



# 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 recent records e.g. utility bill,)
- Recent 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 guardians 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

Student Driver Agreement

# Personalised Pathways

Student  
Choice



Year 10



Explore

Access to a  
range of  
courses



Academy  
Programs



Certificate II  
Qualification



P-Tech Cyber Solutions  
and links to industry

Years  
11 & 12

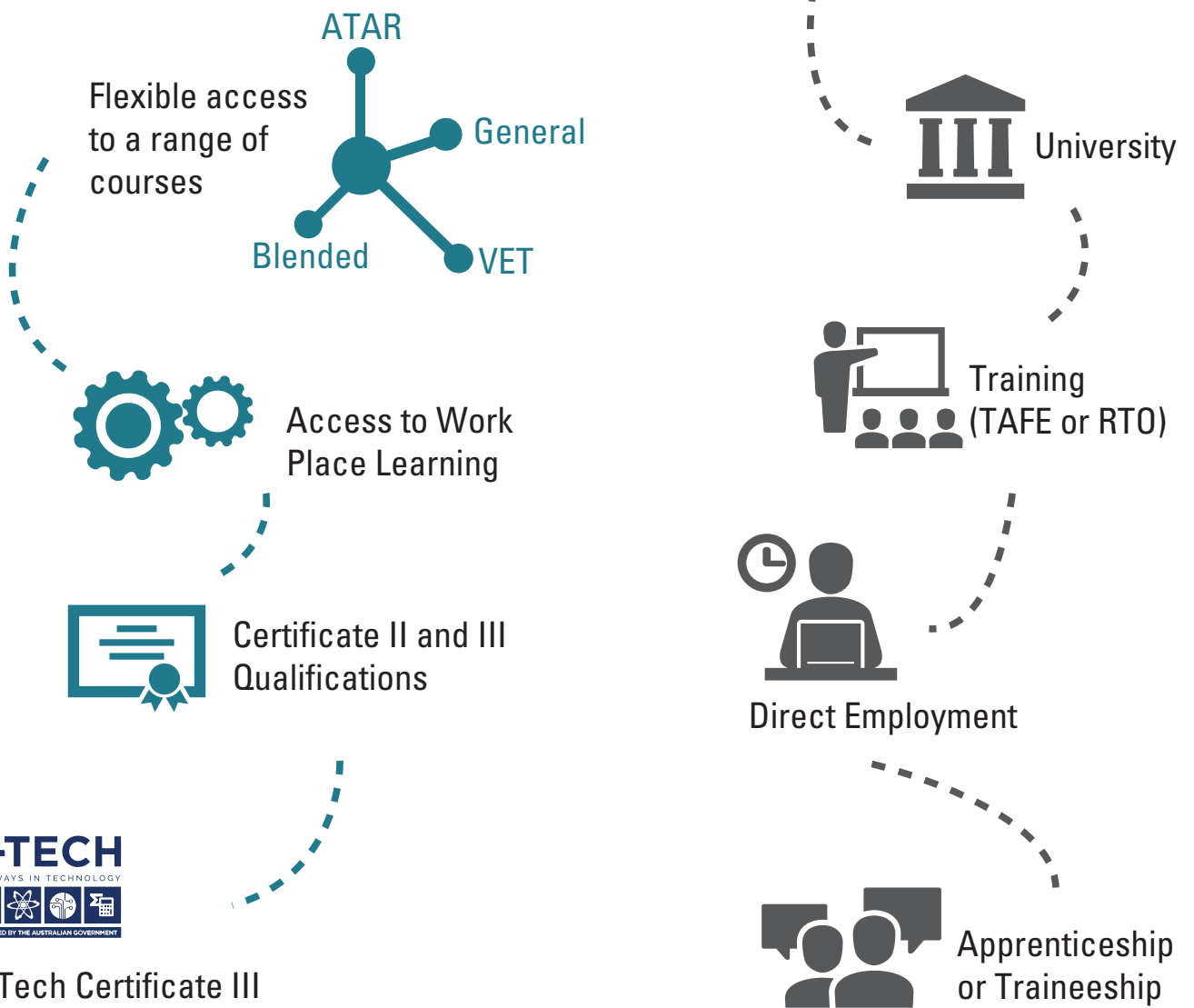


Post School  
Destinations

# Define



# Succeed



P-Tech Certificate III  
Information Technology  
(Cyber and Networking)

# 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:	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Surname:	<i>Please provide a copy of this child's birth certificate.</i>	
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 <input type="checkbox"/> Non-binary	
Residential address: <i>Please provide <b>two</b> pieces of evidence of residing at this address.</i>	Street:	
	Suburb/town:	Postcode:
Home Telephone:		Student Mobile:
Student Number: <i>(if known)</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
		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 1 (first point of contact)	Parent/Guardian 2 (second point of contact)
Title: (Mr/Ms/Mrs/Miss)		
First name:		
Surname:		
Relationship to student: (e.g. father, grandmother)		
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 <i>Both Parent/Guardian 1 and 2 must tick YES to receive correspondence</i>	<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
Mobile:		
Other telephone:		
Email:		
Postal address: Street		
Suburb/town		
Postcode		
Occupation		
Workplace:		
Workplace telephone:		

## Section 3: Parent/Guardian 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>	<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 1	Parent/Guardian 2
<p>What is the occupation group of the parent/guardian?</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>	<p><input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i></p> <p><input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i></p> <p><input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales and service staff</i></p> <p><input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers and related workers</i></p> <p><input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i></p>	<p><input type="checkbox"/> Group 1 <i>Senior management in large business organisation, government administration, and qualified professionals</i></p> <p><input type="checkbox"/> Group 2 <i>Other business managers, arts/media/sportspersons, and associate professionals</i></p> <p><input type="checkbox"/> Group 3 <i>Tradesmen/women, clerks and skilled office, sales and service staff</i></p> <p><input type="checkbox"/> Group 4 <i>Machine operators, hospitality staff, assistants, labourers and related workers</i></p> <p><input type="checkbox"/> Other <i>Not in paid work in the last 12 months</i></p>

## Section 4: Additional Contacts

**\*For an emergency where the first or second point of contact cannot be contacted, please provide additional contacts below.**

	Contact 3 (third point of contact)	Contact 4 (fourth point of contact)
Title: <i>(Mr/Ms/Mrs/Miss)</i>		
First name:		
Surname:		
Relationship to student: <i>(e.g. grandmother, aunty)</i>		
Telephone 1:		
Telephone 2:		

	Contact 5 (fifth point of contact)	Contact 6 (sixth point of 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: Student Details – Additional Information

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

# Section 6: Student Health Care Summary

## SECTION A

### MEDICAL DETAILS

Medical Practice:																								
Doctor 1:	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																								
<b>Insurance Provider:</b>																								
.....																								
<b>If there is a medical emergency, parents or guardians are expected to meet the cost of an ambulance. Please provide a copy of your child's immunisation records.</b>																								
Medicare Number:																								
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Health Care Card: <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Health Care Card Number:																								
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>																					Expiry Date	/	/	
<small>(If required – for children requiring regular emergency care):</small>																								

### ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at the College. Request an Administration of Medication form (Form 3) to complete and return to the Enrolment Officer.  
*Note: All medication required must be supplied by parent/guardian*

### 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

Parent/Guardian Signature: ..... Date:...../...../.....

*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 conditions that will **require support** from school staff?  
 No Sign below and continue to section 7.

Parent/Guardian Signature: ..... Date:...../...../.....

Yes Please continue to section B, C and D.



## 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"/> Form 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minor & Moderate Allergies	<input type="checkbox"/> Form 5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Form 6	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures	<input type="checkbox"/> Form 7	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Form 8	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activities Of Daily Living	<input type="checkbox"/> Form 9	<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: .....



## 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.

## 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
If YES please specify which instrument	
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

The Department of Education 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Student Work <input type="checkbox"/> Yes <input type="checkbox"/> No
A SmartRider card will be ordered for students once their photo has been taken. This identification is used as a travel card for Transperth services, a library card and concession card at various venues.	

## 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.
- 7 As the enrolling parent I am responsible for all fees and charges.

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

<b>Parent/Guardian 1</b> Name of parent/guardian enrolling the student and providing consents:	(Please print)	
Relationship to student:		
	Signature:	Date: DD/MM/YY
<b>Parent/Guardian 2</b> Name of parent/guardian enrolling the student and providing consents: <i>(If a second parent or guardian is indicated on the enrolment paperwork.)</i>	(Please print)	
Relationship to student:		
	Signature:	Date: DD/MM/YY

# Section 11: 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 authorised by your Parent/Guardian.

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. 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 Joseph Banks Secondary College 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 Joseph Banks Secondary College.
- I will observe all protocols required by Joseph Banks Secondary College 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 or other students' 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 Support Team 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.
- I will ensure my device is enrolled in the appropriate Mobile Device Management Application and will not uninstall or tamper with this Application in any way.
- Joseph Banks Secondary College is a Yondr school. I will ensure that my device is locked away in my Yondr phone pouch at all times during the school day. I understand that breaching this policy will have consequences. Complying with the College's Mobile Phone Policy expectations will ensure I comply with the Department of Education's Mobile Phone Policy.

## Declaration

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/Guardian Name:	
Parent/Guardian Signature:	Date:        /        /

# Third-Party Applications Permission Form



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 Western Australian Curriculum.

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.

In 2021 the Australian Government has introduced legislation that requires schools to seek permission from parents and guardians to provide access to additional services outside of the above list.

Thus, the College is now seeking permission to provide your child access to additional services. These services have been identified and are used to enhance student learning outcomes.

The College is currently using these services (<https://voyager.jbsc.wa.edu.au/?cat=178>) that require us to notify parents and guardians of their use, but not seek permission. Please consider this form and the above link your notification of the College's use of these applications.

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 eliminate the risk of such exposure.

Please 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. Like 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](http://www.foi.wa.gov.au))

Please 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 be found on the Office of the E-Safety Commissioner website ([www.esafety.gov.au/iparent](http://www.esafety.gov.au/iparent)).

You can find a list of all the College used apps, and their rating at: [https://voyager.jbsc.wa.edu.au/?page\\_id=1493](https://voyager.jbsc.wa.edu.au/?page_id=1493)

## **Please provide consent to use our applications by following the below instructions:**

1. Navigate to <https://bit.ly/31Kowip> by typing in the link or scanning the QR code on the right.
2. Complete the consent form for each of your children. You will need to complete this permission form multiple times if you have multiple children.

Please take careful consideration when selecting to not provide consent, while the College will make every attempt to ensure your child receives equal opportunities and outcomes, these applications have been chosen to enhance their learning and skills. By not completing this consent form, your child(ren) will lose access to applications provided by the College. Please note that applications provided by the Department of Education, such as Office 365 and WebEx are exempt from this permission form.



**SCAN ME**

If you have any questions or concerns, please feel free contact the IT Support Team on 08 9303 7456 or [josephbanks.sc.itsupport@education.wa.edu.au](mailto:josephbanks.sc.itsupport@education.wa.edu.au) .

# Section 12: Unique Student Identifier (USI)

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

## How to create a USI

- Go to:  
**www.usi.gov.au**
- 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
- Select 'Student Login'.
- Read and Agree to the terms and conditions.
- Select 'Create USI'.
- Answer the questions.  
(the student will need an email address to receive a copy of the USI)
- Store the USI information for future reference.
- 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](http://usi.gov.au) Email: [usi@education.gov.au](mailto:usi@education.gov.au) Phone: 1300 857 536**

Do you know your USI Number?  YES (*Please provide*)  NO

→

# Section 13: Student Driver Agreement And Process

## 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. Submit this to the Senior School Office.
4. Attend a meeting with the Principal, or their delegate (Senior School Associate Principal) scheduled by the Senior School Executive Assistant.
5. Upon signing by the Principal, or their delegate (Senior School Associate Principal) the student may commence driving to school.

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 (Students Full Name)

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:

This agreement must be approved by the College prior to driving a vehicle to school.