



# STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student’s enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <https://get.adobe.com/reader/>.

## SCHOOL NAME

<b>School name</b>	<b>Year Level entering</b>
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## STUDENT DETAILS

**Student surname**

**Legal surname** (if different)

**Previous Surname** (if applicable)

<b>1st Name</b>	<b>2nd Name</b>	<b>3rd Name</b>
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**Preferred Name**

<b>Date of birth</b> (dd/mm/yy)	/	/	<b>Gender</b>	Male	Female	Other
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**Residential Address**

Postcode

<b>Telephone</b> (Home)	<b>USI Number</b>
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**Student’s Religion** (if applicable)

<b>Is the student to be withdrawn from religious instruction or activities?</b>	YES	NO
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## STUDENT DETAILS (Continued)

### Is the student of Aboriginal or Torres Strait Islander origin?

No      Yes, Aboriginal      Yes, Torres Strait Islander (TSI)      Yes, both Aboriginal and TSI

### Does the student speak a language other than English at home?

No, English only      Yes, Aboriginal English      Yes, other language - please specify

*(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)*

### What was the first language spoken at home?

Does the student mainly speak English at home?      YES      NO

### EVIDENCE OF IMMUNISATION STATUS

#### The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date      Not up to date      The student has an Immunisation Certificate issued by the Chief Health Officer

## SIBLING DETAILS

### Full Name/s of siblings attending this school

#### Student lives with:

Both Parents

Parent/Carer 1      **Name**      **Relationship to student**

Parent/Carer 2      **Name**      **Relationship to student**

Independent minor      **Name**      **Relationship to student**

Adult Student      **Name**      **Relationship to student**

Other, please specify      **Name**      **Relationship to student**

## RESIDENCY STATUS

### Nationality (optional)

### Country of Birth

Is the student an Australian citizen?      YES      NO

If No, Is the student a permanent resident of Australia?      NO      YES - If Yes, Visa Sub Class Number

Is the student a temporary resident of Australia?      YES      NO

If Yes, **Date of Arrival in Australia**      /      /      **Visa Sub Class Number**

**Visa Expiry Date**      /      /  
(if applicable)

## PREVIOUS SCHOOL

### Previous School

If previously enrolled in Home Education, specify the Education Region

## DISABILITY

Does the student have a disability? YES NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

Autism	Physical Disability
Deaf or Hard of Hearing	Severe Mental Disorder
Global Developmental Delay (prior to age 6)	Specific Speech and/or Language Impairment
Intellectual Disability	Vision Impairment
Other, please specify	

## CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES NO

If YES, please specify and attach supporting documentation.

Does the family or student have a Health Care Card? YES NO

If Yes, please provide card number Expiry Date / /

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

NO YES - If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

### District

Name Contact Number

Does the student receive any of the following allowances? (Check the boxes that apply)

Secondary Assistance Youth Allowance Assistance for Isolated Children (AIC) Abstudy

## PARENT / CARER 1 DETAILS

<b>Title</b>	<b>First Name</b>
<b>Surname</b>	
<b>Relationship to the student</b>	
<b>Date of birth</b> (dd/mm/yy)      /      /	<b>Gender</b> Male      Female      Other
<b>Postal Address</b> (if different from student residential address)	Postcode
<b>Telephone</b>	<b>Mobile Number</b>
<b>Email Address</b>	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

### Does Parent/Carer 1 speak a language other than English at home?

NO, English only      YES, other - please specify  
(If more than one language, indicate the one that is spoken most often)

### What is the highest year of school Parent/Carer 1 has completed?

Year 12 or equivalent      Year 11 or equivalent  
Year 10 or equivalent      Year 9 or equivalent or below  
(If you did not attend school, mark 'Year 9 or equivalent or below')

### What is the level of the highest qualification Parent/Carer 1 has completed?

Bachelor degree or above      Advanced diploma/Diploma  
Certificate I to IV (including trade certificate)      No non-school qualification

### What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(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 month, enter '8'.)

## PARENT / CARER 2 DETAILS

<b>Title</b>	<b>First Name</b>
<b>Surname</b>	
<b>Relationship to the student</b>	
<b>Date of birth</b> (dd/mm/yy)      /      /	<b>Gender</b> Male      Female      Other
<b>Postal Address</b> (if different from student residential address)	Postcode
<b>Telephone</b>	<b>Mobile Number</b>
<b>Email Address</b>	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

### Does Parent/Carer 2 speak a language other than English at home?

NO, English only      YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

### What is the highest year of school Parent/Carer 2 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

### What is the level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

### What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(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 month, enter '8'.)

## OTHER FAMILY DETAILS

### If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

## OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

### CONTACT 1:

**Title**

**First Name**

**Surname**

**Relationship to the student**

**Postal Address**

*(if different from student residential address)*

Postcode

**Telephone** (Home)

**Mobile Number**

**Email Address**

### CONTACT 2:

**Title**

**First Name**

**Surname**

**Relationship to the student**

**Postal Address**

*(if different from student residential address)*

Postcode

**Telephone** (Home)

**Mobile Number**

**Email Address**

## PRIVACY 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.

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.

*I declare:*

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.

### Name of person enrolling student

**Title**

**First Name**

**Surname**

**Relationship to the student**

**Signature**

**Date** / /

*(Independent minors and those aged 18 years or older may sign on their own behalf)*

**If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: 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.

## APPROVAL OF PRINCIPAL OR DELEGATE

**Principal's approval**

Enrolment approved

YES

NO

**Signature**

**Date** / /

## OFFICE USE ONLY

**Student's official documentation all sighted**      **Date**      /      /      YES      NO

Birth certificate      Passport      Visa document/s

Other, please specify

**Year/Form/Class**

**House Faction**

**Student's Residency status**      Australian citizen      Permanent resident      Temporary resident

**International Fee Paying**      YES      NO

**Entry Date**      /      /

**Previous School**

**LOTE Stage**      **Records received**      YES      NO

**Contributions/Charges Billing**      PG1 (%)      PG2 (%)      Other (%)

**School records**      PG1      PG2      Other  
(including reports, to be sent to)

**AIR Immunisation History Statement provided**      YES      NO

**Date of issue**      /      /      **Immunisation status is**      Up to date      Not up to date

**Date AIR sighted**      /      /

If not up to date, additional request/s for documentation on date/s:

**Immunisation Certificate issued by the Chief Health Officer**      YES      NO

**Kindergarten eligibility for immunisation exemption:**      Code

**Enrolment approved by Principal**      YES      **Date**      /      /      NO

**Entered on School Information system by**      **Date**      /      /

**Student leaves school (Date)**      /      /      **Advice of Transfer (Date)**      /      /

**Destination**

**Records received from transferring school**      YES      NO      **Date**      /      /



Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

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/sports persons 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]. or 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/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><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b> <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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>

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



# FORM 1 STUDENT HEALTH CARE SUMMARY

## SECTION A

<b>Year</b>	<b>Form</b>	<b>Teacher</b>
<b>Student's name</b>		
<b>Date of birth</b> (dd/mm/yy)	/ /	<b>Gender</b> Male Female Not Specified
<b>Address</b>		
Postcode		

## FAMILY CONTACT DETAILS

<b>Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	
Postcode	
<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>Telephone (Mobile)</b>	
<b>Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	
Postcode	
<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>Telephone (Mobile)</b>	

## MEDICAL DETAILS

### Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

**Do you have ambulance insurance?** YES NO - *If yes, specify insurance provider:*

*If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.*

**List any essential information that could affect your child in an emergency e.g. allergy to penicillin.**

Medicare Card number

Medicare Card Individual  
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

## 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?** (Check the box that applies)

**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 / /

**If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: 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.

**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 (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and Moderate Allergies	YES	NO
Diabetes	YES	NO
Seizures	YES	NO
Asthma	YES	NO
Activities of Daily Living	YES	NO
<b>Other Conditions or Needs</b> (Please specify below)	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.

## 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 below:*

**Parent/Carer Signature**      **Date**      /      /

**Parent/Carer Name**

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: 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.

**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:      **Date**      /      /

## Consent Form

At Newman Senior High School, 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 purposes outlined above and will be stored and disposed of securely.

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

In addition, see Appendix F of the Student's online policy:  
<http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/students-online-in-public-schools-policy.en?cat-id=3457121>

### 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 school policy.
- No, I do not give consent.

In addition, see the School's policy and the Student's online policy:  
<http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/students-online-in-public-schools-policy.en?cat-id=3457121>

### 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 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, city council library 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 school.
- No, I do not give consent.

The school also has the Newsletter accessible on the Website. Please visit <http://www.newmanshs.wa.edu.au>

Name of student: \_\_\_\_\_ Year: \_\_\_\_\_

Name of person signing the consent form:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student (e.g. parent/guardian/responsible person): \_\_\_\_\_

## ATTACHMENT 3

### 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 will be mindful of the possible problems caused by sharing or transmitting large files online
- 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 the School's 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 services 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.

### MOBILE PHONE POLICY

1. Students found using their mobile phones (or associated device) on school grounds will be asked to hand the item to a staff member, who will then take it to be held in a locked space in administration. It will be returned at the end of the day.
2. Use of a mobile phone (or associated device) for the second time and beyond in a term will need to be collected from the front office by a parent or guardian.
3. Use of a mobile phone (or associated device) for the third time (or beyond) in a term will result in a the Principal contacting parents, the device being collected from the front office by a parent or guardian and disciplinary action in accordance with the NSHS Positive Behaviour Support Policy.

*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.*

Name of student: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

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