

ENROLMENT GUIDELINES

Please find attached the Mindarie Senior College enrolment package for 2026.

Parents and students should read the **Information Booklet** before completing the enrolment application. This can be found at www.mindarie.wa.edu.au/future-students/application-for-enrolment.

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 can be found at www.mindarie.wa.edu.au under the Future Students menu.

Local Intake Area Applications:

Please submit the completed enrolment package to the College by **Friday 25 July 2025**.

Out of Area Applications:

Please submit the completed enrolment package on or before **Friday 25 July 2025**. If spaces are available, enrolment will be determined by:

- (a) children who have siblings enrolled at the College for Year 12 in 2026
- (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 2026.

Submitting your application:

- 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 Senior College or emailed to Mindarie.SC.enrolment@education.wa.edu.au
- All required supporting documents must be included in the application.
- 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):

- 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)
- photocopy of your child's **birth certificate**
- current **Australian Immunisation Register History Statement** (see enrolment package for details).

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

- date of entry into Australia
- copy of passport
- visa grant and sub class number **OR** citizenship certificate.



MINDARIE SENIOR COLLEGE APPLICATION FOR 2026 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 complete 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 <input type="checkbox"/>	Female <input type="checkbox"/>
Residential Address:	Street:			
	Suburb:		Postcode:	
Home Telephone:		Student mobile:		
Student email address:	@student.education.wa.edu.au			
Student personal email address:				
Student number (if known):		Student USI number: (if known)		

Documents included to support enrolment:

- Birth certificate
- Proof of residential address (2)
- Immunisation record
- Visa and passport (if born overseas) OR citizenship certificate
- Court order (if applicable)
- Other relevant documents to support student's learning

APPROVAL OF PRINCIPAL OR DELEGATE

Signature		Date	
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Approved Not approved Waitlist *Approval for office use only

Parent/Carer 1 Details (first point of contact)

Title: Mr/Mrs/Ms/Miss/Dr			
First name:			
Surname:			
Relationship to student:			
Address:			
Email:			
Mobile:		Work Telephone:	
Occupation:		Workplace:	

Parent/Carer 2 Details (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 for Emergency (third point of contact)

Emergency contact name:	
Relationship to student: (e.g. grandparent/aunt/brother etc.)	
Contact number	

By submitting this application, I declare 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 respectful. This document can be found on the Policies page of the college 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/Guardian 2
Does the parent/guardian speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	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? <i>For persons who have never attended school, mark Year 9 or equivalent or below</i>	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below
What is the highest qualification the parent/guardian has completed?	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (including trade cert) No non-school qualification	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (including trade cert) 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.	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Other Not in paid work in the last 12 months	<input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals <input type="checkbox"/> Group 2 Other business managers, arts/media/ sportspersons, and associate professionals <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> 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:		Nationality:	
Non English speaking background:	Yes No	Language spoken at home (other than English):	
Culture:	Aboriginal Torres Strait Islander	Not Aboriginal or TSI	
List siblings of student who currently or previously attended the College:			

If not born in Australia please complete this section	Entry Date:																					
Permanent resident:	Yes No	Citizenship: Yes No																				
Visa Sub Class number:		Visa Expiry date:																				
Visa Grant number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					Photocopy of Visa Grant Notice must be included in this application

Student lives with (please indicate):	Both parents	Father	Mother	Neither parent
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Are there any Family Court Orders regarding access restriction or the day to day or long term care, welfare and development of the child?	Yes	No
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If YES for the above question, it is a legal requirement that you provide copies of the documentation to the College.

Is this student in the care of the Department of Communities and Family Support (CPFS)?	Yes	No
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If Yes, please specify:	CPFS Case Manager:	
	Contact telephone number:	CPFS District:

What school does the student currently attend?		Year Level:	
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Has student ever been suspended or excluded from a school?	Yes	No
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If Yes, please name school and reason:	
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Learning Support Needs

This information will assist the College with considering whether any specific or additional resources are required and assist us with providing the best educational program for your child. N.B. – a recent diagnosis is required along with any arrangement applications. Please indicate (✓)

Learning Disability (dyslexia, dysgraphia, etc) Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychological (depression, ADHD, etc) Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical (hearing, vision, motor skills etc) Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has student been involved in an Education Support Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Has the student been on a Risk Management Plan (RMP), or a High Risk Watch List (HRWL) for mental health, in Year 10?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If any ticked Yes please outline nature of disability/medical condition:	

Are there any further details concerning the student, that are likely to affect their 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 I/How-do-I-access-my-vaccination-record](http://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.

SECURITY AND CONFIDENTIALITY

The information provided in *Enrolment Forms* is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

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). <https://www.mindarie.wa.edu.au/our-college/college-policies/>

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. YES

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 acknowledge and understand my child will be able to leave Mindarie Senior College during any period in which their participation in an educational program of the College is not required, including during lunch and recess breaks. I also 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. YES

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 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 do not want your child's photo used for publicity purposes please tick NO in the box above.)

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 on-line 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

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
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

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** / /

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


Australian Government
 Department of Human Services



Immunisation history statement

As at: 22 August 2018
For: BERNARD O LONG
Date of birth: 16 January 2016
Immunisation status: up to date

Schedule	Date given	Immunisation	Brand name given
2 months	16 Mar 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
4 months	16 May 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
6 months	16 Jul 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal	Infanrix Hexa Prevenar 13
12 months	16 Jan 2017	Measles Mumps Rubella Hib Meningococcal C	MMR II Menitorix
18 months	16 Jul 2017	Diphtheria Tetanus Pertussis Measles Mumps Rubella Varicella	Infanrix Priorix-Tetra
Other	01 Apr 2018	Influenza	Influvac Tetra

Next immunisation/s due	Date Due
Diphtheria Tetanus Pertussis	16 Jan 2020
Polio	16 Jan 2020
Notice/s	



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

Parent / Legal Guardian Consent for Release of Student Details

I _____ (parent given name) _____ (family name)

give permission for _____ 's (student's full name) student details to be released to the PTA for the purposes of issuing a Student SmartRider card and a photograph to be taken by the school and released to the PTA for the purposes of issuing a Student SmartRider card for school purposes.

Signature _____

Date _____

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.

THIRD PARTY CONSENT FORM



THIRD PARTY SERVICE 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
- these on-line 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

As a parent/guardian of this student, I give permission for the access to Department of Education software services and have read the terms of use and privacy policy of each of the applications listed on the third party software webpage. I understand that _____ (student's full name) personal information may be provided to the third party software providers for the purpose of improved school administration or teaching and learning programs.

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.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date _____