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 from Years 7 through to 12 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

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.
- 8. Students enrolling from Year 6 into Year 7 from primary school will be included in transition program undertaken by the college. This will include an Orientation Day at the college held during Term 4 the year before the student enters Year 7.

Department of Education Enrolment Policy and Procedures:

https://www.education.wa.edu.au/web/policies/-/enrolment-in-public-schools-policy?p_I_back url=%2Fweb%2Fpolicies%2Fsearch%3Fq%3DEnrolment%2BPolicy%2Band%2BProcedures

Please send your completed forms to:

Joseph Banks Secondary College

40 Joseph Banks Boulevard Banksia Grove 6031



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 \square 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.
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

MIDDLE 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) NAPLAN and Report (only if applying for Aspire and Scholarship)
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).

Forms included in this package

Application for Scholarship

These forms must be completed and returned	Enrolment Form Information and Communication Technology Acceptable Use Agreement
Optional	Expression of Interest for Specialised Programs



MIDDLE 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:	7 8 9 Year Starting 20				
Surname	Please provide a copy of this child's birth certificate.				
Legal surname on birth certificate: (if different from above)					
Previous surname: (if applicable)					
1st name: (given name)					
2nd name: (middle name)					
3rd name: (if applicable)					
Preferred name:					
Date of Birth:					
Gender:	Male Female Non-binary				
Residential address: Please provide two pieces of	Street:				
evidence of residing at this address.	Suburb/town:		Postcode:		
Home Telephone:			Student Mobile:		
Student Number (if known)					
Does the student have any siblings (brothers or sisters) at	☐ Yes ☐ No				
Joseph Banks Secondary College?	Sibling's name:	!	Date of birth:		
			DD/MM/YY		
			DD/MM/YY		
		1	DD/MM/YY		
Is this student subject to any court orders in respect of their care, welfare and development?	Yes No If YES, please specify and attach supporting documentation.				
Is this student subject to Access Restriction?	Yes No If YES, please specify and attach supporting documentation.				
Is this student in the care of the Child Protection and Family Services (CPFS) Chief Executive Officer?	Yes No If YES, please specify the CPFS Case Manager, their CPFS District and their Contact telephone number.				
What school did the student previous (If previously enrolled in Home Education, please 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	Yes No	☐ Yes ☐ No			
Responsible for parenting	Yes No	☐ Yes ☐ No			
Receive correspondence, reports etc <u>Both</u> Parent/Guardian 1 and 2 must tick YES to receive correspondence)	Yes No	☐ Yes ☐ No			
Responsible for payment of Contributions and Charges	Yes No	Yes No			
Mobile:					
Other telephone:					
Email:					
Postal address: Street					
Suburb/town					
Postcode					
Occupation					
Workplace:					
Workplace telephone:					
Section 3: Parent/Guard	dian Background Informatio	on .			
	Parent/Guardian 1	Parent/Guardian 2			
Does the parent/guardian speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	No, English only Yes, other - please specify	No, English only Yes, other - please specify			
What is the highest year of primary or secondary school the parent/ guardian has completed? For persons who have never attended school, mark Year 9 or equivalent or below	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 certificate) No non-school qualification	Bachelor degree or above Advanced diploma/Diploma Certificate I to IV (including trade certificate) No non-school qualification			

Section 3 cont Parent/Guardian Background Information				
	Parent/Guardian		Parent/Guardian	
What is the occupation group of the parent/guardian? Please select the appropriate parental occupation group below (for more details refer to Appe 2).		ministration, and	Group 1 Senior management in large organisation, government a qualified professionals	
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			Group 2 Other business managers, sportspersons, and associa	
occupation.	Group 3	Tradesmen/women, clerks and skilled office,		and skilled office,
		Machine operators, hospitality staff, assistants,		lity staff, assistants, ers
	Other Not in paid work in the last 12	Other Not in paid work in the last 12 months Other Not in paid		12 months
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. Please note these contacts must be over the age of 18.				
Title: (Mr/Ms/Mrs/Miss)	Contact	Con	laci	
First name:				
Surname:				
Relationship to student: (e.g. grandmother, aunty)				
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.				
Indicate by placing a number in the box (1, 2, 3) the order in which the following people should be contacted in an emergency. Telephone number MUST be	Parent/Guardian Name:	Parent/Guardian Name:	Contact Name:	
specified for the preferred emergency contacts.	Phone:	Phone:	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.	No, English onlyYes, other − please specify:		
Is the student of Aboriginal or Torres Strait Islander origin?	 No Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal and Torres Strait Islander 		
Is the student an Australian citizen?	☐ Australian Citizen ☐ No – please specify country of citizenship		
Is the student a permanent or temporary resident? Please attach	a copy of the Visa.		
Permanent resident Visa Sub Class Number: Visa Expiry Date: Date entered Australia:	Temporary resident Visa Sub Class Number: Visa Expiry Date: / / Date entered Australia:		
In which country was the student born?	Australia Other - please specify		
Has the student ever been excluded from another school? If YES, please name school:	☐ Yes ☐ No		
Is the student in receipt of an allowance?	Secondary Assistance Abstudy		

Section 7: 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. YES NO
Do you have ambulance insurance? YES NO
Insurance Provider:
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.
Medicare Number:
Number Listed next to childs name: Expiry Date / /
Health care card: YES NO
Health care card Number:
Expiry Date / / (If required – for children requiring regular emergency care):
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
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 conditions that will require support from school staff? NO Remove: and return Section A of this form to the school office. If your child's requirements change, please notify the school. Sign below and continue to section 8.
Signature:
YES Remove: complete the remainder of this form and return to school office, You will be given additional forms to complete. 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? YES NO Severe Allergy/Anaphylaxis NO YES Minor & Moderate Allergies NO YES Diabetes YES NO Seizures NO Asthma YES Activities Of Daily Living NO YES NO YES Other Conditions or Needs (Please specify) Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? Lyss 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** If yes, provide details: Signature:

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

Parent/Care Name:

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

Section 8: Additional Informa	ation			
Is your child currently enrolled in the School of Instru Program (IMSS)?	mental Music	Yes No		
If YES please specify which instrument:				
Section 9: Additional Consent	ts			
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 externally Yes No Use of Student Work Yes No				
Use of student photographs internally Yes I	No			
Identification photograph only for College database. Required if student wishes to be issued a Transperth SmartRider identification card (the only form of photo ID available to secondary students prior to gaining a Learners permit). This card is also used as a library card and concession card where applicable. No internal photo permission - no card issued. A SmartRider card will be ordered for students once their photo has been taken.				
Section 10: Declaration				
All students will adhere to the policies and processes of Joseph Banks Secondary College All students will wear appropriate uniform. All students will attend school regularly. All students will behave according to the code of conduct. All students will strive to achieve their personal best. All students will contribute to a positive reputation for Joseph Banks Secondary College. 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. As the enrolling parent I am responsible for all fees and charges.				
It is your responsibility to notify Joseph Banks Second	dary College in writ	ing of any changes to the information prov	ided on this enrolment form.	
Parent/Guardian 1 Name of parent/guardian enrolling the student and providing consents:	Name of parent/guardian enrolling the student and			
Relationship to student:				
	Signature:		Date: DD/MM/YY	
Parent/Guardian 2 Name of parent/guardian enrolling the student and providing consents: (If a second parent or guardian is indicated on the enrolment paperwork.)	Name of parent/guardian enrolling the student and providing consents: If a second parent or guardian is indicated on			
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. I will show
 my responsibility by not accessing: pornography, promotion of drug abuse, violence, racial discrimination; and pirated software.
- I can be trusted not 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 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.

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:

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)

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).

You can find a list of all the College used apps, and their rating at: 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.



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 .