

ENROLMENT GUIDELINES

Please find attached the enrolment package for 2025 at Mindarie Senior College. Parents and students should read the 2025 Enrolment Handbook before completing the enrolment application.

Enrolment at the College is only guaranteed for students who live in the Local Intake Area. Information about the intake area for Mindarie Senior College may be found at www.mindarie.wa.edu.au under the Future Students menu.

Local Intake Area Applications:

Please submit the completed enrolment package and a \$200 confirmation fee to the College by **Wednesday 12 June 2024.** Confirmation deposits are fully refundable if you decide not to enrol your child at the College. If your child's enrolment does proceed, the confirmation fee will be credited against your child's compulsory course charges for 2025.

Out of Area Applications:

Please submit the completed enrolment package on or before **Friday 19 July 2024** If spaces are available, enrolment will be determined by (a) children who have siblings enrolled at the College for Year 12 in 2025 and (b) Children who live closest to the College. You will be contacted shortly after applications close to let you know whether we are able to offer enrolment to your child for 2025. Out of area application will not need to pay the confirmation fee until they have been offered a place at the College.

Submitting your application

- Please complete all the documents in the enrolment package
- Enrolment form must be signed by parent/guardian and student
- Application can be submitted in person to Mindarie College or a PDF emailed to Mindarie.SC.enrolment@education.wa.edu.au
- All supporting documents are required
- Only fully completed applications will be accepted

Before completing and submitting the enrolment application, parents / guardians and students should read the College policies which can be found on the webpage under 'Our College' - College Policies https://www.mindarie.wa.edu.au/college-policies

ENROLMENT CHECKLIST

When you enrol a student at Mindarie Senior College please provide photocopies of the following (our staff are unable to provide photocopying services):

- o Photocopies of two (2) different documents as proof of address e.g. utility bill, lease agreement, phone bill, driver's licence etc. (not a rates invoice)
- o Photocopy of your child's birth certificate
- o Current Australian Immunisation Register History Statement (see enrolment package for details)

If the student is not born in Australia you **must** provide all of the following:

- o Date of entry into Australia
- o Copy of current visa documentation and passport Visa Sub Class number,
- o Visa Grant number and a copy of the Visa Grant Notice OR
- o Citizenship Certificate



MINDARIE SENIOR COLLEGE APPLICATION FOR 2025 ENROLMENT

Please submit your application to: 14 Elliston Parade MINDARIE WA 6030

mindarie.SC.enrolment@education.wa.edu.au

Telephone: [08] 6207 5500 • Principal: J. Bromage

| Student Details (please com | plete in block letters) | | | | | | | |
|---|-------------------------|---------------------|---------------------|-----------|-------|--|--|--|
| Enrolment Year Level: | Year 11 | | Year 12 | | | | | |
| Surname: | | | | | | | | |
| Legal surname on birth certificate: (if different from above) | | | | | | | | |
| First name: | | | | | | | | |
| Middle name: | | | | | | | | |
| Preferred name: | | Preferred Pronouns: | | | | | | |
| Date of Birth: | | Gender: | Male Femal | le | Other | | | |
| Residential Address: | Street: | | | | | | | |
| | Suburb: | Postcode | : : | | | | | |
| Home Telephone: | | Student mob | oile: | | | | | |
| Student email address: | | @ | student.education.w | /a.edu.au | | | | |
| Student personal email address: | | | | | | | | |
| Student number (if known): | | Student USI i | number: (if known | | | | | |
| | | | | | | | | |
| Documents needed to sup | pport enrolment. | | | | | | | |
| □ Birth Certificate □ Proof of Residential Address □ Immunisation Record □ VISA and Passport (If born of Court Order (if applicable) | | | | | | | | |

Other relevant documents to support students learning.

| Parent/Carer 1 Deta | ails: (first point of contact) |
|---|--|
| Title Mr/Mrs/Ms/Miss/Dr | |
| First name: | |
| Surname: | |
| Relationship to Student: | |
| Address: | |
| Address. | |
| Email | |
| Mobile | Work Telephone: |
| Occupation | Workplace: |
| | |
| Parent/Carer 2 Deta | ails: (Second point of contact) |
| Title Mr/Mrs/Ms/Miss/Dr | |
| First name: | |
| Surname: | |
| Relationship to Student: | |
| | |
| Address: | |
| Email | |
| Mobile | Work Telephone: |
| Occupation | Workplace: |
| | |
| Additional Contact f | for Emergency: (third point of contact) |
| Emergency contact name: | |
| Relationship to student (e.g. grandparent/aunt/brot | her etc.) |
| Mobile or home phone: | |
| | |
| By Submitting this application | on, I delcare I have read and understood Connect and Respect in Schools and agree to support safety by |

By Submitting this application, I delcare I have read and understood Connect and Respect in Schools and agree to support safety by ensuring communication and conduct at school and school activities is respectul. This document can be found on the College Policies page of our website.

I understand the Department does not provide personal accident insurance for students while they are at school. Parents/guardians may obtain personal accident insurance for their child from a private insurer of their choice. The Department or the College do not broker personal accident insurance for students or any other person

I understand the Department does not have insurance cover for the accidental loss or damage of the personal property of students, therefore valuable times should not be brought to the College. If a student choses to bring a valuable item to the College it is at their own risk.

| Parent/Carer Background Information: | | | | | |
|---|---|---|--|--|--|
| | Parent/Guardian 1 | Parent/Gaurdian 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. | No, English only Yes, other - please specify: | No, English only Yes, other - please specify: | | | |
| What is the highest year of primary or secondary school the parent/guardian has completed? For persons who have never attended school, mark Year 9 or equivalent or below What is the highest qualification the parent/guardian has completed? | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (including trade certificate) No non-school qualification | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (including trade certificate) No non-school qualification | | | |
| What is the occupation group of the parent/guardian? If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation. | ☐ Group 1 Senior management in large business organisation, government administration, and qualified professionals ☐ Group 2 Other business managers, arts/media/sportspersons, and associate professionals ☐ Group 3 Tradesmen/women, clerks and skilled office, sales and service staff | Group 1 Senior management in large business organisation, government administration, and qualified professionals Group 2 Other business managers, arts/media/sportspersons, and associate professionals Group 3 Tradesmen/women, clerks and skilled office, sales and service staff | | | |
| | ☐ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers ☐ Other Not in paid work in the last 12 months | ☐ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers ☐ Other Not in paid work in the last 12 months | | | |

If applying to enrol in Year 12 please forward copies of final Year 11 results as soon as possible

It is a requirement that you advise us of any change of details in relation to Student and/or Parent/Guardian's contact details e.g. usual place of residence, change of name, change of parental guardianship etc.

| Student Details – Additional Information | | | | | | | | | | | | | |
|--|--|--------|-----------|--------|--------|-----------|------------------|-------|------------|-----------------|---------|---------------------------------------|------|
| Country of Birth: | | | | | | | Nation | ality | y: | | | | |
| Non English speaking background: | Yes | | | No | | | Langua (other | _ | - | en at hogsish): | ome | | |
| Culture: | Abori | ginal | | | Torre | es St | trait Isla | and | er | | Not | Aboriginal or T | SI |
| List siblings of student who currently or previously attended the College: | | | | | | | | | | | | | |
| If not born in Australia please complet | born in Australia please complete this section | | | | | | Entry D | ate | <u>:</u> : | | | | |
| Permanent resident: | Yes | | | No | | | Citizen | ship | ס | | Yes | N | 0 |
| Visa Sub Class number: | | | | | | | Visa Ex | piry | / date | e: | | | |
| Visa Grant number: | | | | | | | | | | , | | tocopy of Visa C be included in th | |
| Student lives with (please indicate): | Both | parer | nts | | F | athe | er | | M | other | | Neither pa | rent |
| Are there any Family Court Orders rega | arding a | acces | s restr | iction | or th | е | Yes | | | No | | | |
| day to day or long term care, welfare a | | | | | | | | | | | | | |
| If YES for the above question, it is a leg | | | | | | | e copie: | s of | the o | docume | entatio | on to the Colleg | е. |
| Is this student in the care of the Dep Family Support (CPFS) | artmer | nt of | Comn | nuniti | es an | d | Yes | | | No | | | |
| If Yes, please specify: | CPFS Case Manager: | | | | | | | | | | | | |
| 100, p. 0000 op 00 j. | Conta | ict te | lephor | ne nu | mber: | | | | | | CPF | S District: | |
| What school did the student | | | | | | | | | | | Vos | r Level: | |
| previously attend? | | | | | | | | | | | rea | r Levei: | |
| Has student ever been suspended or ex | kcluded | d fron | n a sch | nool? | | | Yes | | | No | | | |
| If Yes, please name school and reason: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Learning Support Needs: | | | | | | | | | | | | | |
| This information will assist the College assist us with providing the best educar arrangement applications. Please indications | tional p | orogr | _ | | | • | • | | | | | | |
| Learning Disability | ,atc (1) | | | | ychol | _ | | | | | | Physica | |
| (dyslexia, dysgraphia, etc) Yes No | | | (d Yes | epres | ssion, | ADF No | HD, etc) | | | | (hea | aring, vision, mo | |
| Has student been involved in an Education Support Program? Yes No | | | | | | | | | | | | | |
| Has the student been on a Risk Management Plan (RMP), or a High Risk Watch List (HRWL) for mental health, in Year 10? No No No No No No No No | | | | | | | | | | | | | |
| If any ticked Yes please outline nature | of - | | | | | | | | | | | | |
| disability/medical condition: | - | | | | | | | | | | | | |
| Are there any further details concernin | g | | | | | | | | | | | | |
| the student, that are likely to affect the education at Mindarie Senior College? | _ | | | | | | | | | | | | |

The enclosed Student Health Care Summary must be completed by parent/carers and submitted with this application.

It is a requirement of the Department of Education that a *current Australian Immunisation Register (AIR)

Immunisation History Statement MUST be submitted with this application (sample enclosed). Information on obtaining this statement is available online at: www.healthywa.wa.gov.au/Articles/F_1/How-do-I-access-my-vaccination-record

| The information provided in <i>Enrolment Forms</i> 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. |
|---|
| STUDENTS RIGHTS AND RESPONSIBILITIES |
| I have read and agree to comply with all aspects of the Academic Standards Policy, Assessment Policy, Good Standing Policy, Bullying Policy, Mobile Phone Policy, Vehicle Policy, Dress Code Policy and Internet/Information Technology User Policy for Mindarie Senior College (found on the College website). |
| I am aware of my child's rights and responsibilities related to the above Policies for Mindarie Senior College. I also understand the consequences that will be applied should my child fail to honour those Codes and Policies. |
| MEDICAL/FIRST AID TREATMENT |
| In the event of an emergency, I give permission for the College to attend to the needs of my child when required. Where it is not practical to communicate with me, I authorise the school to consent to my child receiving such medical treatment as may be considered necessary (including transportation by ambulance, the cost being met by Parents/Guardians). NO YES |
| PERMISSION TO LEAVE MINDARIE SENIOR COLLEGE DURING NON-CONTACT PERIODS |
| I give my permission for my child to leave Mindarie Senior College during any period in which their participation in an educational programme of the College is not required, including during lunch and recess breaks. I acknowledge and understand that if my child leaves the College grounds during such periods, they are no longer under the reasonable control and supervision of the College. Accordingly, I understand and agree that in no event shall the State of Western Australia and its servants be liable for any injury that befalls my child, or for any misconduct on the part of my child, while they are away from the College grounds during such periods. |
| LOCAL EXCURSIONS |
| Our students occasionally walk within the local area for minor excursions under the supervision of their teacher. On all occasions, parents will be notified of the excursion. I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the College. NO YES |
| COLLEGE CHARGES |
| I understand that a \$200 course confirmation deposit is requested to confirm enrolment (<i>refundable if enrolment does not proceed</i>) and that Year 11 and 12 course charges are compulsory and are payable by the end of Term 1 each year. YES |
| PUBLICITY - NOTE: All students will have their photo taken which is passed onto Transperth for their SmartRider card. |
| I give permission for my child's school work or photo to be used for: • Educational purposes – internal (e.g. class projects, displays). YES NO Other purposes – external (e.g. Publicity- media, publications, webpage, YouTube, Facebook etc). YES No |
| (If you don't want your child's photo used for publicity purposes please tick NO in the box above, and you must also confirm this in writing to the College) |
| I declare that the information provided on these forms is true. Date: |
| Parent/Guardian Name: Student Name: |
| Parent/Guardian Signature: Student Signature: |
| STUDENT AND PARENT/GUARDIAN SIGNATURES ARE REQUIRED ON THIS DOCUMENT |
| 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. |

How did you hear about Mindarie Senior College

SECURITY AND CONFIDENTIALITY

MINDARIE SENIOR COLLEGE OFFICE USE ONLY Student's original documentation all sighted (Date): ______ YES Пио Photocopies of documents provided: Proof of address x2 Smart Rider Birth certificate AIR Additional document if born outside Australia: Passport ☐ Visa Grant Notice or ☐ Citizenship Certificate ☐ Date of Arrival given Information about parent/guardian Occupation & Education YES □ NO Previous School: ______Records received: □ NO YES Publications/Internet Permission Form completed: YES □NO Official documentation: PG1: PG2: Other: (including reports, to be sent to) Mentor Group: __ Entered on School Information system by: ______ on (Date): _____ □NO SIS Group allocated: YES Student leaves school: (Date) ______ Date Transfer Note Sent: ___ Destination: Records received from transferring school: NO YES on (Date): RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS: 1. Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy. 2. Enrolment Applications (unsuccessful) -The School to retain for 2 years after last action and then destroy. 3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services. 4. Enrolment Records (managed in the School Information System) - The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information 5. Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.





Dear Parents/carers

Student Travel Permit

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/Carers 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.

In order to issue the cards in the first instance the PTA requires that parents/carers 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/carer 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 student number. (Student address is NOT shown on the SmartRider card).

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 ASAP. (NB: Mindarie Senior College will charge \$5.00 to replace a lost/stolen or damaged card).

If the school does not receive the signed permission slip, 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

application may be declined. Information supplied may need to be checked by the school.

Parent / Legal Guardian Consent for Release of Student Details

information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this



FORM 1 STUDENT HEALTH CARE SUMMARY MINDARIE SENIOR COLLEGE

| SECTION A | | | | | | | |
|--------------------------|---|---|------|-------------|--------|---------|---------------|
| Year | | | Form | | | Teacher | |
| Student's name | | | | | | | |
| Date of birth (dd/mm/yy) | 1 | 1 | | Gender | Male | Female | Not Specified |
| Address | | | | | | | |
| | | | | | | Posto | ode |
| FAMILY CONTACT DETAILS | | | | | | | |
| TAINILI OUNTAUT DETAILS | | | | | | | |
| Name | | | | | | | |
| Relationship to student | | | | | | | |
| Address | | | | | | | |
| | | | | | | Posto | ode |
| Telephone (Home) | | | | Telephone (| (Work) | | |
| Telephone (Mobile) | | | | | | | |
| Name | | | | | | | |
| Relationship to student | | | | | | | |
| Address | | | | | | | |
| | | | | | | Posto | ode |
| Telephone (Home) | | | | Telephone (| (Work) | | |
| Telephone (Mobile) | | | | | | | |
| | | | | | | | |

| 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 <i>Medication section</i> of the relevant health care plan – see below. Short term medication – Request an <i>Administration of Medication form</i> 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 / / | | | | |
| 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 |
|--|---|
|--|---|

| 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 |
| Other Conditions or Needs (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

child?

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

OFFICE USE ONLY

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.

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

It is a requirement of the Department of Education that a *current Australian Immunisation Register (AIR) immunisation history statement (issued by Medicare) MUST be submitted with this application. Information on obtaining the AIR immunisation history statement is available online at:

www.healthywa.wa.gov.au/Articles/F_I/How-do-I-access-my-vaccination-record

*statement must have been issued within two months of the application to enrol





THIRD PARTY SERVCE PROVIDERS OF ONLINE APPLICATIONS

Mindarie Senior College is requesting permission to disclose personal information to third party software providers for the purpose of improved school administration and/or teaching and learning programs.

Personal information may include information relating to both students and parents. If you wish to access or correct any of the personal information or discuss how the information will be used, please contact 6207 5500.

Dear Parent/Guardian

Our school provides access to Department of Education online services. These enhance the contemporary learning opportunities available to students and the range of teaching tools available to staff to deliver the senior secondary curriculum and the College requires your approval for your child to be given access to these online services.

The Department's online services currently provide students with access to:

- individual email and calendar accounts;
- the internet, with all reasonable care taken by central office and schools to monitor and control students' access to websites while at school;
- online teaching and learning services such as web-conferencing and digital resources;
- online file storage and sharing services; and
- these online services at locations other than school.

If you agree to your child using these online services, please sign the permission slip below.

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

You should be aware that the Department has the right to review, audit, intercept, access and disclose messages created, received or sent over Department online services. Logs of email transactions and internet access data are kept for administrative, legal and security purposes and may be monitored. Similar to other corporate records, emails and internet access records are discoverable in the event of legal action and are subject to provisions of the Freedom of Information Act 1992. (www.foi.wa.gov.au)

You should also be aware that general internet browsing not conducted via the Department's network is not monitored or filtered by the Department. The Department encourages close family supervision of all internet use by children in locations other than school, and strongly recommends the use of appropriate internet filtering software. Advice on managing internet use at home can found on the Office of the E-Safety Commissioner website (https://www.esafety.gov.au/parents).

In addition, the College uses a number of third party software applications to support administration and student learning and these providers may require personal information to be disclosed to them. Some applications only require the College to notify you they are being used. Another group of applications require your consent as a 'bundle'. Which applications are used may vary depending on students' subject choices.

It is important that you understand the reasons why we may provide this information to each respective entity, what will be done with it, who else may have access to it and where the data is stored. This information can be found on this page: https://www.mindarie.wa.edu.au/third-party-software

Please read these and ensure that you understand the implications of using these services. If you have any

questions, please contact the College.

PLEASE COMPLETE AND RETURN WITH ENROLMENT APPLICATION

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.

> BRING YOUR OWN DEVICE - BYOD

Mindarie Senior College implemented a BYOD program for all students in 2023. This program encourages students to develop in confidence, capabilities and collaborative skills required to be successful in the 21st Century. Research shows that consistent access to resources enables improved learning outcomes for all students.

Il students are required to have a device. The following minimum specifications are essential (the device does **not** have to be new):

| Processor | i3 (or equivalent) 12th Gen or better i5 or i preferred |
|--------------------|--|
| Memory (RAM) | 8 GB |
| Screen Size | 10 inches |
| Hard Drive/storage | 128GB or higher |
| Operating System | Windows 10 |
| | MacOS 10.15.7 (or higher) |
| | Apple iOS 14 or later |
| Battery Life | 8 hours continuous use |
| Mandatory Software | Microsoft Office (free download available for all enrolled students) Mac users are encouraged to utilise anti-virus software Windows has Defender built in |
| Recommended | Solid State Drive (SSD), Touch Screen and Stylus (Digital Pen) |

Students will need an office software suite such as Microsoft ffice. Il enrolled students may download and use Microsoft 3 5 on their own device free of charge. Instructions are available on the College website. Please note that Chromeboo s will not run Microsoft applications and will be limited to web applications. Some College owned specialist software will not be available to students to install on their own devices but alternatives will be suggested.

Students should utilise their Department of Education Microsoft 3 5 account. Students should avoid using parent guardian family email addresses.

Students coming from private schools or alternative learning settings will need to wait until they begin at the College to access their Department of Education student email address.

e recommend students use their neDrive account provided by the Department of Education to save files and bac up data. This allows them to access files from any device anywhere.

Please note: When your child brings their own device to school, they do so at their own risk. We would strongly recommend you purchase personal insurance that covers this. The College will not cover the cost of loss or damage to your child's device.

Further information about BYOD and student use of online services can be found on the College website, in the policies tab, under the Internet and Information Technology User Policy, Part A: Students Online - Acceptable Usage Policy and Part B: Bring Your Own Device (BYOD) - User Policy And Information. Scan the following QR Code for direct access to these documents on the website."





LIFE SO FAR

Dear Parents/Guardians,

Welcome to Mindarie Senior College.

Research (and common sense) tells us that a feeling of belonging and connection is essential to the social, emotional and academic well-being of teenage students. Your insights, opinions and detailed knowledge of your young person will provide us with a vital resource to enable a smooth transition to Mindarie Senior College and a happy, productive career with us.

Please find attached a blank Life So Far Form for completion. You can also access the form on our website: https://www.mindarie.wa.edu.au/life-so-far and complete it electronically. Please "save as", using the **student name** for the file name. If you do not have the free Adobe Reader software to open PDFs you can safely download it from the following link: https://get.adobe.com/reader/.

Please note that everything written in the Life So Far document will be treated with discretion and sensitivity.

Here are some specific topics which we would be grateful for you to include:

- 1. School/education history including previous schools. Please indicate if your young person has had any learning difficulties or an education assistant at previous schools.
- 2. Family history and family matters.
- 3. Personality, including strengths and areas for improvement.
- 4. Physical and mental health.
- 5. Past achievements and future aspirations.

Feel free to write as much as you wish, using continuation sheets as necessary.

We really appreciate your time and effort.

Please return the completed Life So Far document to the College either via hard copy or via email to: <u>Mindarie.SC.StudentServices@education.wa.edu.au</u>

Kind regards,

Student Services Wellness Team

Date:



Student's Name:

LIFE SO FAR

| | f this document will be stored on SEQTA for teaching staff to access, should they wish to lear out your young person. |
|------|--|
| | ring this form with you to your upcoming enrolment interview or email it to: s.SC.StudentServices@education.wa.edu.au |
| 1. E | Education History (include any learning difficulties or diagnosed learning disabilities) |
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| 2 4 | Are there any family matters that you feel the school needs to be made aware of? |
| | Including any court orders etc) |
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| | Describe your young person's personality (What are their strengths and areas for mprovement?) |
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| 4 | •• | Describe your young person's physical and mental health. (Do they have any diagnosed conditions such as an anxiety disorder/depression/ADHD for example.) |
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| | | |
| 5 | • | Past achievements and future aspirations. (What does your young person want to do when they finish school? What subjects or hobbies really interest them?) |
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| 6 | ٠. | Additional Comments – Is there anything else that you want the school to know about your young person? |
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