



Enrolment Application Form

Office Use Only:	Date Received: / /	Approved by: (Principal)
	Date Enrolled: / /	Transfer Note: / /
	Student Number:	Grade:

SECTION 1: STUDENT PERSONAL DETAILS

Family Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name:		Date of Birth:	/ /
Preferred Name:			
Address			
Suburb	Postcode	State	
Religion:	<input type="checkbox"/> None <input type="checkbox"/> Seventh-day Adventist <input type="checkbox"/> Christian <input type="checkbox"/> Other:		

Is the student of **Aboriginal or Torres Strait Islander** origin?

No

For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.

Yes ▶ Aboriginal

Yes ▶ Torres Straight Islands

Does the student identify with a **non-English speaking culture**?

No

Yes ▶ If Yes, which culture:

Does the student speak a language **other than English** at home?

No

Yes ▶ If Yes, what languages (including English) does the student speak at home?

Culture:

Is this student under the **Guardianship of the Department of Child Protection or Youth Justice**?

No

Yes, provide details below

Are there any current Police related issues pending, relating to this student?

No

Yes, provide details below

Further Details:

SECTION 2: EDUCATION

Has the student previously attended Karalundi? No ▶ Yes ▶ Year Enrolled: _____
Grade: _____

If transferring from another school: No ▶ Yes ▶ **Attendance: %**
Please attach a recent school report
Name of School _____

List the most recent schools / kindergartens attended. If unsure of dates, please estimate. _____ _____ _____	1.	
	Start Date: / /	Finish Date: / /
	2.	
	Start Date: / /	Finish Date: / /

How far does the student live from Karalundi? _____ KM Approx.

Indicate the child's level of past conduct	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Has the child ever been refused to another school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details below	
Has the child ever been suspended or expelled?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details below	
Has the child ever had disciplinary difficulties?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details below	
Has the child ever been in trouble with the police?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details below	
Has the child ever used alcohol, tobacco, or any illegal substance of any kind, including solvent abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details below	

SECTION 3: FAMILY DETAILS

Names of Brothers & Sisters:	Gender	Date of Birth:	Attends Karalundi?
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes

Are there any current Court-sanctioned residency, parental responsibility or contact orders relating to this student? No Yes ▶ **If Yes, please attach a copy of the order for the school's records**

On what date was the order issued OR on what date is the order due for review? Date: / /

SECTION 4: CONTACT DETAILS

Enrolling Parent 1/ Guardian 1

The 'Enrolling Parent 1 / Guardian 1' contact is the person who will be our primary point of contact for the operational aspects of the program during the course of the term.

Title: Mr Mrs Ms

Relationship to student

Family Name

Given Name

Does this Parent / Guardian receive family allowance?

No ▶

Yes ▶

Does this Parent / Guardian live at the same address as the student?

No ▶

If no, please also include personal details below

Yes ▶

Department & District

Position Held

Preferred Contact method Email Phone

Mobile Number

Home Phone

Email Address

Residential Address

Address

Suburb

Postcode

State

Mailing Address (if different from residential address)

Address

Suburb

Postcode

State

SECTION 5: EMERGENCY CONTACTS

In the case Parents or Guardians cannot be contacted

Family Name

Given Name

Home Phone

Mobile Phone

Relationship to student

Family Name

Given Name

Home Phone

Mobile Phone

Relationship to student

SECTION 6: MEDICAL INFORMATION

Medicare Number		No.		Valid To	/
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No
 Does this family have private health insurance Yes ▶ If Yes, with which private health insurance fund?
 Fund:

Does the student have a diagnosed medical condition, which might need first aid? No
 Yes ▶ If Yes, please tick relevant conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Intellectual Disability |
| Specify | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Joint Condition | <input type="checkbox"/> Epilepsy – Specify |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Spinal Injuries |
| <input type="checkbox"/> Epilepsy/ Seizures | | <input type="checkbox"/> Other, please specify |
| | | <input type="checkbox"/> Anaphylaxis |

Further Details: to specify conditions

Does the student use a learning aid? No
 Yes ▶ If Yes, please state which type:
E.g Glasses, Hearing Hat/Aid
 Type:

Is your child in Grade 8 this year? No
 Yes ▶ If YES please fill out separate 'Immunisation Form'

Does your child need extra routine health support?
 E.g. support with medication management, continence care, psychiatric issues) No
 Yes

Please List the 4 mains HEALTH CARE CLINICS or HOSPITALS your child has attended for medical services: *Example (Wiluna AMS, Jigalong Clinic, Princess Margret Hospital, Geraldton Regional Hospital, Newman GP Clinic)*

1.	2.
3.	4.

SECTION 7: A) CONSENT - MEDICAL		
I give consent to my child having dental treatment at Meekatharra or Wiluna when required.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I give permission for Karalundi staff to seek professional medical assistance; provide medical treatment; and seek medical history from other medical service providers for my child when required.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
SECTION 7: B) CONSENT – UNRESTRICTED LEAVE		

I give permission for this student to be released from Karalundi into the company of the person/s below.

	Family Name		Given Name
	Home Phone		Mobile Phone
Relationship to student			
	Family Name		Given Name
	Home Phone		Mobile Phone
Relationship to student			

SECTION 7: C) CONSENT – OTHER		
I give consent to video footage/photos/other images of my child being taken by Karalundi for a variety of public relations, communications and promotions.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I give consent for my child to participate in the Outdoor Education Program – including the attending of camps, tours and excursions provided by Karalundi.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I give consent for my child to participate in risky activities such as: go-carts and high ropes.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I agree to pay fees where necessary, as determined by the school board, including the payment for damages caused by the student, i.e. School property	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I agree the student will be living in the provided hostel provided during the school term and will be required at times to be subject to room and bag inspections to discourage students from bringing prohibited items to school	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I agree that the use and/or possession of tobacco, alcohol, and illegal substances including sniffing are prohibited and may result in expulsion.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I agree to come to Karalundi and support my child if requested by the school.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Name: _____ Date: / /

Signature: _____

Once **all sections** of the form has been **filled in completely**, please scan and email:
school@karalundi.wa.edu.au OR use the stamp envelope provided in this pack and

Post to: PMB 6, Meekatharra WA 6642.



STUDENT CONTRACT

NAME: _____

- ✓ I will attend all classes during school time.
- ✓ I will obey the rules of Karalundi, both during school time and after school time.
- ✓ I will always listen carefully and be obedient to Karalundi staff.
- ✓ I will always be helpful and show kindness to other students at Karalundi.
- ✓ I will show respect for the things of God, including worship and church, at Karalundi.
- ✓ I will show respect for Karalundi property by not writing on walls or damaging property.
- ✓ I will try to be a good role model to the younger students.
- ✓ I will respect my own body by not smoking or sniffing.
- ✓ I will work hard and do my best to achieve well at Karalundi.

Student name: _____ **Student's signature:** _____

Date: _____

Signed in the presence of Parent/Guardian or other Responsible Adult:

Name: _____ **Signature:** _____

Date: _____

If you work hard and be respectful, you will be able to achieve great things.

Remember – KARALUNDI IS GOD'S PLACE!



Exit Agreement

All students at Karalundi are expected to abide by the Student Code of Conduct. The staff at Karalundi understand that some students take a little time to adjust to the expectations of Karalundi and are willing to support them while they adjust. However, if a student persists in unacceptable behaviours, or commits a serious breach of the Code of Conduct, then the student can expect to be suspended or expelled. In the unlikely event that a student is required to leave the school before the end of the term then the school needs to know who will accept responsibility for making the arrangements and paying the costs. Please complete the following form for our records.

I accept responsibility for making the arrangements and paying the full cost of transport from Karalundi if the student identified below is suspended or expelled.

Student's name _____

Parent/Caregiver Name _____

Phone No _____

Email _____

Address _____

Signature _____

Date _____