



ATWELL COLLEGE

Dear Parent/Caregiver,

Please find an Enrolment Package, complete with all of the required information to assist you with your application to enrol your student at the College for Year 7, 2021.

This package contains the following:

- Student Enrolment Application (includes document checklist)
- Specialist Program Application form
- Health Care form
- USI information document / how to create a USI
- Academic Extension Program information
- STEM Enrichment Program information
- Rugby League Specialist Program information
- Netball Specialist Program information
- Music Program information
- RAPT transition flyer

For your child's application to be considered, ALL required documentation and fully completed forms **MUST** be returned to the College administration by **4pm FRIDAY 24 JULY 2020**. Emailed copies are not able to be accepted.

Please be aware that original documentation must be sighted at the time of submission. If you require additional information or support, please contact our enrolments officer, Nadene Angus on 6174 2200 or nadene.angus@education.wa.edu.au

Atwell College extends a very warm welcome to all of our incoming families and we look forward to providing a safe, supportive environment where together, we seek to fully develop your child's intellectual, physical and social wellbeing.

Kind Regards

Michael Ciccotosto
Acting Principal



ATWELL COLLEGE

Year 7 Enrolment Checklist

☐ In area application

☐ Out of area application

Student Name _____

The documentation below is required and all tick boxes and questions must also be completed for acceptance before any request to enrol will be considered.

Part applications will not be accepted.

1.	Student Enrolment Form Included in pack and must be fully completed	
2.	Student Health Care Summary Included in pack and must be fully completed	
3.	Birth Certificate Full Birth Certificate or legal documentation that states names of parents, full name of child and date of birth. Original copy must be sighted.	
4.	Passport and Visa Grant Notice For Permanent or Temporary Resident (if applicable).	
5.	Immunisation History Statement Please go to your mygov account as per below <i>Medicare > Immunisation History Statement > Select Child > Print</i> <i>Immunisation statement must be dated within 3 months of submission of enrolment</i>	
6.	Proof of Address You must include a current copy of <u>one</u> of the following: 1. Shire Rates Notice 2. Lease Agreement 3. Utility bill no older than 3 months	
7.	School Reports Evidence of most recent academic achievement from previous school, must include last two school reports and Year 5 NAPLAN	
8.	Unique Student Identifier (USI)	
9.	DCP Caseworker details Must be current (If applicable)	
10.	Court Orders Must be current or most recent (if applicable)	
11.	Disability / Health conditions/ Learning difficulties Documentation Supporting documentation must be supplied	
12.	Request to enrol in Specialist Program	
13.	Request to enrol in Education Support (if applicable)	

Application for Student Enrolment

Student Information		
Year Level		
Legal Surname as per birth certificate		
First Name		
Middle Name		
Preferred Name		
Date of Birth		
Gender		
Residential Address	Street:	
	Suburb:	Postcode:
Student Mobile		
SCSA Number (listed on school report)		
USI Number		
Name of brothers/sisters attending Atwell College and year group		

Parent/Guardian Details		
	Parent/Guardian 1	Parent/Guardian 2
Title		
First Name		
Surname		
Relationship to Student		
Parent Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student reside with this parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for payment of contributions and charges (1 person only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Mail If parent requires a Connect account, please tick yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		

Workplace		
Workplace Telephone		
Mobile		
Other Telephone		
Email address	@	@
Postal address - Street		
Suburb/ Postcode		

Parent/Guardian Background Information		
	Parent/Guardian 1	Parent/Guardian 2
Does the parent/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
What is the highest year of schooling the parent/guardian has completed? If you did not attend school, select 'Year 9 or below'	<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 below	<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 below
What is the highest qualification the parent/guardian has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade cert) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade cert) <input type="checkbox"/> No non-school qualification

Additional Emergency Contact Details			
Title, Full Name			
Relationship to Student			
Mobile			
Email address			
Does this contact reside at the same address as student :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Order			
Indicate, by placing a number in the box (1, 2,3) the order in which the following people should be contacted in an emergency. <i>All contacts must have an up to date contact phone number</i>	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Additional Emergency Contact

Student Details - Additional Information

Religion:	
Students First Language:	
Main Language Spoken at Home:	
Is the student of Aboriginal or Torres Strait Islander origin? (For students of both Aboriginal and Torres Strait Islander origin mark both 'YES' boxes)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
Is the student subject to any court orders/access restriction in respect of their care, welfare and development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student in the care of the Department for Child Protection and family Services (CPFS) Chief Executive Officer ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student an Australian citizen?	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No, please specify _____
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify _____
Is the student a permanent or temporary resident? Attach copy of Visa	<input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident Visa Sub Class Number: _____ Visa Grant Number: _____ Visa Expiry Date: _____ Date entered Australia: _____
Has the student ever been excluded from another school? If Yes, please name school	<input type="checkbox"/> No <input type="checkbox"/> Yes
It is compulsory for all students in Year 7 to study a language.	Please rank your language <i>preference</i> : <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese
Previous School: (If previously enrolled in Home Education, please specify Education Region)	

Student Details - Medical Information

Does the student have a medical condition or intensive health care need? If yes, please specify	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child have a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory: Vision <input type="checkbox"/> Sensory: Hearing <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other Diagnosis: _____ <input type="checkbox"/> Learning difficulties
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
Medicare Card	<input type="checkbox"/> Number: _____ <input type="checkbox"/> Expiry Date: _____
Centrelink Health Care Card	<input type="checkbox"/> Number: _____ <input type="checkbox"/> Expiry Date: _____
If there is a medical emergency, parent/guardians are expected to meet the cost of an ambulance.	

Memorandum of Agreement - Student

Student Responsibilities

All students will adhere to the policies and processes of Atwell College

1. I will wear full school uniform.
2. I will follow the teachers' instructions and work to the best of my ability in all classes.
3. I will behave in a way that supports and encourages the learning of others.
4. I will show respect to other students, staff and the school environment.
5. I will arrive to lessons on time and with all the right equipment to participate in the lesson.
6. I will access computers and use the internet in accordance with the College policy.
7. I will adhere to the DOE mobile phone policy

Student Name: _____

Student Signature: _____

Date: _____

Memorandum of Agreement – Parent/Guardian

Parent/Guardian Responsibilities

1. I will ensure my child's attendance at school on all school days or notify the college of the reasons for the absence.
2. I will provide my child with full school uniform and appropriate equipment.
3. I will notify the school of any changes to contact details or health details of my child.
4. I will maintain positive contact with my child's team of teachers.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please Read Carefully and Complete

I have read the Atwell College policies found on the website and agree to abide by the information contained in them	<input type="checkbox"/> Yes <input type="checkbox"/> No A copy of all the college policies can be found on our website at http://www.atwellcollege.wa.edu.au/view/policies/
I agree that any photograph taken of my child may be displayed in documents used by the College for public relations exercises, public display and/or internet publications. Please note : selecting no will exclude your student from inclusion in the Year Book	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be issued a student Smart Rider card (this will include your child's photo for ID purposes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The information and statements provided in this application for enrolment are true and accurate	Parent/Guardian 1 signature: _____ Date: _____
NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed.	

Office Use	Start Date: ____/____/____
<input type="checkbox"/> Birth Certificate or Current Passport sighted	<input type="checkbox"/> Eligible birthdate
<input type="checkbox"/> Immunisation records received	<input type="checkbox"/> Proof of residency sighted
<input type="checkbox"/> Copy of Visa taken	<input type="checkbox"/> All data entered on Integris by: _____
Interviewed by: _____	Date: _____



ATWELL COLLEGE

P: (08) 6174 2200

201 Brenchley Drive, Atwell W A 6164

E: atwell.college@education.wa.edu.au

W: www.atwellcollege.wa.edu.au

FORM 1 – STUDENT HEALTH CARE SUMMARY

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:
	Doctor 2: Telephone:
	Dental Practice:
	Name of Dentist: Telephone:
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: 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"/> Expiry Date: Card Number:
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

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.

Note: All medication required must be supplied by parents/carers

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)

	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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: / /



STUDENT QUICK GUIDE

WHAT IS A USI?

USI – Unique Student Identifier

A USI is a reference number that creates an online record of your training and qualifications attained in Australia



USI HANDY TIPS

- You will only need one USI and its yours for life!
- Enter all of your name(s) as they appear on the form of ID you are using to create your USI
- Your password must follow the following requirements;
 - 9 Characters long
 - Contain both lower and upper case letters
 - Contain a number or special character
- If you have been unsuccessful in creating your USI, click on the 'Request Help' link and record your HR number. The USI Officer can then provide assistance

HOW TO CREATE A USI?

1. Go to www.usi.gov.au
2. Select 'Student Login'
3. Read and Agree to the Terms & Conditions
4. Select 'Create USI' *You will require one of the below forms of ID to create your USI*
 - a. Drivers Licence
 - b. Medicare Card
 - c. Australian Passport or Non-Australian Passport with Australian VISA
 - d. Australian Birth Certificate
 - e. Citizenship Certificate
 - f. ImmiCard
5. Follow the steps to create a USI - It should take less than 5 minutes online!!

What's Next?

Your USI will now be displayed on the screen and will also be sent to you for your records.

We ask that you select the "email your USI" option once you have the number on the screen, and send to atwell.col.enrolments@education.wa.edu.au This will allow us to add it to your student's record.





ATWELL COLLEGE

Atwell College- RAPT Transition

Relationship, Achievement, Pride, Transition

Atwell College's RAPT program promotes and helps students well-being through Relationship building, Achievement and Pride which is designed to assist with a smooth transition into Year 7.

Atwell College in conjunction with educators from our partner Primary Schools, work together to identify students that may need additional transition support.

These extra transition days are aimed at:

- Reducing students' anxiety with their transition into secondary school.
- Improving students' knowledge of the College's surroundings.
- Building strong relationships with other students and staff.
- Assisting Atwell College staff in becoming aware of students' individual needs.

Who attends RAPT transition?

- Mainstream students who have been identified by their teachers as benefiting from additional transition days.
- Mainstream students with special education needs including medical needs, ASD or mental health diagnosis.
- All Education Support students.

The RAPT program has been developed for students who have been identified as requiring additional support in their Year 7 transition. A consent form will be forwarded to Parents/Caregivers whose students have been invited to participate in the program.

Important Dates

RAPT dates

Friday 6 November 2020

Friday 13 November 2020

Friday 20 November 2020

Parent Information Evening

Tuesday 1 December 2020

Year 6 Orientation Day

Friday 4 December 2020



FAQ

Do students attend with their EA?

It is preferred that student's EA's attend to help support the students in the transition process.

Are ESU and mainstream students separated?

Students are split into groups, however, they do attend some classes together.

Where do the students eat lunch and recess?

Students are supervised in the dedicated Year 7 area during recess and lunch.

Will students receive a transition package?

At the conclusion of the transition process, students will be given a package which includes a College map and pictures of important people and places.

What do students need to bring?

Students need to bring food for recess and lunch, refillable water bottle and their pencil case with basic supplies. Students must attend in their Primary School uniform.

Where do students meet?

Students are to meet at the front administration office at 9.15 am

For any queries please email

Glendah Migro – glendah.migro@education.wa.edu.au

Natasha Tempest - Natasha.tempest@education.wa.edu.au

or contact the College on (08) 6174 2200



P: (08) 6174 2200

201 Brenchley Drive, Atwell W A 6164

E: atwell.college@education.wa.edu.au

W: www.atwellcollege.wa.edu.au