

Dear Parent/Guardian

Please find enclosed an enrolment package for 2018 at Mindarie Senior College, including an Information Handbook to provide you with an outline of College procedures and policies. Enrolment at the College is only guaranteed for students who live in the Local Intake Area (LIA). Information about the LIA for Mindarie Senior College may be found at [www.mindarie.wa.edu.au](http://www.mindarie.wa.edu.au) under the *Future Students* menu.

For in-area enrolment applications, please submit the completed enrolment package and a \$200 deposit to the College by Wednesday 21 June 2017. Enrolment deposits are fully refundable if you decide not to enrol your child at the College. If your child's enrolment does proceed, the enrolment deposit will be credited against your child's contributions and charges for 2018.

Out-of-area applications for enrolment require the completed enrolment package be received at the College by **Friday 21 July 2017**. If spaces are available, enrolment will be determined by (a) Children who have siblings enrolled at the College for Year 12 2018; and (b) Children who live closest to the College. You will be contacted by 10 August 2017 to let you know whether we are able to offer enrolment to your child for 2018.

All applications to be considered for enrolment at the College must include the following forms accurately completed:

- Enrolment Form
- Form 1 – Student Health Care Summary
- Parent's Occupation and Education Form
- Smart Rider Application Form

To meet enrolment requirements, applications must also include:

- Photocopies of two (2) documents as proof of address e.g. utility bill (not a rates invoice), lease agreement, phone bill, driver's licence etc.
- Photocopy of your child's birth certificate (plus original to be sighted)

If your child was born outside of Australia, please also include a photocopy of your child's

- Citizenship Certificate or visa documentation and passport, showing the **Visa Sub Class** and **Visa Grant** number and **date of arrival** in Australia.

All applications must be submitted in person. *Please ensure that you have included all the required forms and photocopies before bringing the completed package to the College.* Please note that you must provide photocopies of your documents as our staff are unable to provide photocopying services. **Please bring originals to be sighted.** Only fully complete applications will be accepted.

We look forward to your application for enrolment and, if successful, your participation in the College community and events.

Yours sincerely



Janice Sander  
Principal

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# MINDARIE SENIOR COLLEGE

14 Elliston Parade MINDARIE WA 6030  
PO Box 2003 CLARKSON WA 6030  
Telephone: [08] 9304 5800 ♦ Fax: [08] 9304 5888

Principal: J. Sander



MINDARIE  
SENIOR COLLEGE

## YEAR 11 YEAR 12 APPLICATION FOR 2018 ENROLMENT (Confidential)

It is a school requirement that accurate details are provided for all of the categories below.

**PLEASE COMPLETE IN BLOCK LETTERS**

**Note: Please provide photocopies of all required documents with this application – originals must be sighted on application of enrolment.**

### STUDENT DETAILS

Surname: \_\_\_\_\_ Legal Surname (if different): \_\_\_\_\_

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male:  Female:

**Student Residential Address:** \_\_\_\_\_

Post Code: \_\_\_\_\_

*(Copies of 2 forms of Proof of Residential Address are required and must be submitted with this application – please bring originals for sighting e.g. phone bill, gas bill, bank account, driver licence – NOT a rates bill)*

Home Telephone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Mobile: \_\_\_\_\_ Student USI No: \_\_\_\_\_

Birth Place: \_\_\_\_\_ *[If not born in Australia, a copy of passport must be included]*

Nationality: \_\_\_\_\_ Non English speaking background: Yes  No

Language other than English spoken at home: \_\_\_\_\_

If not born in Australia, please provide date entered the country: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Photocopy of Visa Grant Notice must be included in this application*

Permanent resident: Yes  No  Citizenship: Yes  No

Visa Sub Class No: \_\_\_\_\_ Visa Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa Grant No: \_\_\_\_\_

Culture: Aboriginal  Torres Strait Islander  Not Aboriginal or TSI  Religion: \_\_\_\_\_

Please list other children in the family who currently or previously attended Mindarie Senior College:

Name/s: \_\_\_\_\_

Child lives with (please indicate): Both Parents  Father  Mother  Neither Parent

Are there any **Family Court Orders** regarding the day to day or long term care, welfare and development of the child?

Please indicate (✓) Yes  No  Access restrictions: Yes  No

*(If YES to either of the above questions, it is a legal requirement that you provide documentation to Mindarie Senior College.)*

Is this student in the care of the Department for Child Protection (DCP)? Yes  No

If YES, please specify: DCP Case Manager: \_\_\_\_\_ Contact No.: \_\_\_\_\_

DCP District: \_\_\_\_\_

### PREVIOUS SCHOOL DETAILS

Previous school child was last enrolled: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Is your child currently under suspension from a school? Yes  No  If yes to either, name of school: \_\_\_\_\_

Has your child ever been excluded from a school? Yes  No  \_\_\_\_\_

Are there any further details concerning your child, that are likely to affect his/her education at Mindarie Senior College?

\_\_\_\_\_  
\_\_\_\_\_

**LEARNING SUPPORT NEEDS**

This information will assist the college with considering whether any specific or additional resources are required and available to assist us with providing the best educational program for your child. N.B. – a recent diagnosis (no earlier than Feb 2015) is required along with any special exam arrangement applications. Please indicate (√)

**Learning Disability**  
(Dyslexia, Dysgraphia, etc)  
Yes  No

**Psychological**  
(Depression, ADD, etc)  
Yes  No

**Physical**  
(Hearing, vision, motor skills, etc)  
Yes  No

Has your child been involved in an Education Support Program: Yes  No   
If any ticked YES please outline nature of disability/medical condition: \_\_\_\_\_

**NOTE: The enclosed Student Health Care Summary must be completed by all parents/guardians**

**PARENT/GUARDIAN DETAILS** (Information to be supplied by parents)

Indicate, by placing a tick in the box, which order the following people should be contacted in an emergency.

**Parent 1/Guardian’s Details:** relationship to student (eg. Mother, Father, Guardian) \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Residential Address (If different from above): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address (if different to student residential address): \_\_\_\_\_ Post Code. \_\_\_\_\_

**Email address:** \_\_\_\_\_

Contact person in case of emergency: 1  2  3  (please tick)

**Parent 2/Guardian’s Details:** relationship to student \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Residential Address (If different from above): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address (if different to student residential address): \_\_\_\_\_ Post Code. \_\_\_\_\_

**Email address:** \_\_\_\_\_

Contact person in case of emergency: 1  2  3  (please tick)

**EMERGENCY CONTACT DETAILS (other than Parent 1 and 2)**

Emergency Contact name: \_\_\_\_\_

Relationship to Student (e.g. Friend, Grandparent, Neighbour): \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact person in case of emergency: 1  2  3  (please tick)

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

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

## SECURITY AND CONFIDENTIALITY

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

### Students Rights and Responsibilities

I have read and agree to comply with all aspects of the **Dress Code, Academic Standards Policy, Assessment Policy, Good Standing Policy, Internet and Information Technology User Policy** and **Student Vehicle Policy** for Mindarie Senior College (found in the Information Booklet)

Yes  No

I am aware of my child's rights and responsibilities related to the **Good Standing Policy, Assessment Policy, Code of Dress Policy, Internet and Information Technology User Policy** and **Student Vehicle Policy** for Mindarie Senior College. I also understand the consequences that will be applied should my child fail to honour those Codes and Policies.

Yes  No

### Medical/First Aid Treatment

**In the event of an emergency, I give permission for the College to attend to the needs of my child when required.** Where it is not practical to communicate with me, I authorise the school to consent to my child receiving such medical treatment as may be considered necessary (including transportation by ambulance, the cost being met by Parents/Guardians).

Yes  No

### Permission to Leave Mindarie Senior College during Non-contact Periods

I give my permission for my son / daughter to leave Mindarie Senior College during any period in which his / her participation in an educational programme of the College is not required, including during lunch and recess breaks. I acknowledge and understand that if my son / daughter leaves the College grounds during such periods, he/she is no longer under the reasonable control and supervision of the College. Accordingly, I understand and agree that in no event shall the State of Western Australia and its servants be liable for any injury that befalls my son / daughter, or for any misconduct on the part of my son / daughter, while he /she is away from the College grounds during such periods.

### College Charges

I understand that a \$200 course charge deposit is required to confirm enrolment (*refundable if enrolment does not proceed*)

Yes

### Publicity

I give permission for my child's photo to be used for:

- Educational purposes – internal (e.g. Library card, class projects).
- Other purposes – external (e.g. Publicity-television, newspaper, webpage etc).

**(If you don't want your child's photo used for publicity purposes, you must confirm this in writing to the College)**

### Wearing of Seat Belts

I understand that a seatbelt must be worn when travelling in a bus fitted with seatbelts.

Yes

### Uniform

I am aware of and agree to abide by the College Dress Code.

Yes

**I declare that the information provided on this form is true.** Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

STUDENT AND PARENT/GUARDIAN SIGNATURES ARE REQUIRED ON THIS DOCUMENT

## MINDARIE SENIOR COLLEGE OFFICE USE ONLY

Student's original documentation all sighted (Date): \_\_\_\_\_  YES  NO

Photocopies of documents provided:

Birth certificate  Proof of address x2

Additional document if born outside Australia:

Passport  Visa Grant Notice or  Citizenship Certificate  
 Date of Arrival given

Information about parent/guardian Occupation & Education  YES  NO

Previous School: \_\_\_\_\_ Records received:  YES  NO

Publications/Internet Permission Form completed: .....  YES  NO

Contributions and Charges Billing:  PG1: \_\_\_\_%  PG2: \_\_\_\_%  Other: \_\_\_\_%

Official documentation:  PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_\_  
(including reports, to be sent to)

Mentor Group: \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

SIS Group allocated:  YES  NO

Student leaves school: (Date) \_\_\_\_\_ Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school:  NO  YES on (Date): \_\_\_\_\_

### **RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:**

- 1. Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
- 2. Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
- 3. Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 4. Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
- 5. Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**

# INFORMATION ABOUT PARENT/GUARDIAN OCCUPATION AND EDUCATION

Student Name: \_\_\_\_\_

The National Goals for Schooling in the 21<sup>st</sup> Century state that 'the learning outcomes of educationally disadvantaged students '..... should.....' improve and, over time, match those of other students'.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information will help the Department of Education to ensure that all students are being well served by our public schools and receive the correct funding allocation.

To ensure Mindarie Senior College receives accurate funding, please complete this form carefully and as accurately as possible and return to Mindarie Senior College with your enrolment package.

All information is confidential

**1. Do you speak a language other than English at home?**

NO, English only

YES, other - please specify:

*(If more than one language, indicate the one that is spoken most often)* \_\_\_\_\_

**2. What is the highest year of primary or secondary school you have completed?**

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

*(If you did not attend school, mark 'Year 9 or equivalent or below')*

**3. What is the level of the highest qualification you have completed?**

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No post-school qualification

**Please select the appropriate parental occupation group from the list provided on the back of this form. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.**

**1. What is your occupation group?**

*Please write 1, 2, 3 or 4 according to your occupation.* \_\_\_\_\_

*However, if you have not been in paid work in the last 12 months, enter '8' above.*

**See Over**

## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><i>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</i></p> <p><i>Public service manager (section head or above), regional director, health/education/police/fire services administrator.</i></p> <p><i>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</i></p> <p><i>Defence Forces Commissioned Officer.</i></p> <p><i>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</i></p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</b></p> <p><i>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</i></p> <p><i>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</i></p>	<p><i>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</i></p> <p><b>Specialist manager</b> <i>[finance/engineering/production/personnel/ industrial relations/ sales/marketing].</i></p> <p><b>Financial services manager</b> <i>[bank branch manager, finance/ investment/insurance broker, credit/loans officer].</i></p> <p><b>Retail sales/services manager</b> <i>[shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</i></p> <p><b>Arts/media/sports</b> <i>[musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</i></p> <p><b>Associate professionals</b> <i>generally have diploma/technical qualifications and support managers and professionals.</i></p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</b></p> <p><b>Business/administration</b> <i>[recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</i></p> <p><b>Defence Forces senior Non-Commissioned Officer.</b></p>	<p><i>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</i></p> <p><b>Clerks</b> <i>[bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</i></p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> <i>[secretary, personal assistant, desktop publishing operator, switchboard operator].</i></p> <p><b>Sales</b> <i>[company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</i></p> <p><b>Service</b> <i>[aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</i></p>	<p><i>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</i></p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> <i>[typist, word processing/data entry/business machine operator, receptionist, office assistant].</i></p> <p><b>Sales</b> <i>[sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</i></p> <p><b>Assistant/aide</b> <i>[trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</i></p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> <i>ranks below senior NCO not included in other groups.</i></p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> <i>[farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</i></p> <p><b>Other worker</b> <i>[labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</i></p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.



# FORM 1 – STUDENT HEALTH CARE SUMMARY - REVISED

## SECTION A

School: MINDARIE SENIOR COLLEGE	Student's Name:
Address:	Gender: Male / Female
	Date of Birth: ___ / ___ / _____

## FAMILY CONTACT DETAIL

## MEDICAL DETAILS

Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
Address:	Doctor 2: Telephone:
Telephone: (W) (H) (M)	I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have ambulance cover? Yes <input type="checkbox"/> No <input type="checkbox"/> Provider _____ <b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care (concession) card: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes provide details) Card No. _____ Expiry Date _____
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card No. _____ Expiry Date _____

Please provide the date of Student's last Tetanus Vaccination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 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.

## 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 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"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Conditions or Needs (Please specify)

YES  NO

YES  NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES  NO   
If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.

PTO

Name:

Date of Birth:

School: MINDARIE SENIOR COLLEGE

**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.**

**Mindarie Senior College Office Use Only**

Does the child have an allergy that needs to be flagged on SIS? Yes  No  Date: \_\_\_\_\_

Have relevant health care plans been issued to the parent? Yes  No  Date: \_\_\_\_\_

Has the Principal been informed if:

• specific training is required to support the student? Yes  No

• the student's health care information is to be restricted? Yes  No

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



**Public Transport Authority**  
Government of Western Australia



Dear Parents

**Student Travel Permit**

The Public Transport Authority (PTA) advises that all new secondary students are eligible to receive a Student SmartRider concession card. The Student SmartRider card will be similar in size to a credit card and will be made available for all students throughout the state.

**Parents/guardians should be aware that students will require a Student SmartRider to access concession travel on Transperth, bus, rail and ferry services, and Transwa country road and country rail services.**

In order to issue the cards in the first instance the PTA requires that parents/guardians give their permission for schools to provide student details to the PTA, for the purposes of registering the student for concession travel, and to enable the Student SmartRider to be produced. Only students, who provide parent/guardian permission for the release of these details, will be issued with a card through their school. The information that will be released is student name, date of birth, address and Curriculum Council or student number. (Student address is NOT shown on the SmartRider card.)

The PTA must comply with the privacy requirements for the public sector and as such will only be using the information provided by the school for the issuance of the Student SmartRider concession card.

**If you wish your child to be issued with a Student SmartRider free of charge through their school, you should sign the attached permission and registration slip and return it to your school ASAP.**  
**(NB: Mindarie Senior College will charge \$5.00 to replace a lost/stolen or damaged card.)**

If the school does not receive the signed permission slip, your child's student information will not be released to the PTA.

If you do not wish your child to be issued with a Student SmartRider through this process, but your child still requires a Student SmartRider concession card, then you will need to go to a Transperth Information Office and apply for one. You will need to provide proof that your child is enrolled at a school and pay a card fee of \$5.00 for the purchase of the card if you wish to apply for a Student SmartRider in this way.

Please contact your school or the Transperth Info Line on 13 62 13 if you have any further questions.

Yours sincerely

Mark Burgess  
**DIRECTOR TRANSPERTH, REGIONAL AND SCHOOL BUS SERVICES**

**Parent / Legal Guardian Consent for Release of Student Details**

I \_\_\_\_\_ (parent given name) \_\_\_\_\_ (family name) give permission for \_\_\_\_\_ 's (student's full name)

student details to be released to the PTA for the purposes of issuing a Student SmartRider card and a photograph to be taken by the school and released to the PTA for the purposes of issuing a Student SmartRider card for school purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_