

TIWI COLLEGE

ENROLMENT FORM

2024



LMB 127

Winnellie, N.T. 0822

Telephone: (08) 8970 9024

Tiwi Registrar

Email: tiwi.registrar@ntschoools.net



Student Information

Today's date	/ /	Intended start date)	
Legal surname <i>(on birth certificate)</i>			
Legal first name <i>(on birth certificate)</i>			
Middle name <i>(on birth certificate)</i>			
Preferred surname <i>(if different)</i>			
Preferred first name <i>(if different)</i>			
Medicare Number	_____		
Date of expiry	___ / ___		
Date of Birth	/ /	Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of birth	<input type="checkbox"/> Darwin <input type="checkbox"/> Other _____		
Community	<input type="checkbox"/> Milikapiti <input type="checkbox"/> Wurrumiyanga <input type="checkbox"/> Pirlangimpi <input type="checkbox"/> Other _____		
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander		
Skin Group	<input type="checkbox"/> Wantarringuwi (sun) <input type="checkbox"/> Takaringuwi (mullet) <input type="checkbox"/> Miiyartiwi (pandanus) <input type="checkbox"/> Marntimapila/Lorrola (rock)		
Does this student receive ABSTUDY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Boarding Student	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Language other than English the student speaks at home	<input type="checkbox"/> Tiwi / Tiwi English <input type="checkbox"/> English <input type="checkbox"/> Only English <input type="checkbox"/> Other _____		
Student's Current Year Level	<input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12		
Current school	School _____ State _____		
Attended Tiwi College previously?	<input type="checkbox"/> Yes <input type="checkbox"/> If Yes, which year (s) <input type="checkbox"/> No		



CONSENT SECTION

Excursion Consents		
I give permission for my child to attend local and mainland events/excursions under staff supervision	YES	NO
I give permission for excursion organisers to obtain medical or dental treatment for my child if considered necessary, whilst on an excursion.	YES	NO
Media Consents		
I give consent for photos of my child and their work to be used in any school publications, and publications of organisations used by the college, in the media (newspaper articles, Facebook Page, TV, etc.) and on the school website.	YES	NO
USI Data Consent		
I give permission for Tiwi College or the acting RTO to gain a USI on my child's behalf.	YES	NO
Transition to School Unit information		
I give consent to Tiwi College to share information with the Transition Support Unit (TSU) of the Department of Education, for the purpose of providing support to my child for transition to secondary school.	YES	NO
Birth Certificate and ID		
I give permission for the school to obtain a copy of my child's birth certificate and other identification documents.	YES	NO
Alternate Curriculum and Learning Programs		
I give permission for my child to participate in any form of alternate learning programs (EAPs, remedial tutoring, modified curriculum, etc.) as appropriate to their needs.	YES	NO
Disability Data Collection		
Tiwi College collects data about students with any form of learning need or disability to ensure adequate funding is allocated for students with a disability. I give permission for my child to be part of this data collection.	YES	NO
Medical Information		
I give permission for my child to be taken to a local health clinic by a Tiwi College staff member to receive medical treatment, as required.	YES	NO
I give permission for my child to receive medication as required.	YES	NO
I give permission for immunisations, health screening checks and vision/hearing/special needs	YES	NO



Parent/Guardian Consent for Medical, Disability and Other Consents page 3

Parent/Guardian signature: _____

Print Name: _____

Date: _____

MOTHER / PARENT 1 / LEGAL GUARDIAN 1 INFORMATION

Surname	
First name	
Maiden surname Surname before marriage – if different to current surname	
Date of Birth	
CRN Number	
Relationship to student	<input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian
Community	<input type="checkbox"/> Milikapiti <input type="checkbox"/> Wurrumiyanga <input type="checkbox"/> Pirlangimpi <input type="checkbox"/> Other _____
Address	
Mobile phone	
Work phone	
Email	
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander
School Education	<input type="checkbox"/> Up to Year 9 <input type="checkbox"/> Finished Year 11 <input type="checkbox"/> Finished Year 10 <input type="checkbox"/> Finished Year 12 <input type="checkbox"/> Unknown
Higher education	<input type="checkbox"/> No education after school <input type="checkbox"/> Diploma/Advanced Dip <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> VET Certificate 1-4 <input type="checkbox"/> Unknown
Job now or in last 12 months	<input type="checkbox"/> Manager (in charge of a workplace – e.g. Manager of Port, or Shop) <input type="checkbox"/> Shop assistant <input type="checkbox"/> Forestry worker <input type="checkbox"/> Council/admin <input type="checkbox"/> Unknown <input type="checkbox"/> Port Worker <input type="checkbox"/> Health Worker <input type="checkbox"/> Other _____ <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Artist <input type="checkbox"/> No Job in the last 12 months
Language spoken at home	<input type="checkbox"/> Tiwi / Tiwi English <input type="checkbox"/> English <input type="checkbox"/> Only English <input type="checkbox"/> Other _____

FATHER / PARENT 2 / LEGAL GUARDIAN 2 INFORMATION

Surname	
First name	
Alternate surname if different to current surname	
Date of Birth	
CRN Number	
Relationship to student	<input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian
Community	<input type="checkbox"/> Milikapiti <input type="checkbox"/> Wurrumiyanga <input type="checkbox"/> Pirlangimpi <input type="checkbox"/> Other _____
Address	
Mobile phone	
Work phone	
Email	
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander
School Education	<input type="checkbox"/> Up to Year 9 <input type="checkbox"/> Finished Year 11 <input type="checkbox"/> Finished Year 10 <input type="checkbox"/> Finished Year 12 <input type="checkbox"/> Unknown
Higher education	<input type="checkbox"/> No education after school <input type="checkbox"/> Diploma/Advanced Dip <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> VET Certificate 1-4 <input type="checkbox"/> Unknown
Job now or in last 12 months	<input type="checkbox"/> Manager (in charge of a workplace – e.g. Manager of Port, or Shop) <input type="checkbox"/> Shop assistant <input type="checkbox"/> Forestry worker <input type="checkbox"/> Council/admin <input type="checkbox"/> Unknown <input type="checkbox"/> Port Worker <input type="checkbox"/> Health Worker <input type="checkbox"/> Other _____ <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Artist <input type="checkbox"/> No Job in the last 12 months
Language spoken at home	<input type="checkbox"/> Tiwi / Tiwi English <input type="checkbox"/> English <input type="checkbox"/> Only English <input type="checkbox"/> Other _____

ADDITIONAL CARER INFORMATION

Surname	
First name	
Alternate surname if different to current surname	
Date of Birth	
CRN Number	
Relationship to student	<input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian
Community	<input type="checkbox"/> Milikapiti <input type="checkbox"/> Wurrumiyanga <input type="checkbox"/> Pirlangimpi <input type="checkbox"/> Other _____
Address	
Mobile phone	
Work phone	
Email	
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander
School Education	<input type="checkbox"/> Up to Year 9 <input type="checkbox"/> Finished Year 11 <input type="checkbox"/> Finished Year 10 <input type="checkbox"/> Finished Year 12 <input type="checkbox"/> Unknown
Higher education	<input type="checkbox"/> No education after school <input type="checkbox"/> Diploma/Advanced Dip <input type="checkbox"/> Bachelor degree or higher <input type="checkbox"/> VET Certificate 1-4 <input type="checkbox"/> Unknown
Job now or in last 12 months	<input type="checkbox"/> Manager (in charge of a workplace – e.g. Manager of Port, or Shop) <input type="checkbox"/> Shop assistant <input type="checkbox"/> Forestry worker <input type="checkbox"/> Council/admin <input type="checkbox"/> Unknown <input type="checkbox"/> Port Worker <input type="checkbox"/> Health Worker <input type="checkbox"/> Other _____ <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Artist <input type="checkbox"/> No Job in the last 12 months
Language spoken at home	<input type="checkbox"/> Tiwi / Tiwi English <input type="checkbox"/> English <input type="checkbox"/> Only English <input type="checkbox"/> Other _____

Signatures

By signing this form you are declaring that all the information given is true and accurate.

Signature enrolling parent 1: _____

Date: ___/___/___

Signature enrolling parent 2: _____

Date: ___/___/___

Instructions:

Mother/Father/legal guardian to fill **name & signature** only on page 9

(other sections and page 10 can be filled back at the school office)

BIRTH CERTIFICATE - AUTHORISED AGENT

If you wish someone else to apply for a certificate on your behalf you will need to give them written authority to do so. Identification will be required from **both you as applicant, and your authorised agent.**

I, _____
(Insert full name of person giving authority)

Of _____ Tiwi Islands, NT _____
(Insert address of person giving authority)

Hereby authorise Tiwi College Principal _____
(Insert name of person who you are allowing to apply for the certificate)

To apply for a _____ birth _____ certificate
(birth / death / marriage / change of name / no record)

For my _____ son / daughter _____
(Insert your relationship to the person named on the certificate - e.g. self / son / daughter / parent)

Signed: _____ Dated: ____/____/____
(signature of person giving authority)

I.D. NOTICE FOR NORTHERN TERRITORY

It is now a requirement that all applications are supported by sufficient means of identification, therefore every person applying for either a birth, death, marriage or change of name certificate must produce I.D.

Evidence confirming identity may be in the following form:

Primary Source Acceptable By Themselves

- * Current Drivers Licence
- * Defence Force ID
- * NT Ochre Card
- * Current Passport
- * Police Service ID
- * Evidence of age cards

Secondary Source Can Be Any TWO Of The Following

- * Medicare Card
- * Overseas Passport
- * Citizenship / Immigration papers
- * Student Photo ID
- * Interstate Driver's Licence
- * NT Security ID
- * ID Letter from Aboriginal Community
- * Larrakia Nation ID Card
- * Other evidence deemed by the Deputy Registrar to be sufficient
- * Taxation Assessment Notice
- * Pensioner Card / Health Care Card
- * Credit Card / Key Card / Passbook
- * Bank Statement
- * Phone Bill / Electricity Bill / Rates
- * Student ID Card or Letter of Enrolment
- * Expired Driver's Licence - Last 2 Years

Please note that access to Births, Deaths & Marriages records may be denied if a person is unable to or refuses to produce some sort of I.D.

PLEASE NOTE: If posting or faxing an application, the identification must be certified as a true copy by a Justice of the Peace, Commissioner for Oaths or other qualified person.

NORTHERN TERRITORY OFFICE OF THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES
APPLICATION FOR BIRTH, DEATH OR MARRIAGE CERTIFICATE

APPLICANT DETAILS (Please use BLOCK LETTERS)

\$44.00 PER CERTIFICATE – POSTAGE SEE BELOW

Name of Person filling in form / Applicants Name Tiwi College Principal	SIGN HERE (Person filling in form) Date / /	
Postal Address Tiwi College, Locked Mail Bag 127, Winnellie, NT, 0822	Daytime telephone No. (08) 8970 9024 ext 402	
Reason document is required School identification	Relationship of Person filling form to person named in certificate (eg. self; mother; father; authorised agent) Authorised agent / School Principal	
Certificate is to be:	COLLECTED	POSTED \$12.30 LAMINATING SERVICE \$3.30

PLEASE COMPLETE IF YOU REQUIRE A BIRTH CERTIFICATE (Identification must accompany all applications- see over)

SURNAME	
GIVEN NAMES	
DATE OF BIRTH	
PLACE OF BIRTH	STATE:
MOTHER'S GIVEN NAMES	
MOTHER'S MAIDEN SURNAME	
FATHER'S GIVEN NAMES	
FATHER'S SURNAME	

PLEASE COMPLETE IF YOU REQUIRE A DEATH CERTIFICATE – INDICATE IF YOU REQUIRE THE CAUSE OF DEATH

SURNAME OF DECEASED	
GIVEN NAMES OF DECEASED	
DATE OF DEATH	
PLACE OF DEATH	STATE:

OFFICE USE ONLY	
REG NO	
REG NO	
REG NO	
APPLICATION NO	

PLEASE COMPLETE IF YOU REQUIRE A MARRIAGE CERTIFICATE

SURNAME OF GROOM	
GIVEN NAMES OF GROOM	
MAIDEN SURNAME OF BRIDE	
GIVEN NAMES OF BRIDE	
DATE OF MARRIAGE	
PLACE OF MARRIAGE	STATE:

DATE RECEIVED
RECEIVER (SIGNATURE)
ID:

Visa <input type="radio"/> MasterCard <input type="radio"/> Cheque / Money Order <input type="radio"/>
Card No _____ Expiry Date ____ / ____
Card Holder Name (print) _____ Signature _____ Amount \$ _____
American Express / Bank Card NOT ACCEPTED



The Registrar
 Births, Deaths & Marriages
 GPO Box 3021, Darwin NT 0801
 Ph: (08) 8999 6119
 Fx: (08) 8999 6324

Nichols Place
 cnr Cavenagh & Bennett St
 Darwin NT 0800
 Palmerston Community Care Centre
 Palmerston Health Precinct on Gurd Street
 Fridays 8.00am to 12.00pm

The Registrar
 Births, Deaths & Marriages
 PO Box 8043
 Alice Springs NT 0871
 Ph: (08) 8951 5339
 Fx: (08) 8951 5340

Centre Point Building
 Gregory Terrace
 Alice Springs NT 0870



Date:

To whom it may concern,

I have enrolled _____ (student name)

DOB: ___/___/___ at Tiwi College in Pickataramoor, Melville Island.

I give permission for _____

(Previous School)

to share this student' academic, specialist and medical reports, related files and any other relevant information with Tiwi College.

If you have any questions, please feel free to contact myself or the college.

Name: _____ (Legal Guardian)

Signature: _____ (Legal Guardian)

Date: ___/___/___

Contact Number: _____

Tiwi College Number: 08 89709024



CONSENT TO RELEASE AND/OR REQUEST CLIENT INFORMATION

CLIENT DETAILS	
Name	Date of Birth
Address	Telephone
DETAILS OF PERSON REQUESTING RECORDS <i>(write 'as above' if the same person)</i>	
Name	
Relationship to Client /Organisation <i>(if applicable)</i>	
Address	Telephone
PROOF OF PERSON REQUESTING'S IDENTITY AND RELATIONSHIP <i>(must be attached)</i>	
Type of identification (ID) attached <i>(if person requesting records is the client)</i> eg: Photo Identification/Other <i>(Please state)</i>	
Type of identification attached <i>(if person requesting records is not the client)</i> supply ID that shows relationship eg Medicare Card/Health Care Card /Passport ID/other <i>(Please state)</i>	
DETAILS OF ORGANISATION: <input type="checkbox"/> RECEIVING RECORD <input type="checkbox"/> HOLDING RECORD <i>(Tick applicable)</i>	
Name/Organisation	
Address	
Method of Collection (eg send by mail / collect in person)	
DESCRIPTION OF CLIENT RECORD (S)	

Consent and signature of person requesting records *(matches attached ID)*.

I *(please print name)* authorise the release of the listed client record pertaining to the above-mentioned client held by to the above-mentioned organisation.

Signature of Person Requesting records:	Date
Signature of Client:	Date

A photocopy or facsimile of this authority has the same effect as the original. Further information on privacy can be found at

<http://www.infoprivacyhealth.nt.gov.au>

PRINCIPAL CHECKLIST

Record of Evidence: Student Identity (documents sighted)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Aboriginal/Torre Strait Islander status
Record of Evidence: Immunisation (documents sighted)	<input type="checkbox"/> Immunisation record
Record of Evidence: Family Law (documents sighted)	<input type="checkbox"/> Family Court orders
Special circumstances, additional support needs and student history assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> Not required
Is personalised learning and support required for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> Not required
<i>If yes</i> Consultation with parents/carers conducted Planning to personalise learning and support completed? Behaviour Management Plan (violence) developed?* Behaviour Management Plan (other) developed?* Individual Health Care Plan developed?	<input type="checkbox"/> Yes <input type="checkbox"/> Not required <input type="checkbox"/> Yes <input type="checkbox"/> Not required <input type="checkbox"/> Yes <input type="checkbox"/> Not required <input type="checkbox"/> Yes <input type="checkbox"/> Not required
Communication of documented provision/s and plan/s to relevant staff?	<input type="checkbox"/> Yes <input type="checkbox"/> Not required
Has the Enrolment form been completed in full? (Indigenous status/Boarding Status)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no – enrolment may need to be deferred