

## IMPORTANT NOTICE

We are unable to accept applications without the items listed in red on the checklist (i.e. proof of address and/or a birth certificate).

Expression of Interest forms can also be downloaded from the website for the following subjects:

- FASHION DESIGN (SPECIALIST PROGRAM)
- CRICKET (SPECIALIST PROGRAM)
- ELITE NETBALL PROGRAM
- NETBALL ACADEMY

Should you wish to apply for these programs, please do so at the time of your application.

An email address will also be required to ensure you do not miss out on important school communications.

Details of our policies, ICT services, pastoral care information, uniform shop, canteen etc., are detailed on the school website [www.belridgecollege.wa.edu](http://www.belridgecollege.wa.edu) or alternatively please contact the school on 9408 8000 for hard copies.

Thank you.



# BELRIDGE SECONDARY COLLEGE

An Independent Public School

17 Gwendoline Drive, Beldon WA 6027  
T: (08) 9408 8000 F: (08) 9307 7133  
E: [school@belridgecollege.wa.edu.au](mailto:school@belridgecollege.wa.edu.au)  
W: [www.belridgecollege.wa.edu.au](http://www.belridgecollege.wa.edu.au)  
ABN 67 170 041 476

Principal: Mr John Burke

Dear Parent/Guardian,

Choosing the right school for your child is an important decision. The ability of a school to cater for the whole student is crucial in this choice. Belridge Secondary College has a proven record of providing academic, social and emotional support for every student. As an Independent Public School, Belridge SC has innovatively and deliberately changed the structures of the college to create the environment and conditions for all students to be successful.

Belridge SC aims to develop a school community that encourages personal, social and environmental responsibilities. The College has student achievement at the heart of our endeavours, and our staff have dedicated their efforts over a long period of time to improve learning outcomes for students in a wide range of domains. Our College aims to have rigorous expectations of student performance, and provide an inclusive environment in which all students can succeed.

Our College Values "Respect Yourself, Respect Others, and Respect the Space" are emphasised in our behaviour – staff, students and community members model and demonstrate these values in their everyday practice and learning. We aim to be an inclusive school, and cater for the needs of all students within the Belridge Secondary College community.

Our College places emphasis on high levels of academic achievement - our ATAR performance over time has enabled the College to offer a comprehensive University Pathway course selection. Our VET results are evidenced by our systemically significant Attainment rate. These successes are complimented by our programs dedicated to excellence in the Arts, Technology and Enterprise and Health & Physical Education. Our Cricket Academy has consistently produced elite cricketers, and our Fashion and Design Specialist Program enables students to follow their passion and attain excellence in their chosen field.

Online sources can provide relevant information when deciding where to enrol your student. I would also encourage you to contact the school and arrange a tour of the facilities to enhance your understanding of the opportunities that our College can offer.

Please contact the College on 9408 8000 or email me directly – [john.burke@education.wa.edu.au](mailto:john.burke@education.wa.edu.au) to discuss any queries or to arrange a guided tour. I look forward to working in partnership to give your student the best possible experience.

Welcome to our College.

JOHN BURKE  
Principal

# BELRIDGE SECONDARY COLLEGE ENROLMENT FORM

Please complete the Student Enrolment Form and return it to the school for confirmation of this student's enrolment. Family details should include details of parents, guardians or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/Guardian/Carer details section of this form.

## CHECKLIST

Please check that you have included the following documents with your enrolment form:

Proof of address ( <b>at least 2</b> ) ie (i) current lease agreement <b>OR</b> proof of ownership of property (rates notice) <b>AND</b> (ii) driver's licence showing current address <b>OR</b> utilities bill	
Full Birth Certificate	
Identity documents (if applicable)	
Immunisation History Statement from Australian Childhood Immunisation Register (ACIR)	
Court order (if applicable)	
<b><i>If your child was not born in Australia or New Zealand, you must provide:</i></b>	
Evidence of the date of entry into Australia	
Passport or travel documents	
Current visa (including visa grant number) and previous visas (if applicable)	
<b><i>In addition, if your child is a temporary visa holder you must provide:</i></b>	
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).	

### **INFORMATION TO BE PROVIDED**

**Where an item is marked with a red asterisk (\*) the information must be provided.**

This information is required by the Western Australian Department of Education 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 Enrolment Form, 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.**

### **Security and Confidentiality**

The information provided in Enrolment Forms is 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.

### **Assistance with completing this form**

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

## Parental Occupation Groups:

(Relates to questions in Parent/Guardian/Carer 1 and Parent/Guardian/Carer 2 sections)

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



# BELRIDGE SECONDARY COLLEGE

## PHOTO PERMISSION

Dear Parent/Guardian

I request your permission for video or photographic images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. I am also seeking your permission for the school to publish images and/or samples of your child's work.

If you give your permission, the school may publish images of your child and/or samples of work done by your child in a variety of ways, including, but not limited to, online and hard copy school newsletters, Department of Education Internet web sites or intranet web sites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

If you sign the attached form it means that you agree to the following:

- The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- Your child's image may be reproduced either in colour or in black and white.
- The school will not use your child's image or samples of your child's work for any purpose other than for the education of students or for the general promotion of public education and the school.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form below and return it to the school.

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### CONSENT FORM

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education.

I also agree to the publication of images or samples of work of (insert child's name) \_\_\_\_\_ in ways including, but not limited to, web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper, subject to the conditions set out above. I will notify the school if I decide to withdraw this consent.

Name of student: \_\_\_\_\_ Form / Class: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# BELRIDGE SECONDARY COLLEGE

## ONLINE CONSENT FORM

Dear Parent/Guardian

Our school now has access to the online services provided by the Department of Education. These increase the range of teaching tools available to staff and will enhance the opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services. This will involve the school using the student's full name, preferred name, class and year to create a unique online services account.

The Department's online services currently provide:

- individual email accounts for all students and staff;
- access to the internet, with all reasonable care taken by schools to monitor and control;
- students' access to web sites while at school;
- access to email services from home if the home computer is connected to the Internet; and
- access to the Online Teaching and Learning System.

If you agree to your son or daughter making use of these online services, please ensure that your son or daughter reads and understands the acceptable usage agreement attached to this letter. The completed "Acceptable Usage" document should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure.

You should also be aware that general Internet browsing by your child **from home or locations other than school is not monitored or filtered by the Department** since it is not conducted via the Department's online services and that you are responsible for supervision of your child's use of the internet from home.

Yours sincerely

**JOHN BURKE**  
Principal

June 2016

## ACCEPTABLE USAGE AGREEMENT FOR HIGH SCHOOL STUDENTS YEAR 7-12

If you use the online services of the Department of Education you must agree to the following rules.

- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will not give anyone my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I understand that I am responsible for all activity in my online services account.
- I will tell my teacher if I think someone has interfered with or is using my online services account
- I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users.
- If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it. Examples of inappropriate content include violent, racist, sexist or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education.
- I will not use or distribute material from another source unless authorised to do so by the copyright owner.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will be courteous and use appropriate language in all internet communications.
- I will not use the Department's online services for personal gain or illegal activity, to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

I understand that

- I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account;
- The misuse of online services may result in the withdrawal of access to services and other consequences dictated in Schools policy; and
- I may be held legally liable for offences committed using online services

I agree to abide by the acceptable usage agreement for school students.

I understand that if I am given an online service account and break any of the rules in the agreement, it may result in disciplinary action, determined by the Principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of student: \_\_\_\_\_ Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Date processed: / / Processed by (initials):

Students online

All policy and procedural statements contained within this document are lawful orders for the purposes of section 80(a) of the Public Sector Management Act 1994 (WA) and are therefore to be observed by all Department of Education employees.







# BELRIDGE SECONDARY COLLEGE BELSURF 2017

## EXCURSION TO BELSURF SORRENTO BEACH TBA Term 1 2017

Dear Parents/Guardians,

Each year the "Belsurf" carnival is held at Sorrento Beach with all students from the College expected to attend. The only exceptions are students who have lost their Good Standing or students who are not at school due to illness or family circumstances.

Students will travel to Sorrento Beach on the school buses and charter buses, which will leave at 9.15am and return by 2.30pm. The excursion involves supervised swimming activities. The WA Surf Lifesaving Association will be providing lifeguards for the event, and the required numbers of Belridge SC staff are qualified to supervise these activities.

- PLACE:**                      **SORRENTO BEACH**                      **DATE: TBA Term 1 2017**
- TIME:**                      For students, there will be a special form period at 8.45am. Students will be transported free of charge to the beach by bus for a 9.50am start.
- WHAT TO BRING:**        Students require a HAT, SUNSCREEN and WATER as a minimum.  
NOTE: The school will provide some shelter from the sun.
- WHAT TO WEAR:**        Dress sensibly for sun protection. A rash vest or t-shirt should be worn as minimum protection for the top half of the body. Also be wary of possible cool conditions on the day.
- LUNCH:**                      Students are asked to bring their own packed lunch and drinks.
- REFRESHMENTS:**        Drinks and snacks may be purchased on the day from the kiosk.
- END OF SCHOOL:**        The Carnival ends at approximately 2.00pm. Students will be shuttled back to school by bus. Dismissal will be upon return to school at approximately 2.40pm. Students can only be dropped off and picked up at the school.
- FIRST AID:**                There will be a First Aid tent on the day.

✂ \_\_\_\_\_

I \_\_\_\_\_ give my consent for my student \_\_\_\_\_ to attend the excursion to Belsurf at Sorrento Beach on a date to be determined in Term 1 2017.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# BELRIDGE SECONDARY COLLEGE

## BELSURF 2017

### CONSENT FOR WATER-BASED EXCURSION STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

#### Student details

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent or guardian's full name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. Home - \_\_\_\_\_ Work - \_\_\_\_\_ Mobile - \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Telephone No. - \_\_\_\_\_

#### Swimming ability (see the Department of Education and Training Swimming and Water Safety Continuum attached)

- |                     |                              |   |
|---------------------|------------------------------|---|
| 1. Beginner         | 7. Intermediate              | My child has achieved Stage number: <input type="checkbox"/>  |
| 2. Water Discovery* | 8. Water Wise                | Date achieved: _____  |
| 3. Preliminary      | 9. Senior                    | I am unsure, please assess my child: <input type="checkbox"/> |
| 4. Water Awareness* | 10. Junior Swim and Survive* |   |
| 5. Water Sense*     | 11. Swim and Survive*        | Other comments: _____   |
| 6. Junior           | 12. Senior Swim and Survive* | _____   |

#### Note: Details of swimming ability related to the excursion

Schools need to request information from parents regarding students' skills and abilities in the context of the excursion, e.g. ocean, pool.

\* Royal Life Saving of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

#### Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes  No

If "yes", give details: \_\_\_\_\_

#### Is your child allergic to :

Penicillin  Give details \_\_\_\_\_ Any food  Give details \_\_\_\_\_

Any other drug  Give details \_\_\_\_\_ Other  Give details \_\_\_\_\_

Is any special care required? Yes  No  If yes, give details \_\_\_\_\_

Tetanus vaccination: Yes  No  Don't know

#### Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? Yes  No

Does your child self-administer the medication? Yes  No

If "yes", give details (dosage, frequency, name of medication and reason for use): \_\_\_\_\_

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## SMS MESSAGES FOR ABSENTEES

**BELRIDGE SECONDARY COLLEGE** uses a messaging system to parents when students have unexplained absences.

An **SMS** is sent to a designated parent mobile phone if a student is absent without explanation. Messages begin at 11.00am. Further messages are sent at 4.00pm, if additional absences are reported during the day.

We encourage parents to inform us by phone on **9408 8063** (for Years 7, 8, and 9), and **9408 8058** (for Years 10, 11 and 12), or by sending an SMS to **0400 209241** early in the day and prior to the messages being sent, if their child is to be absent or late.

The school asks parents to keep their contact details current, especially their mobile phone numbers.

Thank you for your cooperation.

**HAL SPEDDING**  
Head of Student Services  
Senior School

**HEATHER FERRERI**  
Head of Student Services  
Middle School

# FORM 1 – STUDENT HEALTH CARE SUMMARY - REVISED

## SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

FAMILY CONTACT DETAIL	MEDICAL DETAILS
Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
Address:	Doctor 2: Telephone:
Telephone: (W) (H) (M)	I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/> If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Medicare No. (if required – for children requiring regular emergency care):

## 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.

## 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?

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: \_\_\_\_\_

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	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Conditions or Needs (Please specify)

YES  NO

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.

Name:

Date of Birth:

School:

**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: \_\_\_\_\_

Signature:

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Name: \_\_\_\_\_

**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: / /



Dear Parents

**Student SmartRider**

The Public Transport Authority (PTA) advises that all new secondary students are eligible to receive a Student SmartRider concession card. The Student SmartRider card will be similar in size to a credit card and will be made 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, and Transwa country road and country rail services and to access the Student 50 cent fare.**

In order to issue the cards 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 SmartRider to be produced. Only students, who provide parent/guardian permission for the release of these details, will be issued with a card through their school. The information that will be released is student name, date of birth, address and Curriculum Council 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 you wish your child to be issued with a Student SmartRider free of charge through their school, you should sign the attached permission and registration slip and return it to your school as soon as possible.** (NB: some schools may charge a nominal fee to parents where they have requested to have additional features on the card, such as photo ID, for school purposes.)

If the school does not receive the signed permission slip by this date, your child's student information will not be released to the PTA.

If you do not wish your child to be issued with a Student SmartRider through this process, but your child still requires a Student SmartRider concession card, then you will need to go to a Transperth Information Office and apply for one. You will need to provide proof that your child is enrolled at a school and pay a card fee of \$5.00 for the purchase of the card if you wish to apply for a Student SmartRider in this way.

Please contact your school or the Transperth Info Line on 13 62 13 if you have any further questions.

Yours sincerely

Mark Burgess  
DIRECTOR TRANSPERTH, REGIONAL AND SCHOOL BUS SERVICES

Parent / Legal Guardian Consent for Release of Student Details

I \_\_\_\_\_ (given name) \_\_\_\_\_ (family name) give permission for \_\_\_\_\_'s (student's full name) Year: \_\_\_\_\_

- student details to be released to the PTA for the purposes of issuing a Student SmartRider card.
- photograph to be taken by the school and released to the PTA for the purposes of issuing a Student SmartRider card for school purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_