



SENIOR SCHOOL Enrolment Checklist

When you enrol your child at Joseph Banks Secondary College, please provide copies of the following documentation:

- Full Birth certificate
- Identity documents (visa, citizen etc. if applicable)
- Immunisation certificate
- Court order (if applicable)
- Proof of address (please provide two records)
- NAPLAN and Report

If your child was not born in Australia, you **must** provide:

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas (if applicable).
- Citizenship Certificate.

In addition, if your child is a temporary visa holder you **must** provide:

- Confirmation of enrolment or evidence of permission to transfer provided by Education International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

Enrolment Guidelines

Please complete the Student Enrolment Form and return it to Joseph Banks Secondary College with supporting documentation for confirmation of this student's enrolment. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/Guardian details section of this form. Please place **X** in provided.

While it is not a legal requirement to provide all of the details requested in the Enrolment Form, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements. For a student with a disability who has significant and complex support needs the principal will negotiate to delay the first day of attendance with the parent/guardian if the necessary teaching and learning adjustments are not currently available at Joseph Banks Secondary College;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

Forms included in this package

These forms **must** be completed and returned

Enrolment Form
Information and Communication
Technology Acceptable Use
Agreement

Optional

Expression of Interest for
Specialised Programs

Optional

Application for Scholarship

SENIOR SCHOOL

Joseph Banks Secondary College

Enrolment Policy

Thank you for choosing Joseph Banks Secondary College as your preferred secondary school for your child.

Our Enrolment Policy follows the Department of Education Enrolment Policy and Procedures. Please find below a summary of the policy, and a timeline of college procedures.

Enrolment Policy

Students are enrolled at Joseph Banks Secondary College according to the Department of Education Enrolment Policy and Procedures. Enrolment decisions in public schools are made according to criteria based on age, residential location, visa status and educational needs.

Joseph Banks Secondary College is a new school and growing school. As such student enrolments will be based upon the following schedule, and students will be placed into appropriate cohorts according to student age. The only exception to this will be when a student enrolls to join the Year 7 cohort direct from a primary school.

- 2015 Years 7 & 8
- 2016 Years 7, 8 & 9
- 2017 Years 7, 8, 9 & 10
- 2018 Years 7, 8, 9, 10 & 11
- 2019 Years 7, 8, 9, 10, 11 & 12

Enrolment Procedure

1. Complete and submit an Application for Enrolment (either in hardcopy or via directions for online application) and submit to the College with all relevant documents.
2. Upon receipt of the application, the application will be assessed using the local intake area procedures of the Department of Education. Unsuccessful applicants will be notified in writing in a timely manner (*usually within 3 days*). If the enrolment is declined a letter will be sent to the applicant, indicating the reason/s for it being declined and information about the process to dispute the decision including a Request for Review of Application for Enrolment Decision Form.

Please note:

Year 7 Enrolment for following year

If the application is for Year 7 in the following calendar year, notification will be provided in writing of the outcome of enrolment decisions within three weeks of the published closing date for applications.

3. Enrolment applications under consideration for the current school year or enrolments for the following school year in cohorts other than Year 7 will be scheduled an interview with the Associate Principal.
4. After the interview a decision will be made to accept or decline the enrolment. If the enrolment is declined a letter will be sent to the applicant, indicating the reason/s for it being declined and information about the process to dispute the decision including a Request for Review of Application for Enrolment Decision Form.
5. Following acceptance of the enrolment, Parent/s or Guardian/s will be contacted with details about a start date, which will take into account time for obtaining a uniform, and provision of the relevant year group information.
6. The student profile will be created on the Joseph Banks Secondary College information system and a timetable generated for the student. The student's previous school will be notified of a change in enrolment via a Transfer Notification.
7. Relevant and appropriate staff will be notified of the enrolment and on the student's first day a teacher will meet the student and provide an orientation to the college.

Department of Education Enrolment Policy and Procedures:

<http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/enrolment-policy.en?cat-id=3457117>

SENIOR SCHOOL

Student Enrolment Form

Please send your completed enrolment form to:

Joseph Banks Secondary College: 40 Joseph Banks Boulevard Banksia Grove WA 6031

Section 1: Student Details

Enrolment Year Level:	Year Level: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Surname			
Legal surname on birth certificate: <i>(if different from above)</i>			
Previous surname: <i>(if applicable)</i>			
1st name: <i>(given name)</i>			
2nd name: <i>(middle name)</i>			
3rd name: <i>(if applicable)</i>			
Preferred name:			
Date of Birth:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential address:	Street:		
	Suburb/town:	Postcode:	
Home Telephone:		Student Mobile: <i>(if applicable)</i>	
Student Number <i>(if known)</i>		*Unique Student Identifier number USI <i>(*see instructions)</i>	
Does the student have any siblings (brothers or sisters) at Joseph Banks Secondary College?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sibling's name:	Date of birth:	
		DD/MM/YY	
		DD/MM/YY	
Is this student subject to any court orders in respect of their care, welfare and development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify and attach supporting documentation.</i>		
Is this student subject to Access Restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify and attach supporting documentation.</i>		
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please specify the CPFS Case Manager, their CPFS District and their Contact telephone number.</i>		
What school did the student previously attend? <i>(If previously enrolled in Home Education, please specify Education Region)</i> Reason for leaving			

Section 2: Parent/Guardian Details

	Parent/Guardian	Parent/Guardian
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Occupation		
Relationship to student: <i>(e.g. father, grandmother)</i>		
Lives with student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive correspondence, reports etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for payment of Contributions and Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workplace:		
Workplace telephone:		
Mobile:		
Other telephone:		
Email:		
Postal address: Street		
Suburb/town		
Postcode		

Section 3: Parent/Guardian Background Information

	Parent/Guardian	Parent/Guardian
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>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other - please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other - please specify
What is the highest year of 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>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the highest qualification the parent/guardian has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification

Section 3 cont.. Parent/Guardian Background Information

	Parent/Guardian	Parent/Guardian
<p>What is the occupation group of the parent/guardian? Please select the appropriate parental occupation group below (for more details refer to Appendix 2).</p> <p><i>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.</i></p>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i>	<input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i>
	<input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i>	<input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i>
	<input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales and service staff</i>	<input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales and service staff</i>
	<input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers and related workers</i>	<input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers and related workers</i>
	<input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i>	<input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i>

Section 4: Additional Contacts

***For an emergency where the parent/guardian/carer cannot be contacted, please provide additional contacts below. For independent students this is the 1st point of contact in an emergency.**

	Contact	Contact
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. grandmother, aunty)</i>		
Telephone 1:		
Telephone 2:		

Section 5: Order of Emergency Contacts

Please list below the order of parent/guardian or contact to be called in case of emergency.

<p>Indicate by placing a number in the box (1, 2, 3) the order in which the following people should be contacted in an emergency.</p> <p>Telephone number MUST be specified for the preferred emergency contacts.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parent/Guardian Name: Phone:	Parent/Guardian Name: Phone:	Contact Name: Phone:

Section 6: Student Details – Additional Information

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – <i>please specify</i>
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Is the student an Australian citizen?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other – <i>please specify</i>
Is the student a permanent or temporary resident? Attach copy of Visa	
<input type="checkbox"/> Permanent resident Visa Sub Class Number: Visa Expiry Date: Date entered Australia:	<input type="checkbox"/> Temporary resident Visa Sub Class Number: Visa Expiry Date: / / Date entered Australia:
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other - <i>please specify</i>
Has the student ever been excluded from another school? If YES, please name school:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student in receipt of an allowance?	<input type="checkbox"/> Secondary Assistance <input type="checkbox"/> Abstudy
Does the student have a Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: Student Health Care Summary

SECTION A

School: Joseph Banks Secondary College	Year:
Student's Name:	Date of Birth:
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

FAMILY CONTACT DETAIL

Name:
Relationship to student:
Address:
Telephone Work:
Telephone Home:
Telephone Mobile:

Name:
Relationship to student:
Address:
Telephone Work:
Telephone Home:
Telephone Mobile:

MEDICAL DETAILS

Medical Practice:	
Doctor 1:	Tel:
Doctor 2:	Tel:
Dental Practice:	
Name of Dentist:	Tel:
I give permission for the school to seek medical/dental attention for my child as required. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have ambulance insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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.	
Health care card: <input type="checkbox"/> YES <input type="checkbox"/> NO	Expiry Date / /
Health care card Number:	
(If required – for children requiring regular emergency care):	
Medicare No.:	Expiry Date / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the Medication section of the relevant health care plan – see below.

Short term medication - Request an Administration of Medication form to complete and return to the principal or class teacher.

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

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If NO, and the information is to be restricted, who can be informed of your child's health care information?.....

Does your child have one or more health condition(s) that will **require support** from school staff?

NO sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

Signature: Date:...../...../.....

YES complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s):.....

SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD’S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF

(In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Minor & Moderate Allergies	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Seizures	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Activities Of Daily Living	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Conditions or Needs <i>(Please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> 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:

Signature:.....

Parent/Carer Signature:Date:...../...../.....

Parent/Care Name:.....

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? YES NO Date:...../...../.....

Have relevant health care plans been issued to the parent? YES NO Date:/...../.....

Has the Principal been informed if:

- specific training is required to support the student? YES NO
- the student’s health care information is to be restricted? YES NO

Date Student Health Care Summary completed and uploaded on SIS:...../...../.....

Section 8: Additional Information

Is your child currently enrolled in the School of Instrumental Music Program (SIMS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child enrolled in any extra curricular activities they would like to continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES please specify	
SENIOR SCHOOL ONLY	
Is your child enrolled in a Certificate Course or Specialised program they would like to continue	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES please specify	

Section 9: Additional Consents

Consent for publication of a student's Photo and Work

DOE may record sound and/or vision of a student and their work while they are at the college or taking part in college related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the college's work. This does not mean that the student loses ownership of the works.

Please provide consent for the following:

- College Websites, CD-ROMs, Video, Newsletters, Magazines, Year book or any medium in relation to school-related activities.
- Promotional material for the Department of Education.
- Articles for West Australian, School Matters, Community Newspapers.

Use of Student Photographs Yes No

Use of Student Work Yes No

SmartRider with student photo permission Yes No

(SmartRiders are ordered through Reception and are used as a travel card for Transperth services, library card, concession card at various venues, student ID and can be used to make purchases through our online canteen).

Section 10: Declaration

All students will adhere to the policies and processes of Joseph Banks Secondary College

- 1 All students will wear appropriate uniform
- 2 All students will attend school regularly
- 3 All students will behave according to the code of conduct
- 4 All students will strive to achieve their personal best
- 5 All students will contribute to a positive reputation for Joseph Banks Secondary College
- 6 Parents/Guardians should be aware that the college and its staff members are not liable for injuries or damage to property which may occur, in all circumstances where staff have not been negligent

It is your responsibility to notify Joseph Banks Secondary College in writing of any changes to the information provided on this enrolment form.

Name of parent/guardian enrolling the student and providing consents:

(Please print)

Relationship to student:

Signature:

Date: DD/MM/YY

Information and Communication Technology Acceptable Use Agreement

The expectations at Joseph Banks Secondary College are set out below to keep students, staff and the network safe. All students and staff are therefore expected to follow and maintain the protocols that are in place. If anyone is suspicious of any of the protocols being breached, then it is their responsibility to report this to the Network and eLearning Coordinator, Leading Teacher or Principal immediately. When reading and signing this agreement, you understand that it applies to all devices that access the Joseph Banks Secondary College Network.

- All Students are expected to sign that they have read and understood the agreement.
- All students are expected to use ICT respectfully and responsibly.

The completed agreement should be authorized by your Parent (Caregiver).

Breaches of this agreement will result in restriction of Network and Internet access, possibly including removal of all access. There may be other consequences for inappropriate actions and behaviour. Network facilities and Internet access are provided to help you with your learning.

By signing the agreement on the attached page, I agree that:

- I am responsible enough to access relevant sites, information, and graphics suitable for students at Joseph Banks Secondary College (JBSC). I will show my responsibility by not accessing: pornography, promotion of drug abuse, violence, racial discrimination; and pirated software.
- I can be trusted not to download or bring downloaded material from such sites to JBSC in any form, electronic or hardcopy.
- I know that it is my responsibility not to; download, store, transfer or display inappropriate or illegal material on a device used at JBSC.
- I will observe all protocols required by JBSC regarding computer viruses and will not knowingly place a virus or other malware onto a college device.
- I can be trusted not to use college ICT devices for personal or private activity without permission from a member of staff.
- I am mature and trustworthy enough not to cause damage to or interfere with computer hardware, software or system performance of college devices.
- I can be trusted not to connect any device to the wired network without approval.
- I understand that it's my responsibility not to participate in any online activity that: compromises the performance of the network, speed of the network or security of the network.
- I can be trusted not to obtain, use or access information about usernames or passwords for other users of the college network.
- I can be trusted not to access secure or restricted areas of the network, or the personal data files of others.
- I can be relied upon not to use the college's name, devices, network or accounts provided by the college, to obtain goods or services that have not been authorised by the IT manager and or Principal.
- I am mature and trustworthy enough to not behave online in a way that brings the college into disrepute or that offends others. I can be trusted not to post inappropriate, offensive, threatening material or messages.
- I can be trusted not to create or access a personal hotspot or external network to look at or download information.
- I understand that it is my responsibility not to have a SIM card inserted into any device that accesses the college network.

Information and Communication Technology Acceptable Use Agreement

By signing below you are confirming that you have read and understood the expectations of Information and Communication Technology at Joseph Banks Secondary College and that you will act in accordance with these expectations.

I understand and agree to abide by the expectations outlined in this document. I also understand that there will be consequences as per the school's Positive Behaviour Support Plan if I breach these expectations.

Student Name:	
Student Signature:	Date:
Parent Name:	
Parent signature:	Date:

Unique Student Identifier (USI)

As part of our enrolment process we need to have your child's Unique Student Identifier (USI) recorded for their Vocational Education Training (VET) Certificate. Can you please assist your child in creating a USI and to forward the confirmation email to our Senior School Executive Assistant. The setup should take about 5 minutes to complete.

How to create a USI

1. Go to:
www.usi.gov.au
2. Make sure your son / daughter has a suitable form of ID, for instance:
 - Medicare Card
 - Australian Passport
 - Australian Birth Certificate
 - Other ID as per the USI website
3. Select 'Student Login'.
4. Read and Agree to the terms and conditions.
5. Select 'Create USI'.
6. Answer the questions.
(the student will need an email address to receive a copy of the USI)
7. Store the USI information for future reference.
8. Forward the USI confirmation email to the Senior School Executive Assistant.
 - **josephbanks.sc@education.wa.edu.au**
 - subject line - USI

Alternatively students can take a picture of the Medicare card on a mobile device and bring it to school. We can then assist them to create the USI. The USI must be completed with the student's legal name to match the identification used.

FOR MORE INFORMATION:

Visit: usi.gov.au Email: usi@education.gov.au Phone: 1300 857 536

Student Driver Agreement And Process

Your decision to drive a vehicle to school carries certain obligations.

The following statements indicate what is expected of all students driving vehicles to Joseph Banks Secondary College.

Process

Submitting this completed form is a request to the College. All students requesting to Drive a Vehicle to school need to:

1. Complete this Agreement
2. Attach a copy of your Driver's Licence
3. Attend a meeting with the Principal, or their delegate (Senior School Associate Principal) scheduled by the Senior School Executive Assistant
4. Upon signing by the Principal, or their delegate (Senior School Associate Principal) the student may commence driving to school.

Agreement

I understand that as a student seeking to drive a vehicle to school.

- I acknowledge that driving to and from school I am legally responsible for myself (and any passengers) according to the State Traffic Code.
- I acknowledge that driving near the college before and after school, I must ensure that I am responsible for the safety of other drivers and pedestrians.
- I will park my car in the car park adjacent to the oval and Joseph Banks Boulevard.
- I will park my scooter in the car park on Splendens Avenue, near the Senior School Reception.
- I agree that I will not go to my vehicle during school hours without a staff member's permission
- I agree not to drive other students in my car or on my scooter during school hours.
- I acknowledge that the college is not responsible for any damage that occur to my vehicle whilst parked on college grounds.
- I understand that failure to meet any of the above conditions could result in the school imposing sanctions as deemed necessary.

Please complete the attached **STUDENT DRIVER AGREEMENT FORM** and return to the Senior School Office.



SENIOR SCHOOL

Student Drivers Agreement Form

Your decision to drive a vehicle to school carries certain obligations.

The following statements indicate what is expected of all students driving vehicles to Joseph Banks Secondary College.

I	of Contact
understand that as a student seeking to drive a vehicle to school.	

- I acknowledge that driving to and from school I am legally responsible for myself (and any passengers) according to the State Traffic Code.
- I acknowledge that driving near the college before and after school, I must ensure that I am responsible for the safety of other drivers and pedestrians.
- I will park my car in the car park adjacent to the oval and Joseph Banks Boulevard.
- I will park my scooter in the car park on Splendens Avenue, near the Senior School Reception.
- I agree that I will not go to my vehicle during school hours without a staff member's permission
- I agree not to drive other students in my car or on my scooter during school hours.
- I acknowledge that the college is not responsible for any damages that occur to my vehicle whilst parked on college grounds.
- I understand that failure to meet any of the above conditions could result in the school imposing sanctions as deemed necessary.

Vehicle(s)		
Make:		
Colour:		
Registration:		
Driver's License Number:		
Student Signature		Date:
Parent/Guardian Signature		Date:
Principal Signature		Date:

Completed STUDENT DRIVER AGREEMENT forms and a copy of your Driver's License are to be returned to Reception **before** driving a vehicle to school.



SENIOR SCHOOL

Expression of Interest for School-based Specialised Programs (Optional)

Please note all of the programs below attract compulsory charges. Parents will be notified of charges by the end of 2018.

Enrolment Year Level:	Year Level: <input type="checkbox"/> 10 (2019) <input type="checkbox"/> 11 (2019) <input type="checkbox"/> 12 (2019)
Student Name	

Please number in order of preference only those programs you would like your child to be considered for, 1 being your first preference. Auditions, testing and/or trials will be conducted for selection into many of these programs.

- Joseph Banks Steam Challenge** – Specialised focus on science, technology, arts and mathematics knowledge, skills and ability. Students will be asked to commit to extra curricular classes each week.
- Joseph Banks Triathlon Academy** – Initially, students entering this program will be offered training before or after school. In time, the program will be embedded in the students' Health and Physical Education program and will extend to a variety of post school options in partnership with Triathlon WA. Students interested in this program must show a commitment to entering Triathlon competitions organised outside the college and conducted sometimes at weekends.
- Joseph Banks Soccer Academy** – Soccer – In years 10-12 students will participate in a co-curricular program aimed at improving their skills as well as developing team play. Students will have opportunities to play in college teams in the North Metropolitan Regional competition. The program is led by a fully accredited coach appointed by the school to provide an elite focus for the sport. Students entering this program must be motivated and dedicated to attend weekly sessions. Students will then be selected on ability to represent the school in competitions. Students who do not make it into the competition squads will still be provided with weekly training and matches. In Senior School it is likely that the program will be embedded in the students timetable.
- Joseph Banks Academy of Creative and Performing Arts** – Students will be able to specialise in the following areas: Music, Dance, Drama, Media and Visual Arts. Students may be offered extra curricula classes in their area of specialisation. Students entering this program must show a commitment to all tasks and a commitment to attendance to all workshops, as some may be out of school hours.
- Joseph Banks Chinese (Mandarin) Language Program.** Currently, Joseph Banks Secondary College offers Chinese (Mandarin). Over time we hope that the program will include cultural exchange programs to China. Joseph Banks Secondary College has a sister school, Yan Chen No1 High School, which is in the Jiangsu province.
- Joseph Banks Secondary College Cheer Leading** offers one competition team and one recreational team. Students develop skills in tumbling and stunts in a safe environment. Currently, Cheer Leading is offered as a co-curricular program. As numbers increase, so will the number of teams students can be selected to. Students entering this program must show a commitment to state and national competitions that are often scheduled at weekends. Trials will be conducted in Term 3 or 4.
- Joseph Banks Secondary College Rugby Academy.** The Rugby Program has been developed in partnership with Rugby WA. This will operate as a co-curricular program with training conducted after school. In Senior School it is likely that the program will be embedded in the students timetable.
- Scouts** is a group of like minded people who take part in activities such as camping, hiking, construction, orienteering and survival skills, while given the opportunities to develop leadership and responsibility. There are many world wide recognised awards students can strive for benefits for future career and study aspirations.

Information regarding selection will be communicated to parents during the year in accordance with our annual transition timetable.



SENIOR SCHOOL

2019 Scholarship Application Form

Joseph Banks Secondary College is pleased to offer a number of scholarships to young men and women eligible for entry into in 2019 who are able to demonstrate achievement in fields of endeavour related to school life.

Application for a scholarship should be made by completing the Scholarship Application Form and returning them to the college by Return date Friday 23 November 2018, along with any additional information to support the application, including:

- Latest school report
- NAPLAN assessment (if available)
- Academic reference
- Personal reference

Please indicate which scholarship* you are applying for

* You may apply for both scholarships but will only be eligible to receive one scholarship.

- Academic Scholarship Citizenship Scholarship

Please send your completed enrolment form to:

**Joseph Banks
Secondary College**
40 Joseph Banks Boulevard
Banksia Grove WA 6031

Section 1: Student Details

Enrolment Year Level:	Year Level: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Surname:		
1st name: <i>(given name)</i>		
2nd name: <i>(middle name)</i>		
Preferred name:		
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:	Street	
	Suburb/town	Postcode:
Home Telephone:		

Section 2: Primary School Details

Current Primary School	
Primary School Principal	
Current Year Teacher/s	

Section 3: Parent/Guardian Details

Title: <i>(Mr/Ms/Mrs/Miss)</i>	
First name:	
Surname:	
Home telephone:	
Mobile:	
Other telephone:	
Email:	

Section 4: School and Community Involvement

What are your best subjects at school?	
Have you held a leadership position?	
At school, e.g. Student Councillor, Team Captain, other? Please specify.	
Outside school, e.g. Scouts, Guides, Sports club etc? Please specify.	
Do you like reading? If so what kinds of books interest you most?	
Do you play a musical instrument, play in an orchestra or band, or sing in a choir? <i>Give details.</i>	
Do you have any involvement with or interest in drama, dance or art? <i>Give details.</i>	

Have you any hobbies or other interests that you would like to mention to support your application?	
What sports do you play?	
Please provide details, as well as any special achievements in this area e.g. awards, trophies, certificates.	

Please write a short statement (in your own handwriting) of up to 200 words outlining your reasons for applying for a Joseph Banks Secondary College Scholarship. This should include reference to particular strengths in a field of endeavour in which you have made outstanding achievement or contribution, and how this would benefit Joseph Banks Secondary College.

Attach copies of any other supporting details which would be of interest to the Selection Committee.

Section 8: Declaration

I have read and agree to the conditions of the Joseph Banks Secondary College Scholarship program

Name of parent/guardian: <i>(Please print)</i>		
	Signature:	Date:
Name of student: <i>(Please print)</i>		
	Signature:	Date:



SENIOR SCHOOL

Academic Reference

Student Name:

Scholarship being applied for:

Academic Scholarship Citizenship Scholarship

The student whose name appears above is applying for a Joseph Banks Secondary College Scholarship for 2019. These scholarships will be awarded to students who are able to demonstrate excellence and achievement in fields of endeavour related to school life.

The applicant would appreciate your support for their submission and would be appreciative if you could provide information under the areas listed.

**The closing date for applications is Return date
Friday 23 November 2018**

Academic progress:

Demeanour, Work Habits and Attitude to Learning:

Personal characteristics:

(e.g. temperament, reliability, sense of fair play, etc.)

Leadership Qualities:

Other Comments:

Details of person completing reference:

Name:	
Position:	
Organisation:	
Signature:	Date:

This reference form may be detached and returned to the applicant or may be sent directly to:

Please send the completed enrolment form to:

Joseph Banks Secondary College
40 Joseph Banks Boulevard Banksia Grove WA 6031

This reference form may be detached and returned separately



SENIOR SCHOOL

Personal Reference

Student Name:

Scholarship being applied for:

Academic Scholarship Citizenship Scholarship

The student whose name appears above is applying for a Joseph Banks Secondary College Scholarship for 2019. These scholarships will be awarded to students who are able to demonstrate excellence and achievement in fields of endeavour related to school life.

The applicant would appreciate your support for their submission and would be appreciative if you could provide information under the areas listed.

The closing date for applications is Friday 23 November 2018.

Number of years you have known the student:

Area of contact:

Personal characteristics:
(e.g. temperament, reliability, sense of fair plays, etc.)

Leadership Qualities:

Other Comments:

Details of person completing reference:

Name:

Position:

Organisation:

Signature: _____ Date: _____

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