



Alkimos College Enrolment 2025

Student Name: _____ Enrolment Year Level: _____

General Information

This is the enrolment package for 2025 at Alkimos College. A parent or legal guardian applying to enrol a child in a government school must complete the **Application for Enrolment** form and provide all documentation.

Submitting an application for enrolment does not guarantee you will receive a place at the college. The college will notify you in writing of the outcome of your application. All enrolments need to be submitted in person.

Enrolment at the college is only guaranteed for students who live in the Local Intake Area (LIA). Information about the LIA can be found on our website. www.alkimoscollege.wa.edu.au
The Department's *Enrolment Policy* can be found at <http://www.det.wa.edu.au/policies>

Local Intake Area (LIA) Applications

To assist the college in planning for 2025, it is recommended that the enrolment package for Alkimos College be completed and submitted by **Friday 19 July 2024**.

Out of Area (OOA) Applications – CLOSING DATE FRIDAY 19 JULY 2024

Please submit the completed enrolment package on or before **Friday 19 July 2024**.

If spaces are available enrolments will be determined by:

- (a) a child who is accepted into an Approved Specialist Program
- (b) children who have siblings enrolled at the college; and
- (c) children who live closest to the college.

You will be informed in writing by 9 August 2024 to let you know if your 2025 application has been successful.

Specialised Autism Learning Program (SALP) – CLOSING DATE FRIDAY 3 MAY 2024

If you are seeking enrolment in the Specialised Autism Learning Program (SALP) please tick here and please complete the SALP Expression of Interest Form (available from the college or on our website).

Enrolment Checklist

When you enrol a student at Alkimos College please provide **photocopies** of the following (our staff are unable to provide photocopying services) **Please note applications that are missing information or do not have all supporting documents (as detailed below) cannot be accepted or processed.**

Documentation needed for enrolment

- Rates notice or lease agreement.** Other evidence may include a letter from a builder for new builds.
- Recent utility bill
- Photocopy of your **driver's licence**
- Photocopy of student's **birth certificate**
- Current **AIR Immunisation History Statement** (that is no more than 2 months old)
- Photocopy of **Medicare Card** detailing student's name

Previous Education Information

- Latest School Report
- Latest NAPLAN Report
- Information relating to any suspensions or exclusions
- Diagnosed Learning Difficulty Report (if applicable)

Other forms to be completed (in package)

- Enrolment form
- Student Health Care Summary
- Student Travel Permit
- USI (Unique Student Identifier)
- ICT Responsible Use Policy 2025
- Permission to publish student image/work
- SALP EOI (if applicable)

If both parents were not born in Australia

- Date of entry into Australia
- Copy of passport
- Visa Grant and Sub Class number **OR**
- Citizenship Certificate

College Contact Details

Email: alkimos.col.enrolments@education.wa.edu.au

Phone: (08) 9561 7300

Website: www.alkimoscollege.wa.edu.au

Application for Enrolment 2025 Please complete all sections

STUDENT DETAILS (please complete in BLOCK letters)																							
Legal surname:																							
Surname (if different):																							
First name:																							
Middle name:																							
Preferred name:																							
Date of birth:		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>																				
Residential address:	Street:																						
	Suburb:	Postcode:																					
Home Telephone:		Student USI:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Country of birth:		Nationality:																					
Residential Status	Permanent Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other <input type="checkbox"/>																						
Non English speaking background:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Language spoken at home (other than English)																					
Is student of Aboriginal or Torres Strait Islander Origin?:	Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander (TSI) <input type="checkbox"/> Yes, both Aboriginal and TSI <input type="checkbox"/>		No <input type="checkbox"/>																				
List of siblings who currently attend Alkimos College:																							

If both parents were not born in Australia please complete this section																							
Australia entry date:		Permanent Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/> Citizenship: Yes <input type="checkbox"/> No <input type="checkbox"/>																				
Visa sub class number:		Visa expiry date:																					
Visa grant number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Photocopy of visa grant notice must be included in this application	

Are there any family court orders regarding access restriction, the day to day or long term care, welfare and development of your child? <i>If yes, it is a legal requirement that you provide copies to the college.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this student in the care of the Department of Child Protection and Family Services? <i>If yes please specify CPFS district, CPFS case manager and contact number below:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CPFS District:	CPFS Case Manager:	Contact Number:

PARENT/GUARDIAN DETAILS – 1						
Parent Guardian 1:	Title:		First name:		Surname:	
Relationship to student:			Language spoken at home:			
Postal address (if different from student residential address):	Street:					
	Suburb:		Postcode:			
Telephone (home):			Mobile number:			
Email address:						
Telephone (work):			Work location:			
What is the highest year of primary or secondary school you have completed?	Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or below <input type="checkbox"/>					
What is the highest level of qualification you have completed?	Bachelor Degree or above <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> No non-school qualification <input type="checkbox"/>					
What is your occupation group? (Insert 1, 2, 3 or 4) <i>Please select the appropriate parental occupation group from the list on page 7. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8'</i>						
Please note Parent Guardian 1 is responsible for payment of contributions and charges						

PARENT/GUARDIAN DETAILS - 2						
Parent Guardian 2:	Title:		First name:		Surname:	
Relationship to student:			Language spoken at home:			
Postal address (if different from student residential address):	Street:					
	Suburb:		Postcode:			
Telephone (home):			Mobile number:			
Email address:						
Telephone (work):			Work location:			
What is the highest year of primary or secondary school you have completed?	Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or below <input type="checkbox"/>					
What is the highest level of qualification you have completed?	Bachelor Degree or above <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> No non-school qualification <input type="checkbox"/>					
What is your occupation group? (Insert 1, 2, 3 or 4) <i>Please select the appropriate parental occupation group from the list on page 7. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8'</i>						
Who does the student live with?	Both parents <input type="checkbox"/>	Parent/Guardian 1 <input type="checkbox"/>	Parent/Guardian 2 <input type="checkbox"/>	Independent minor <input type="checkbox"/>	Other <input type="checkbox"/> Name: Relationship to student:	

EMERGENCY CONTACTS (indicate contacts in order of preference)

	Full Name	Mobile Number	Relationship to student
1.			
2.			
3.			
4.			

What school did the student previously attend?	Year level:	
Has student ever been suspended or excluded from a school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes which school:		

STUDENT DETAILS – MEDICAL AND HEALTH

*In addition to the information below, a separate form (student health care summary) included in this pack is to be completed for all students. **NOTE:** For students identified as having health conditions requiring support from the college, additional forms will be provided by the college for completion.*

Does the student have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES please specify:	
Please indicate where you have documentation about your child's disability in any of the following areas. Please provide details of diagnosis and information regarding level of support required			
<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Global Developmental Delay (prior to age 6) <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Physical Disability		<input type="checkbox"/> Severe Mental Disorder <input type="checkbox"/> Specific Speech Language Impairment <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other _____	
Does the student have a medical condition or intensive health care need?			Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please specify below:
<input type="checkbox"/> Allergy – Anaphylaxis to _____ <input type="checkbox"/> Allergy – Other _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Diagnosed migraine/headaches <input type="checkbox"/> Hearing condition (eg otitis media)		<input type="checkbox"/> Intensive Health Care Need (eg Diabetes) <input type="checkbox"/> Mental health (<input type="checkbox"/> ADD, <input type="checkbox"/> ADHD, <input type="checkbox"/> Anxiety, <input type="checkbox"/> Depression, <input type="checkbox"/> Sensory) <input type="checkbox"/> Seizure Disorder (eg epilepsy) <input type="checkbox"/> Other _____	
Has student accessed previous Psychologist support?	Private <input type="checkbox"/> School <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has student received previous Chaplain involvement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does student have any diagnoses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes please specify below and include copy of documentation) _____	
Has the student been previously or is currently involved with an external Agency? (eg CAMHS, Therapy Focus, Headspace etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	(if Yes please specify below) _____	

Medical practice:														
Doctors name:								Telephone:						
Medicare number:								-				Valid to:	____/____	
Health care card:								-				Valid to:	____/____	
Do you have ambulance cover? <i>(If there is a medical emergency parents/guardians are expected to meet the cost of the ambulance)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes please provide insurance provider:											
Does student require medication to be administered by the school?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes please specify:											

PARENTAL/GUARDIAN CONSENT AND PERMISSIONS

At Alkimos College we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may require some form of parental consent. This form asks you to consent (or otherwise) to your child’s participation/use/access to several aspects of the college program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

Policies relevant to the following permissions (where applicable) are available on the college website.

VIEWING CONSENT
 As part of the college learning program, there may be occasions throughout the year to screen online content – ‘PG’ and ‘M’ as deemed suitable by the teacher and college administration.

Yes, I consent to my child viewing items with a ‘PG’ and ‘M’ rating, if deemed suitable by the teacher and college administration.

No, I do not give consent.

LOCAL EXCURSIONS
 Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, or shopping centre. On all occasions, parents will be notified of the local excursion.

Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the college.

No, I do not give consent.

POLICIES AND AGREEMENTS
 Please tick below to confirm I/We understand that completion of the enrolment process implies acceptance of and adherence to Alkimos College Policies/Agreements, which can be found on our website.

<input type="checkbox"/> Assessment Policy	<input type="checkbox"/> Healthy Food and Drink Policy
<input type="checkbox"/> Attendance Policy	<input type="checkbox"/> ICT Responsible Use Policy
<input type="checkbox"/> Student Dress Code Policy	<input type="checkbox"/> Mobile Phone and Electronic Devices Policy
<input type="checkbox"/> Good Standing Policy	<input type="checkbox"/> Positive Behaviour Policy
<input type="checkbox"/> Drugs and Illegal Substances Policy	<input type="checkbox"/> Anti-bullying Policy

ENROLMENT AGREEMENT AND DECLARATION

Please tick to confirm:

- I understand that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

Please tick to declare that:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- I have provided all documentation available to me.
- I understand that should any change of permanent address or lease arrangement prove not be substantiated by the start of Term 1 2025, then the enrolment will be cancelled, as per the Department of Education Enrolment Policy.

Parents are reminded that under the Education Act 1999, the Principal may cancel the enrolment if it was obtained by giving false or misleading information; or notice of changes have not been provided about the names and usual place of residence of the child, parents, or about any provisions in force at law for the long term and day to day care, welfare and development of a child (ss 16,17,20 School Education Act 1999).

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.

Name of Student:	
Name of person enrolling the student:	
Relationship to student:	
Signature:	
Date:	

Parental Occupation Groups

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sports persons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<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 Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] 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, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>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.</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 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]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>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]</p> <p>Labourers and related workers Defence Forces ranks below senior NCO not included in other groups 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] Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

Please select the appropriate parental occupation group from the list above.

- **If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.**
- **If you have not been in paid work in the last 12 months, enter '8' instead.**

OFFICE USE ONLY

Date Enrolment Received:		Received by (initials):		SALP <input type="checkbox"/> GAT <input type="checkbox"/>	LIA <input type="checkbox"/> OOA <input type="checkbox"/> INTL <input type="checkbox"/>	Proposed Start date:	
Document	Date	Initial	Notes:				
Rates notice/lease agreement							
Letter from builder & Stat Dec							
Utilities bill							
Driver's licence							
Birth certificate							
AIR Immunisation History							
Medicare card							
Family court order							
Suspension/exclusion info							
Diagnosed learning difficulty report							
Latest School report							
Latest NAPLAN report							
If parents not born in Australia							
Visa documentation & passport							
Citizenship certificate							
Visa grant & sub class number							
International fee-paying student							
Public School Placement Form Part A <i>(International Students Only)</i>							
Completed paperwork							
Student health care summary							
Smart Rider permission							
USI Number							
Permission to publish images							
Online acceptable use agreement							
Permission for online account							
Administration							
Entered on SIS							
SIS Checked by							
Added to spreadsheet							
Appointment with AP							
Start date							
Transfer notice sent							
Email acceptance/decline sent							

APPROVAL OF PRINCIPAL OR DELEGATE

Signature:		Date:	
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>		