

SCHOOLS OF ISOLATED AND DISTANCE EDUCATION

PO Box 455, Leederville, Western Australia 6903

www.side.wa.edu.au

Years 7-12 enrolment returns to: enrolments@side.wa.edu.au

Ph: (08) 9242 6300



SIDE

ENROLMENT PACK

Non-government School Application for Student Admission to a Western Australian Public School

The enrolment of a Non-government school student to SIDE is by agreement under
Section 24 of the School Education Act.

THIS PAGE for SCHOOL & OFFICE USE ONLY

| | | |
|-------------------------------|---|------------------------|
| Year of enrolment: | Year level: | Date received at SIDE: |
| Attachments signed & included | Copies of Medical/Health reports included | |
| Image of student | Copy of student timetable | |



Non-government School Application for Admission to the Schools of Isolated and Distance Education (SIDE) under Section 24 of the School Education Act.

F.1 FORMAL ARRANGEMENT UNDER SECTION 24 OF THE SCHOOL EDUCATION ACT (1999) FOR A CHILD TO ATTEND AN ALTERNATIVE EDUCATION PROGRAM



Department of Education

1. An arrangement will not be considered unless this form is completed by the program provider, the parent/carer and the Principal of the enrolling school.
2. This application is to be returned to the Principal of the school attended by the child.
3. A copy of the completed application should be given to the Program Provider (SIDE) in order for the student to attend the alternative program.

F.1 SECTION 1: Completed by the SIDE Principal (or nominee)

The Schools of Isolated and Distance Education confirms they have approved a provisional enrolment for

| | |
|---|---|
| Name of child: | |
| Location where the program is conducted: | Schools of Isolated and Distance Education (SIDE), Leederville WA |
| Name of program provider's representative: | Jacquie Sandhu |
| Position title: | Deputy Principal |
| Contact number: | 9242 6302 |
| Signature: | |
| Approved Date: | |

F.2 FORMAL ARRANGEMENT UNDER SECTION 24 OF THE SCHOOL EDUCATION ACT (1999) FOR A CHILD TO ATTEND AN ALTERNATIVE EDUCATION PROGRAM



Department of Education

1. The Principal of Non-government school must agree to the participation of the student in the supplementary program and may terminate the arrangement at any time.
2. This form is to be used to document areas of responsibility negotiated by each school.
3. This application is to be returned to the Principal of the Non-government school and to the Student Services Manager at the district education office if applying for an Alternative Education Placement in an education support school or centre.

F.2 SECTION 1: Completed by the Non-government School Principal

| | | | |
|------------------------------------|--|---|------------------------|
| Name of child: | | Date of birth: | |
| Gender: | Male Female | Is the student of Aboriginal or Torres Strait Islander origin? | Aboriginal |
| SCSA number: | | | Torres Strait Islander |
| Non-government School: | | | |
| Name of alternative school: | Schools of Isolated and Distance Education | | |

F.2 SECTION 2: Responsibilities of each school

It is understood that as a condition of enrolment at SIDE:

- Curriculum, assessment and reporting are provided by Schools of Isolated and Distance Education.
- Access to a computer, Internet connection and ICT support is provided by the Non-government school. SIDE is an online school and access to appropriate online tools and technical support are essential for success at SIDE.
- Attendance is measured and recorded by participation in online lessons, work submission and student / teacher contact.
- Appropriate arrangements are made regarding student supervision at the Non-government school.
- All parties agree to the conditions outlined in the Online Services Acceptable Usage Agreement, the SIDE Assessment Policies located on the SIDE website and the SIDE Year 11/12 exam timelines.
- Arrangements have been made to collect the charges and send SIDE a single cheque on presentation of an invoice.
- Appropriate exam supervision will be provided by the Non-government school as per SIDE's Calendar.

THIS PAGE for SCHOOL & OFFICE USE ONLY

INFORMATION REQUIRED BY SIDE: Completed by the Non-government School Principal

Non-government School Information

| | | | |
|--------------------------------|---|--------------------------|--|
| Supervisor name: | | Supervisor email: | |
| School Postal address: | | | |
| School phone: | | SIDE room phone: | |
| Reason for application: | Non-government school cannot offer course/subject within current timetable. | | |

| SIDE subjects/courses for enrolment <i>Year/Course (include stage or code)</i> | Year 10/11/12 courses previously completed | <i>Grade</i> |
|--|---|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Additional Comments (including academic progress, behaviour and attendance)

Copy of student's school timetable required, and includes: start, finish and break times.

Image of student.

F.2 SECTION 3: To be signed by both parties

Arrangements to commence on _____ *and end on* _____

This application for enrolment was approved on _____

| | | | |
|--|--|--------------|--|
| Signature of Principal SIDE: | | Date: | |
| Signature of Principal Non-government school: | | Date: | |

THIS PAGE is COMPLETED by the PARENT/CARER

Return to the Non-government School Principal who will submit to SIDE with the completed enrolment application form.

Date received at SIDE:



SIDE

Attachment 1

Non-government Schools Application For Admission (Section 24 of the School Education Act)

Alternative program contact: Schools Of Isolated and Distance Education
164-194 Oxford Street Leederville WA 6903 (08) 9242 6300

DETAILS REQUIRED BY SIDE

| | | | | |
|---|--------------------------|--------------------------------------|------------------------|--------|
| Legal surname: | | Gender: | Male | Female |
| Child's given names: | | Date of birth: | | |
| Preferred name: | | Student school email address: | | |
| Non-government School name: | | Student mobile: | | |
| School year level 2017 | 7 8 9 10 11 12 | Residential address: | | |
| Is the child of Aboriginal or Torres Strait Islander origin? | | Aboriginal | Torres Strait Islander | No |

Parent / Caregiver 1 Details

| | | | |
|------------------------|--|-----------------|--|
| Surname: | | Mobile: | |
| Given name: | | Other phone: | |
| Occupation: | | Email: | |
| Relationship to child: | | Postal address: | |

Parent / Caregiver 2 Details

| | | | |
|------------------------|--|-----------------|--|
| Surname: | | Mobile: | |
| Given name: | | Other phone: | |
| Occupation: | | Email: | |
| Relationship to child: | | Postal address: | |

CONFIDENTIAL

Access Restriction – Is the student subject to any court orders in respect to their care, welfare and development?

| | | |
|----|-----|---|
| NO | YES | (please specify and include copies of supporting documentation) |
|----|-----|---|

Is the student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

| | | |
|----|-----|--|
| NO | YES | (please specify the name of the CPFS Case Manager, their CPFS District and their contact number) |
|----|-----|--|

Child's Medical / Health

Does your child have a diagnosed disability?

| | | |
|----|-----|-------------------------------------|
| NO | YES | (please specify and include copies) |
|----|-----|-------------------------------------|

Does your child have a medical condition or intensive health care need?

| | | |
|----|-----|---|
| NO | YES | (please specify below and include copies) |
|----|-----|---|

Please indicate where you have documentation about the child's disability in any of the following areas. (include copies)

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Development Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |
| Medical Condition | |
| <input type="checkbox"/> Allergy - Anaphylaxis | <input type="checkbox"/> Hearing Condition (eg. otitis media) |
| <input type="checkbox"/> Allergy – (specify) | <input type="checkbox"/> Mental Health or Behavioural (eg. depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg. tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder (eg. epilepsy) |
| <input type="checkbox"/> Diagnosed migraine/headaches | <input type="checkbox"/> Other: (specify) |

I hereby agree for my child _____ (insert given and surname)
to undertake an alternative education program at the Schools Of Isolated and Distance Education.

| | | | |
|----------------------------|--|-------|--|
| Signature of parent/carer: | | Date: | |
|----------------------------|--|-------|--|

THIS PAGE is COMPLETED by the PARENT/CARER

Return to the Non-government School Principal who will submit to SIDE with the completed enrolment application form. Date received at SIDE:



Attachment 2 - CONSENT FORM

At **SIDE** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often 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 school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Children's images and/ or their work are often published to recognise excellence or effort and may appear in newspapers, on the Internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/ images captured by the school will be kept for no longer than is necessary for the purpose outlined above and will be stored & disposed of securely.

- Yes, I give consent to my child to have his/ her image and/or work published as described above.
 No, I don't give consent.

In addition, Student's online services agreement <http://www.side.wa.edu.au/e-learning/safety-online/online-services-agreement.html>.

INTERNET ACCESS

Student access to the Internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the Internet in accordance with the school policy.
 No, I don't give consent.

In addition, Student's online services agreement <http://www.side.wa.edu.au/e-learning/safety-online/online-services-agreement.html>.

VIEWING CONSENT

Children often watch videos/ DVDs/ television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
 No, I don't 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, city council library or shopping centre. On all occasions, parents will be notified of the local excursions.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
 No, I don't give consent.

Name of person signing the consent form:

TITLE: **SURNAME:** **FIRST NAME:** **SECOND NAME:**

STUDENT NAME: **SCHOOL YEAR:**

Please indicate relationship to student (parent/caregiver):

Signature:

Date: