

Child's Name:	
Date of Birth:	Year/Grade of Enrolment:
Country of Birth:	
Enrolment Date: (Today's date)	Previous School: Phone Number:
Child's Address:	
Parent / Carer 1	
Name:	Phone (hm):
Address:	Phone (wk):
	Mobile:
	Email:
Parent / Carer 2	
Name:	Phone (hm):
Address:	Phone (wk):
	Mobile:
	Email:
Invoices to be emailed to:	
<p>Emergency Contacts Emergency contacts may be called in situations including injuries or ill health, whole school emergencies such as a fire, if a child is not picked up from a school activity, or if a child's behaviour seriously breaches the School's Behaviour Guidance Policy. It is important for the school to be able to contact someone your child trusts who can pick them up from school and/or provide information about the possible whereabouts of you or your partner. Please don't put your own contact details here; we will try the above numbers first.</p>	
Name:	Phone (daytime):
Relationship to child:	Mobile:
Name:	Phone (daytime):
Relationship to child:	Mobile:
Name:	Phone (daytime):
Relationship to child:	Mobile:
Additional Comments / Notes:	

Fees	I/We agree to pay \$963 per term in school fees plus additional costs incurred by the school on behalf of my child, including excursions, camps and personal accident insurance.
	I/We agree to pay fees within 30 days of issue of invoice. If unable to pay for each term in advance, I will contact the Administration Officer to arrange to pay by instalments.
	I/We understand that if I do not contact the Administration Officer prior to the due date of any invoice, a \$50.00 administration charge for tuition fees and a \$5.00 fee for all levies will be added to my account. If a direct debit is dishonoured a \$5.00 fee will be charged per failed transaction.
	I/We understand that if fees or payment plans fall into arrears by 90 days, attendance at the school cannot be continued until all fees are up to date.
	I/We understand that the school fees are broken into 4 terms and each term attended must be paid in full even if I start / leave the school part way through the term.
	I/We agree to give the school a term's notice before leaving the school, should I choose to do so.
	I/We understand that if a full term's notice is not given, I/we will be charged full fees for the current and following term.
	I/We understand that I am/we are jointly and severally responsible for all tuition fees and charges associated with attending Kerry Street Community School.
	I/We agree to pay any costs incurred in the recovery of monies owed to the school, such as debt collector fees or court fees.

I _____ have read the above fee information and agree to all the conditions listed.

Parent/Carer 1 Name: _____ Signature: _____

I _____ have read the above fee information and agree to all the conditions listed.

Parent/Carer 2 Name: _____ Signature: _____

If you wish to request that your fees be split between 2 individuals, please email kerrystreet@kerrystreet.wa.edu.au to request an "Authority to Invoice Separately" form. Both parents/carers must sign this document.

Participation

Kerry Street Community School relies heavily on the active participation of the school community. To ensure an even spread of the workload and expense involved in the school's upkeep and day-to-day operation, each family is required to make a minimum contribution, preferably by participation or if unable to do so, by financial compensation. It is also the responsibility of each individual family to keep track of the hours worked and to return all completed paperwork required by the specified due date each term or a levy (or part thereof) will be charged. **Please note:** participation and levies apply per family, not per student.

Topic	Details: Please initial each line.	Initial
Community Jobs	I agree to participate in community jobs each term for a minimum of ten (10) hours. If unable to participate, I agree to pay within 30 days of issue of invoice the relevant component of the participation levy (\$350 or \$35 per hour for any incomplete hours). I further agree to maintain records confirming my family's participation each term and to provide those details to the Administration Officer by the due date each term. I accept that further charges may be levied to cover costs. I undertake to meet these charges as soon as I become aware of them.	

Sole Parents

A **sole-parent** family is one in which only one parent or guardian is contributing to the full-time care and financial support of a student. The student does not stay with another parent/guardian at any time, nor does the student receive any financial contribution from another parent/guardian. The sole parent is also not in a de-facto/married relationship with another person.

A **single-parent** family is one where the care and/or support of a student may be shared with another parent or guardian. The student stays with another parent/guardian at times and/or may receive some financial contribution from another parent/guardian. The single parent may also be in a de-facto/married relationship.

Sole parent families are eligible for a 50% reduction in community job hours/levies.

Topic	Details:	Please circle
Sole Parent Declaration	I advise that I am a sole parent as per the definition above.	Yes / No
	I confirm that I do not receive any care or financial assistance from another parent/guardian.	Yes / No
	I confirm that I am not in a de-facto or married relationship with another person.	Yes / No
	For the purpose of community job hours and levies, I agree to notify the school immediately if another parent/guardian begins to care for, or provide financial assistance to, my child/ren.	Yes / No

I _____ have read the above participation information and agree to all the conditions listed. Signed by Parent/Carer 1: _____

I _____ have read the above participation information and agree to all the conditions listed. Signed by Parent/Carer 2: _____

Communications

The coordination of the day-to-day participation of Kerry Street Community School members requires regular and ongoing communication. The arrangements listed below are important to keep things running.

Topic	Details: Please initial or complete/tick/circle each line item as appropriate.	Initial
Email	<p>The school produces a regular newsletter which is distributed by email. I/we will read the newsletter on a regular basis in order to keep up my family's involvement in school activities and our commitments to the school community.</p> <p>Please send newsletter to Parent/Carer 1 <input type="checkbox"/> Parent/Carer 2 <input type="checkbox"/></p>	
Contact List	<p>I/we give my/our permission for the following details to be published on a class contact list:</p> <p>Child's name, first name and surname of parent(s)/carer(s), mobile number(s) and email address(es)</p> <p>Parent/Carer 1 <input type="checkbox"/> Parent/Carer 2 <input type="checkbox"/></p>	Yes / No
Association Register	<p>Kerry Street is required to keep a register of all members of the Association. I/we wish to have my/our name & email</p> <p>Parent/Carer 1 <input type="checkbox"/> Parent/Carer 2 <input type="checkbox"/></p> <p>or</p> <p>name & address added to the Association Register</p> <p>Parent/Carer 1 <input type="checkbox"/> Parent/Carer 2 <input type="checkbox"/></p>	
Internet Agreement	<p>I/we agree to my/our child having supervised access to the internet at school. My child and I have signed a Kerry Street Students' Internet Agreement and we are aware of the commitments that we have made.</p>	
Use of School Computers	<p>Family and Community members use the school computers at times. This may only be done by arrangement with the Principal and excludes the opening of emails and downloading of programs unless related to school business and authorised by the Principal. My family agrees to abide by the conditions above and also not to indulge in any abuse of copyright or accessing of inappropriate content.</p>	
Code of Conduct	<p>As parents are often volunteers at school, we ask that all parents sign a Code of Conduct when enrolling their child and inform the Principal of any changes to circumstances that might impact on their eligibility to volunteer in a school context. This is part of our duty of care policy.</p> <p>I/we have completed the Code of Conduct.</p>	
Working with Children Check	<p>I/we understand that a valid working with children check card must be supplied by each individual family member who wishes to stay overnight on school camps, prior to attending.</p>	
Family Court	<p>Is there any information the school should have about restrictions to access to your child or other court related determinations? If so, please see the Principal with any documentation related to this, including but not exclusive to: Standing Orders, lists of people with access to the child/children, etc.</p>	Yes / No

Topic	Details: Please initial or complete/tick/circle each line item as appropriate.	Initial						
Medical Consent	<p>I consent to my child being treated in an emergency by local or family doctor or Fiona Stanley Hospital, at the discretion of the responsible adults at the time.</p> <p>I accept full responsibility for all costs incurred.</p>							
Child's Doctor	<table border="0"> <tr> <td data-bbox="293 327 874 389">Name:</td> <td data-bbox="874 327 1396 389">Medicare Card No:</td> </tr> <tr> <td data-bbox="293 389 874 452">Address:</td> <td data-bbox="874 389 1396 452">Expiry:</td> </tr> <tr> <td data-bbox="293 452 874 510">Telephone Number:</td> <td data-bbox="874 452 1396 510">Child's Reference No:</td> </tr> </table>	Name:	Medicare Card No:	Address:	Expiry:	Telephone Number:	Child's Reference No:	
Name:	Medicare Card No:							
Address:	Expiry:							
Telephone Number:	Child's Reference No:							
Vaccination	<p>Is your child vaccinated to the current schedule?</p> <p>If Yes, please provide us with an 'Immunisation History Statement' downloaded via MyGov (must be less than 2 months old at enrolment date).</p> <p>Kindergarten enrolments only:-</p> <p>My child will be fully vaccinated to schedule upon commencement in kindergarten, or I hold a current exemption.</p> <p>If your child is eligible for an exemption please indicate which category applies. Evidence is required for all exemptions 6 weeks prior to commencement. Please use this link for any questions you may have:- campaigns.health.gov.au/immunisation facts</p> <p>If No, please fill out a Notification of Non-Vaccination form (available from reception).</p> <p><input type="checkbox"/> Child is on a catch-up schedule prescribed by the regulations</p> <p><input type="checkbox"/> Child is Aboriginal or Torres Strait Islander</p> <p><input type="checkbox"/> Child is in need of protection</p> <p><input type="checkbox"/> Child is living in crisis accommodation</p> <p><input type="checkbox"/> Evacuated child</p> <p><input type="checkbox"/> Child is in the care of an adult, other than their parent or guardian</p> <p><input type="checkbox"/> Child is in the care of a responsible person who holds a valid Health Care Card; Pensioner Concession Card; Veterans' Affairs White or Gold Card</p> <p><input type="checkbox"/> Child first entered Australia less than 6 months before the time of enrolment and holds an eligible visa</p>	<p>Yes / No</p> <p>Yes / No</p>						
First Aid	<p>I would prefer my child to be treated, if possible, with (please tick all that apply):</p> <p><input type="checkbox"/> Orthodox</p> <p><input type="checkbox"/> Homeopathic and/or</p> <p><input type="checkbox"/> Herbal remedies</p> <p><input type="checkbox"/> At discretion of staff members</p> <p>In an emergency situation, e.g. anaphylactic shock, staff members' discretion will be used (see First Aid and Emergency Procedures Policy).</p>							

Health	<p>Are there any health considerations the school should know about when caring for your child, including (please tick all that apply):</p> <p><input type="checkbox"/> Regular/ongoing medication</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Allergies (please specify)</p> <p><input type="checkbox"/> Anaphylaxis</p> <p><input type="checkbox"/> Other (please specify)</p> <p>If you answered yes to any of the above, please see reception as a separate form must be completed.</p>	Yes / No
Dietary needs	<p>Does your child have any food allergies or dietary requirements? (please tick all that apply)</p> <p><input type="checkbox"/> Gluten Free</p> <p><input type="checkbox"/> Dairy Free</p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Vegan</p> <p><input type="checkbox"/> Other (please specify)</p> <p>_____</p> <p>_____</p> <p>_____</p>	Yes / No
Special Needs	<p>Does your child have any special needs?</p> <p>If yes, please provide us with additional detail –</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	Yes / No
Head Lice	<p>I agree for my child's hair to be checked at school for lice and nits. I agree to regularly and effectively manage head lice at home.</p>	Yes / No Yes / No
Sunscreen	<p>I agree for sunscreen to be applied to my child before an outing in direct sun. If No, I agree to provide alternative sun-safety options for use on/by my child.</p>	Yes / No Yes / No

Topic	Details: Please complete/circle each line as appropriate.	
Child's Photos	I agree for photos of my child, taken by the school staff, to be used in the school newsletter.	Yes / No
	I agree for photos/video of my child, taken by the school staff, to be used on the school website	Yes / No
	I agree for photos/video of my child, taken by the school staff, to be published in Educa, closed Kerry Street network for the purposes of communication with parents.	Yes / No
	I agree for photos of my child, taken by the school staff, to be used in external promotional material (e.g. Newspaper, flyers) that the school may choose.	Yes / No
	I agree for photos of my child to appear in publications produced by the school including its annual Yearbook and any class-specific books or journals that may be created.	Yes / No
	I agree for my child's photo to be taken for school reports (these will only be used for the purpose of a cover for each semester report)	Yes / No

Have you completed the following additional forms?

- Kerry Street Students' Internet Agreement
- Confidential Declaration for Volunteers (one for each adult in your family who may volunteer at school)
- Notification of Non-Vaccination (if applicable)
- Allergy and Illness Management and Emergency Response Plan (for if your child has Asthma or any health issues we should know about)

I confirm that I have read and understood all of the above. Any questions I had have been answered to my satisfaction:

Signed by Parent/Carer 1: _____ Date: _____

Signed by Parent/Carer 2: _____ Date: _____

OFFICE USE ONLY

I have read the above, taken any relevant action and sent a transfer note where required:

Signed by KSCS Principal: _____ Date: _____

EasySchool Updated

Student File Updated

Invoices Raised

Signed by Admin: _____

Date: _____

Signed by Bursar: _____

Date: _____