent or below')	
What is your Occupation group? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <i>(Refer to page 8)</i>	

SIBLING(s)

Are there any siblings currently attending Shenton College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	Current Year Group: _____
Full Name: _____	Current Year Group: _____
Full Name: _____	Current Year Group: _____

PARENT OCCUPATION GROUPS

(Relates to questions in Parent 1 and Parent 2 sections above)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proofreader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, 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]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</p>			

■ MEDICAL DETAILS

Doctor Name:	
Medical Practice Name:	Phone Number:
Dentist Name:	
Dental Practice Name:	Phone Number:
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	
Do you have Ambulance insurance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">Insurance Provider: _____</p> <p><i>If there is a medical emergency where an Ambulance is to be called, parents/guardians are expected to meet the cost of an ambulance.</i></p>	
Do you have Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">Health Insurance Provider: _____</p> <p style="text-align: center;">Membership number: _____</p>	
Centrelink Health Care Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number: _____ Expiry Date: _____
Medicare Card	Card Number: _____ Child's Position number: Expiry Date: _____

■ 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

Does your child have one or more condition(s) that will require support from school staff?

Yes – Please complete the Health Conditions Section of this form.

No – If your child's requirements change, please notify the school.

■ IMMUNISATION STATUS

Please select your child's immunisation status

Immunisation complete
 Immunisation incomplete
 Not immunised

If you tick any of the conditions below, you MUST provide supporting documents (at time of enrolment).

■ HEALTH CONDITION(S)

(tick all that apply)

Severe allergy/ Anaphylaxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, does your child carry an EpiPen?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minor/ moderate allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ADD/ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ear conditions (Otitis Media)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy/Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Migraines/ Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vision Condition: Please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other conditions/needs: Please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has your child's Doctor provided a health care plan to assist the school to manage the health condition? (*i.e. asthma management plans*) Yes No

■ DIAGNOSED LEARNING DIFFICULTY/DISABILITY

Does the student have a diagnosed learning difficulty? Yes No

- | | |
|---|---|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Global Development Delay (prior to age 6) |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Specific Speech Language Impairment |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Central Auditory Processing Disorder (CAPD) |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia |
| <input type="checkbox"/> Dysgraphia | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Hard of Hearing (<i>i.e. Otitis media</i>) |
| <input type="checkbox"/> Joint Hypermobility | <input type="checkbox"/> Mental Health Condition |

Other conditions/needs: Please specify

MENTAL HEALTH CONDITION

Does the student have a mental health condition that may require support from the school?

Yes No

Anxiety Depression Eating Disorder

Other conditions/needs: Please specify:

BEHAVIOUR

Does the student have any behaviour concerns?

Yes

No

If yes, please provide details:

ATTENDANCE

Does the student have any attendance concerns?

Yes

No

If yes, please provide details:

MEDICATION

Does your child take any medication?

Yes

No

If yes, please provide details:

Medication	Dosage	Time To Administer	Reason

Does your child have allergies to any medication? (*i.e. penicillin*)

Does your child have a Medic Alert bracelet or pendant?

Yes

No

If yes, please provide details:

ADMINISTRATION OF MEDICATION

WRITTEN AUTHORISATION MUST BE PROVIDED FOR STAFF TO ADMINISTER ANY FORM OF MEDICATION.

STUDENT SMARTRIDER

TRAVEL PERMIT, UTILISATION OF COLLEGE FACILITIES AND ATTENDANCE MONITORING

The Public Transport Authority (PTA) provides students with a free Student SmartRider concession card. The SmartRider card is similar in size to a credit card and is available for all students throughout the state.

Parents/guardians should be aware that students will require a Student SmartRider to access concession travel on Transperth bus, rail and ferry services.

This card will also be used to access the College's printing, library facilities as well as our electronic attendance system and is required to be carried with the student at all times.

In order to issue the card in the first instance, the PTA requires that parents/guardians give their permission for schools to provide student details to the PTA for the purposes of registering the student for concession travel, and to enable the student Smart Card to be produced. Only students who provide parent/guardian permission for the release of these details will be issued with a card through Shenton College. The information that will be released is student name, date of birth, and School Curriculum and Standards Authority or student number.

The PTA must comply with the privacy requirements for the public sector, and as such, will only be using the information provided by the school for the issuance of the Student SmartRider concession card.

If the card is damaged or lost, a replacement can be applied for at the College for a fee of \$5.00. You can contact the College on (08) 9366 9100 or Transperth Comment Line on 13 16 08 if you have any further questions.

PARENT/LEGAL GUARDIAN CONSENT FOR RELEASE OF STUDENT DETAILS

I, as acting Parent/Guardian/Carer, give permission for details of the student named below to be released to the PTA for the purposes of issuing a Student SmartRider card and acknowledge that this card will also be used to access the College's printing and library facilities as well as our electronic attendance system.

Parent/Guardian/Carer Name: _____

Student Name: _____

Signed: _____ **Date:** ____/____/____

STUDENT DRESS CODE

The Shenton College Dress Code Policy was developed and endorsed by the Shenton College Board as a result of a consultative process with the school community in accordance with the Department of Education guidelines. The College Board reserves the right to make minor adjustments to the dress code policy. Students are expected to fully comply with the policy. Acceptance of enrolment at the College assumes an agreement between the parent/ guardian and the enrolling student that the student will dress within the guidelines of the College Dress Code.

AVAILABILITY OF DRESS CODE ITEMS

All items must be purchased or ordered through the Uniform Shop during opening times.

MODIFICATION TO DRESS CODE

Modification will ONLY be considered on an individual basis, on religious or health information.

STRATEGIES TO ASSIST PARENTS

Parents who may be experiencing financial concerns regarding the purchase of appropriate college dress should contact the Manager Corporate Services on 9366 9100 for support. A clothing allowance is available from the government for parents who meet particular income criteria. This is arranged through the Manager Corporate Services

SANCTIONS FOR NON-COMPLIANCE

Students who do not comply will not be able to officially represent the school in the community. They will be given formal sanctions that could include detention, require them to change into appropriate dress and may not be invited to attend extra curricular events (eg camps, socials, river cruises, dinner dances and Year 12 ball).

INFORMATION RELEASE AND MEDIA PERMISSION

I give permission for my email address to be provided to the P&C and other parents.

I give permission for my child to watch PG rated movies.

Please note that our school has strict guidelines when publishing photographs of students

I give permission for my child's name and photo to be published in the following media areas:

- Articles in print or visual media (e.g. TV/newspapers)
- Promotional material for Shenton College or Department of Education
- Community based projects that request student involvement
- School-related internet websites • Shenton College (school community only)
- Shenton College (includes school newsletters)

I **do not** give permission for my child's name and photo to be published in the above media areas.

Please note that to withdraw or update this consent notice you must inform the school in writing.

COMPUTER NETWORK ACCESS & ACCEPTABLE USE AGREEMENT

Students using the Shenton College computer network are expected to do so in a manner that actively supports the ethos of the College.

The digital technologies, tools and learning environment established by the school, or accessed using the school's network, are to be used for educational purposes only. They are to be used in a responsible, ethical and safe manner.

The College's internet connection is to be used for schoolwork only, and only appropriate sites are to be accessed. Sites that contain such things as pornography, gore, drug use, racial vilification or bomb-making are not appropriate.

The College's internet is not to be used to play online games or download music and films.

A network account will be given to you by the school. In using this account, you agree to the following terms:

- I will not use another student's account without their permission.
- I will protect my privacy, and the privacy of others, by not giving out personal details, passwords or images.
- I will abide by copyright and intellectual property regulations. If necessary, I will request permission to use material, and I will acknowledge other people's work in my references.
- I will not use my account to spam, or to bully and harass other people.
- I will not interfere with network systems or security, or the data of another user. • I will not bypass the school's proxy server and attempt to access the internet directly.
- I will only access appropriate sites when using the internet.
- I will respect any school-owned IT equipment and report any damage to a teacher. If I vandalise any equipment, I am liable for the full cost of replacement or repair.

A breach of any of these conditions will result in suspension of your network account and possible further consequences.

SIGNED

Student Name: _____

Student Signature: _____ Date: ____/____/____

Parent/Guardian/Carer signature: _____ Date: ____/____/____

MOBILE/PERSONAL DEVICE GUIDELINES

PHONES AND OTHER PERSONAL DEVICES

Used effectively, mobile phones and other personal devices can be powerful tools for learning. Used ineffectively they can be a distracting, disruptive and destructive force in a learning environment. With this in mind students are not permitted to use mobile phones, iPods or other personal devices in the classroom, unless directly instructed by their teacher to do so.

OFF AND AWAY ALL DAY

The Department of Education does not permit student use of mobile phones in public schools unless for medical or teacher directed educational purpose. We expect devices to be switched off and either placed in student bags or stored securely in student lockers. If a student uses a device without permission, then the teacher may confiscate the item from the student. Students who have their mobile devices confiscated three times may need a parent to collect the phone from the appropriate Head of School. Technology infringements will be visible on Compass so that patterns of ineffective use can be monitored by student support staff, school leadership and parents. Exemptions to this ban apply for any student who requires a mobile phone to monitor a health condition – these exemptions will be outlined in the student’s relevant individual support plan (i.e. Health Support Plan, Risk Management Plan, or Individual Educational Support Plan).

It is important to note that it is not a College requirement for students to have personal mobile phones at school, they can always access an admin area to contact home if required. If parents choose to send their child to school with mobile devices, then we appreciate their support in reinforcing the expectations about their use in the College. The College cannot accept responsibility for theft, loss or damage of these items and as such parents and students should ensure that mobile devices are adequately insured as personal property

If students choose to bring personal mobile phones/devices to school they should understand that:

- Student personal devices are not to be seen or heard from the time students arrive at school, to the conclusion of the school day.
- Devices can only be used during classes, assemblies or other learning activities for learning purposes under the direct instruction of a teacher.
- Devices should be turned off and be kept in student bags or stored securely in student lockers. Smart watches may be worn but must be on ‘aeroplane mode’.
- Students must respect the privacy of others by not taking photographs/video without prior consent.
- A failure to follow these expectations will result in confiscation of devices by a staff member, and further consequences for repeated ineffective use including detentions, loss of Good Standing and possible suspension.

Please note: For the purposes of this policy, ‘mobile phones’ includes smart watches, other electronic communication devices, and associated listening accessories, such as, but not limited to, headphones and ear buds.

SIGNED

I acknowledge and understand the requirements outlined in the guidelines above:

Student Name: _____

Signature of Parent/Guardian/Carer/Student (Over 18): _____

Date: ____/____/____

Request for alternate arrangement/medical exemption:

INFORMATION CONSENT

To assist the school in providing the most appropriate programs for your child, we request your permission to obtain information from the following agencies:

- Hearing Australia
- Schools of Special Educational Needs: Sensory (SSEN:S)
- Primary school that your child attended

Please tick the Agencies you are agreeable for us to contact.

Student Name: _____

Parent/Guardian/Carer signature: _____ **Date:** ____/____/____

If further information is required from another agency, we will contact you.

NOTE TAKER SERVICE AGREEMENT

Shenton College Deaf Education Centre (SCDEC) provides a note taking service for eligible deaf or hard of hearing students. Our students are very fortunate to have access to this beneficial service as it is **not** provided at any other school in this state.

From the commencement and throughout the school year, all notes will be accessible to eligible students **electronically**. The OneNote program will be used for note taking. Relevant subject folders will be able to be opened online by students, Liaison Teachers of the Deaf, Allied Professionals and parents.

SCDEC expects that when a student has a note taker they will;

- access their notes electronically after school each day
- check for any homework or assignments, then complete this work
- check for any tests and prepare for these tests
- create electronic desktop folders for each subject to store and review current notes

Parent/s and/or Guardians/s can access and read any electronic notes provided to check;

- what their child is being taught
- if their child has homework to complete
- if their child has upcoming assignments or tests

Parent/s, guardian/s and students agree that students will access online notes as expected and outlined above.

Student Name: _____

Student signature: _____ **Date:** ____/____/____

Name of Parent/Guardian/Carer: _____

Parent/Guardian/Carer signature: _____ **Date:** ____/____/____

ATTACHED FORMS

- Student Permission – Online Account
- Online Services Acceptable Use Agreement

DECLARATION

1. I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Shenton College will be terminated.
2. My child is not currently under suspension at, nor excluded from, another school.
3. I have informed the school of any disabilities, medical conditions or special educational needs of my child.
4. I/We declare that I have read and accept the **Media Release** conditions.
5. I will support the school's Behaviour Management, Shenton College Dress Code Policy, Computer and Internet Policies and Mobile Phone Policy.
6. I/We declare that I have read and accept the **Shenton College Dress Code Policy**.
7. I/We agree to abide by the **Computer Network Access & Acceptable Use Agreement**.
8. If my child brings his or her mobile phone or any electrical device to school, he or she will use it strictly in accordance with the school's **Mobile/Personal Device Guidelines**. I understand that the school is not liable if the phone device is lost, stolen or damaged.
9. I/We declare that I have read and accept the **Information Consent** conditions.
10. I/We declare that I have read and accept the **Note taker Service Agreement**.
11. I understand that in the event of an emergency, or a practice evacuation, it may be necessary to move students outside the perimeter of the school, under the direct supervision of staff members.
12. I agree to provide a reason when my child is absent from school.

Please note that this application will **NOT** be processed unless:

- all requested documentation is included; and
- the points above have been read and application is signed below.

Name of Person enrolling student: _____

Parent/Guardian/Carer signature: _____ Date: ____/____/____

Student Name: _____

Student signature: _____ Date: ____/____/____

After checking that all required documents are included,
please submit this Enrolment Package to-

Shenton College Deaf Education Centre,
227 Stubbs Terrace,
SHENTON PARK WA 6008

PARENT CHECKLIST	OFFICE CHECKLIST
<input type="checkbox"/> Copy of Full Birth Certificate	<input type="checkbox"/> Copy of Full Birth Certificate
<input type="checkbox"/> Copy of Medicare Immunisation History Statement	<input type="checkbox"/> Copy of Medicare Immunisation History Statement
<input type="checkbox"/> Copy of Passport/Visa (if born overseas)	<input type="checkbox"/> Copy of Passport/Visa (if born overseas)
<input type="checkbox"/> Copy of latest School Report	<input type="checkbox"/> Copy of latest School Report
<input type="checkbox"/> Copy of any Family Court Orders	<input type="checkbox"/> Copy of any Family Court Orders
<input type="checkbox"/> Online Acceptable Use Agreement	<input type="checkbox"/> Online Acceptable Use Agreement
<input type="checkbox"/> Student Permission - Online Account	<input type="checkbox"/> Student Permission - Online Account

OFFICE USE ONLY		
	<i>Date</i>	<i>Comment</i>
<i>Returned by:</i>		
<i>Supporting documents received (if applicable)</i>		
<i>Emergency Action Plans (if applicable)</i>		
<i>Medical History Updated</i>		
<i>Enrolment Entered into 6158 SIS</i>		
<i>Enrolment Entered into 4168 SIS (External</i>		