



**Student Enrolment Form**

Please send your completed enrolment form to:

**Geraldton Senior High School**

19 Carson Terrace

Geraldton WA 6530

Contact 9965 8400

[Geraldton.shs@education.wa.edu.au](mailto:Geraldton.shs@education.wa.edu.au)

**Section 1: Student Details**

Enrolment Year Level:	7    8    9    10    11    12	Year Starting 20_____
Surname <i>(provide birth certificate)</i>		
Legal surname on birth certificate <i>(if different from above)</i>		
Previous surname <i>(if applicable)</i>		
1 <sup>st</sup> name <i>(given)</i>		
2 <sup>nd</sup> name <i>(middle name)</i>		
3 <sup>rd</sup> name <i>(if applicable)</i>		
Preferred name		
Date of birth		
Gender	Male    Female    Non-binary	
Residential address: please provide current proof of residing at this address	Street address:	
	Suburb/town	Postcode
Home Telephone		Student Mobile:
Does the student have any siblings at Geraldton Senior High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Siblings name	Date of birth
Is this student subject to any court orders in respect of their care, welfare and development?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please specify and attach supporting documentation	
Is this student subject to Access Restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attached a copy of the most recent Court Orders	
What school did the student previously attend? <i>(If previously in Home Education, please specify Education Region). Reason for leaving</i>		
Is this student in the care of the Department of Child Protection and Family Support (CPFS) Director General? If so specify CPFS Case Manager, District and their phone number.		

Section 2: Parent/Guardian Details		
	Parent/Guardian (first point of contact)	Parent/Guardian (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 Both Parent/Guardians 1 and 2 must tick YES to receive correspondence	<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 phone number		
Other telephone number		
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? For persons who have never attended school, mark Year 9 or equivalent of 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	<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's degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I or IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I or 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 group below (for more details refer to Appendix 2). 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.</p>	<p><input type="checkbox"/> <b>Group 1</b> Senior management in large business, organisation, government administration, and qualified professionals</p> <p><input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/sportsperson, and associate professionals</p> <p><input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and serviced staff</p> <p><input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers</p> <p><input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months</p>	<p><input type="checkbox"/> <b>Group 1</b> Senior management in large business, organisation, government administration, and qualified professionals</p> <p><input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/sportsperson, and associate professionals</p> <p><input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and serviced staff</p> <p><input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers</p> <p><input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months</p>

## Section 4: Additional Contacts

\*For emergency where the parent/guardians/carers 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 age of 18 years.*

	Contact	Contact
Title: (Mr/Ms/Mrs/Miss)		
First name		
Surname		
Relationship to student		
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. <b>Telephone number MUST be specified for the preferred emergency contacts.</b></p>	<p><input type="checkbox"/></p> <p>Parent/Guardian <b>Name:</b> ..... <b>Phone:</b> .....</p>	<p><input type="checkbox"/></p> <p>Parent/Guardian <b>Name:</b> ..... <b>Phone:</b> .....</p>	<p><input type="checkbox"/></p> <p>Parent/Guardian <b>Name:</b> ..... <b>Phone:</b> .....</p>
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## Section 6: Student Details – Additional Information

What is the students Nationality?	<input type="checkbox"/> Australian <input type="checkbox"/> Other .....
Students Religion	
Is the student an Australian citizen?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> No – <i>please specify country of citizenship</i> .....
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 Strat Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
Please tick if you would like information about either of these programs.	<input type="checkbox"/> Clontarf <input type="checkbox"/> STARs
Is the student a permanent or temporary resident? <b>Please attach a copy of the Visa.</b>	
<input type="checkbox"/> Permanent resident <input type="checkbox"/> Visa Sub Class Number ..... <input type="checkbox"/> Visa Expiry Date ...../...../..... <input type="checkbox"/> Date entered Australia ...../...../.....	<input type="checkbox"/> Temporary resident <input type="checkbox"/> Visa Sub Class Number ..... <input type="checkbox"/> Visa Expiry Date ...../...../..... <input type="checkbox"/> 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 the 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
Students Car Registration (if applicable)	

# Section 7: Student Health Care Summary

## SECTION A

### MEDICAL DETAILS

#### Medical Practice

Name of Doctor \_\_\_\_\_ 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, parent or guardians are expected to meet the cost of an ambulance.

Please provide a copy of your child's immunisation records.

Medicare Number

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Number listed next to the child's name  Expiry Date / /

Health care card Yes No

Health care card Number

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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 parent/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 program, this included 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 any learning difficulty?  Yes  No

Dyslexia  Dysgraphia  Dyscalculia  Other -please specify .....

Please indicate if your child has any of the following disabilities and provide diagnosis documentation.

- |  |  |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder            | <input type="checkbox"/> Severe Mental Disorder                      |
| <input type="checkbox"/> Deaf or Hard of Hearing             | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment                           |
| <input type="checkbox"/> Intellectual Disability             | <input type="checkbox"/> Physical Disability                         |
| <input type="checkbox"/> Severe Medical/Health Condition     |  |

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

**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
Mental health or behavioural e.g. depression, ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Conditions or Needs (Please specify)	<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

**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/Carer Name .....

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

Note: Where appropriate student 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 Programs (IMSS)?

Yes

No

I would like information about this program.

If YES please specify current instrument/preferred instrument:

## 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 school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable students to share their experiences and to enable parents and others to be informed about the school's work. This does not mean that the student loses ownership of the work.

Please provide consent for the following:

- College Websites, CD-ROMs, Video, Newsletter, Magazines, Yearbook 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

No

Identification photographs only for School 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 Geraldton Senior High School

1. All students will attend school regularly
2. All students will uphold the school values and meet the school behaviour expectations.
3. Parents/Guardians should be aware that the school and its staff members are not liable for injury or damage to property.
4. As the enrolling parent I am responsible for all fees and charges

It is your responsibility to notify Geraldton Senior High School in writing of any changes to the information provided on this enrolment form.

### Parent/Guardian 1

Name of parent/guardian enrolling the student and providing consents

(Please print)

Relationship to student

Signature

Date

### Parent/Guardian 2

Name of parent/guardian enrolling the student and providing consents

(Please print)

Relationship to student

Signature

Date

# DOCUMENTS TO BE PROVIDED

## Checklist

Please place an **X** in the box to indicate each document attached (or sighted) to this application form.

You will **need** to return this information with the enrolment form

<input type="checkbox"/>	Proof of address (see Requested documentation in the attached Parent information)
<input type="checkbox"/>	Birth Certificate or extract or Passport
<input type="checkbox"/>	Copies of Family Court or any other court orders
<input type="checkbox"/>	Information relating to suspensions or exclusions
<input type="checkbox"/>	Information relating to health or medical conditions, disabilities or additional needs (if applicable)
<input type="checkbox"/>	If your child is not a permanent resident of Australia, you must provide evidence of current visa subclass and previous visa subclass
<input type="checkbox"/>	Australian Immunisation Register (AIR) Immunisation History Statement
<input type="checkbox"/>	Copy of the Medicare Card your child is on
<input type="checkbox"/>	Copies of the student's most recent school report

<b>Principal/Deputy Principal Approval</b>	
..... <b>Principal/Deputy Principal Signature</b>	..... <b>Date</b>  <b>Approved / Not approved</b>

## OFFICE USE ONLY

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

Birth certificate     Passport     Travel document/s

Student's Residency status:                       Local                       Permanent Resident

Overseas Student: If yes, international fee paying: .....                       YES  NO

Entry Date: \_\_\_\_\_

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

Consent Form completed: \_\_\_\_\_                       YES     NO

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

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

Immunisation records provided:                       YES     NO

Form/Class: \_\_\_\_\_                      House Faction: \_\_\_\_\_

Approved by Principal:             NO             YES on (Date): \_\_\_\_\_

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

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.*

## ENROLMENT FORM (Information)

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

*Parent information about Enrolment in a Western Australian public school* (below) provides important information to read before lodging the Enrolment Form with the school.

**The form is to be completed in English.**

**If you need assistance with enrolling your child, contact your local school or your education regional office. Let them know if you would like an interpreter so they can organise this for you.**

### Parent information about Enrolment in a Western Australian public school

#### Information to be provided

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be in the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

#### Transport

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email [enquire@pta.wa.gov.au](mailto:enquire@pta.wa.gov.au) or telephone 136 213. Some special programs include transfer arrangements.

#### Confidentiality

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

#### Information about your occupation and education

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary, however your information will help the Department of Education to ensure that all students are being well served by our public schools.

#### Consent forms

The following forms are included for parents to consider and sign if in agreement:

Media Consent:

Publication of images of the student and their work.

#### Student Health Care

The Department's [Student Health Care policy](#) clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up-to-date Student Health Care Summary which is incorporated into this form. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Student 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>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces Commissioned Officer.</b></p> <p><b>Professionals</b> 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.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</b></p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p> <p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>Media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</b></p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p><b>Defence Forces senior Non-Commissioned Officer.</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p> <p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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].</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p> <p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper].</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p><b>Sales</b> [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].</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings.

All Australian states and territories use the same categories.

**GERALDTON SENIOR HIGH SCHOOL (FORMERLY GERALDTON SENIOR COLLEGE) (4163)**  
 (Government Gazette November 2017)

The following will define the local intake area of this school from 2019

From the Indian Ocean at a point on the western extension of Olive Street, east and north east along Olive Street (north side included) to the Brand Highway, north along Brand Highway (west side included) to the Brand Highway and John Willcock Link overpass, east along John Willcock Link (north side included) to North West Coastal Highway, east, north east and north along North West Coastal Highway (north and west sides included) to Place Road, east along Place Road (north side included) to the Chapman River, east and south east along the Chapman River (north side included).

This map is based on a written description of the local intake area (LIA) for the school as published in the 2016 Government Gazette. Although the map closely represents the LIA description, for some houses near the boundary especially on urban outskirts it may be necessary to refer to the written description. The school address of the residence is used to determine whether that dwelling is inside a particular LIA. This LIA description can be found in the Education Gazette on the Department of Education Website. Other local intake areas for other schools do not change from year to year. Changes are made to intake areas as required. Such changes are published in the '2016 Government Gazette' (usually in a December issue) and implementing this map will be updated. For any enquiries contact the Department of Education.

**GERALDTON SENIOR HIGH SCHOOL**  
 SCHOOL CODE: 4163  
 Local intake area boundary published November 2017

Department of Education

Above is a copy of the local intake areas in place for our two Government High Schools in Geraldton. If you are out of our local intake area, please let us know why you want your child to be considered for enrolment Geraldton Senior High School?

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Does your child have siblings at Geraldton Senior High School?

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**GERALDTON**  
SENIOR HIGH SCHOOL

# BEHAVIOUR EXPECTATIONS MATRIX

We show  
**RESPECT**  
with empathy, consideration and  
acknowledgement.

- We use greetings, good manners and polite language
- We follow instructions given
- We make sure everyone is safe
- We acknowledge and include everyone

- We care for and use equipment sensibly
- We demonstrate active listening
- We allow others to teach and learn

- We follow game rules
- We move around the school in a safe and sensible manner

## ALL THE TIME

## CLASS TIME

## BREAK TIME

We show  
**RESPONSIBILITY**  
through ownership and accountability

- We follow school procedures
- We wear school uniform with pride
- We place rubbish in the bin
- We are a chewing gum free zone
- We seek support to resolve conflict or get support for a student in need

- We arrive to class on time
- We enter class in an orderly manner
- We sit in our assigned seat
- We ask questions to understand classwork
- We remain in class for the whole lesson

- We use break times to eat, fill up water bottle, use bathroom
- We walk bikes, scooters and skateboards from the school gate

**DOING OUR BEST**  
through participation, persistence  
and effort

- We join in organised activities and events
- We encourage others
- We are honest, admit mistakes and work to make things right

- We bring the equipment we need to class
- We have a go at all class work
- We hand in completed assessments on time
- We let the teacher know if we can't hand in assessments in on time
- We set smart goals and work to achieve

- We enter the school grounds immediately on arrival to school
- We wait for school buses in a safe and sensible manner