



STUDENT ENROLMENT FORM

Year of enrolment: _____

School Year level: _____

This form is to be completed for children whose application (Expression of Interest) has already been accepted by Kelmscott SHS. It is intended for children who are not already enrolled (in the previous year) at the school. Please read the accompanying Parent information about Enrolment in a Western Australian public school before lodging the Enrolment Form with the school.

The form is to be completed in English

If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program.
Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

Student Details																					
Personal Details	Surname	Date of Birth:																			
	Legal surname: <i>(if different from above)</i>	Gender:																			
	Given (First) Name:	Preferred Name:																			
	Middle Name/s:																				
	Has student been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide the legal 'Change of Name Certificate')</i>	Name/s of siblings also enrolled at Kelmscott SHS:																			
	Does your child have a USI Number <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, USI Number _____																				
Contact																					
Residential Address:																					
Suburb:	Postcode:																				
Home Telephone:	Student Mobile: <i>(if applicable)</i>																				
Living Arrangements																					
Student lives with: <i>(Proof of guardianship may be requested)</i> <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Guardian/Carer 1 <input type="checkbox"/> Independent minor <input type="checkbox"/> Parent/Guardian/Carer 2 <input type="checkbox"/> Other – Name: _____ Relationship to student: _____ <i>(Reg3. School Education Regulations 2000) For information on access restriction, see Confidential section of this form.</i>																					
Access Restriction - 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 in the care of the Department for Child Protection and Family Support's (CPFS) Director General? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
If YES, please provide contact details of CPFS Case Manager... CM Name: _____ CPFS District: _____ Phone: _____ Email: _____																					
Emergency Contacts (Indicate contacts in order of preference):																					
Emergency Contacts	<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Name</th> <th style="width: 20%;">Phone No.</th> <th style="width: 20%;">Mobile No.</th> <th style="width: 20%;">Relationship to student</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Phone No.	Mobile No.	Relationship to student	1.	_____	_____	_____	_____	2.	_____	_____	_____	_____	3.	_____	_____	_____	_____
		Name	Phone No.	Mobile No.	Relationship to student																
	1.	_____	_____	_____	_____																
	2.	_____	_____	_____	_____																
3.	_____	_____	_____	_____																	

Parent, Guardian & Carer Details

Parent, Guardian & Carer Details		
Personal Details	<u>Parent/Guardian/Carer 1</u>	<u>Parent/Guardian/Carer 2</u>
	Title:	Title:
	Given Name	Given Name
	Surname	Surname
	Relationship to Student	Relationship to Student
	Please indicate whether you have the: <input type="checkbox"/> Day to day care of the student or <input type="checkbox"/> Long term care of student	Please indicate whether you have the: <input type="checkbox"/> Day to day care of the student or <input type="checkbox"/> Long term care of student
	Fees and charges billing: <input type="checkbox"/> Yes <input type="checkbox"/> No – person responsible: _____	Fees and charges billing: <input type="checkbox"/> Yes <input type="checkbox"/> No – person responsible: _____
	Nationality	Nationality
	Country of Birth	Country of Birth
Do you mainly speak English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you speak a language other than English at home? If yes, please specify _____	Do you mainly speak English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you speak a language other than English at home? If yes, please specify _____	
Address & Contacts	Same Address as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>please provide</i>	Same Address as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>please provide</i>
	Postal Address:	Postal Address:
	Suburb:	Suburb:
	Email Address:	Email Address:
	Mobile number: (Also used for SMS contact)	Mobile number: (Also used for SMS contact)
	Occupation	Occupation
	Place of Work	Place of Work
Work Address	Work Address	
Data Collection	What is the highest level of primary/secondary school that you have completed? <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 level of primary/secondary school that you have completed? <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 level of primary/secondary school that you have completed? <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Certificate I-IV (incl. trade cert) <input type="checkbox"/> No non-school qualification	What is the highest level of primary/secondary school that you have completed? <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Certificate I-IV (incl. trade cert) <input type="checkbox"/> No non-school qualification
	What is your occupation group? 1 2 3 4 8 <i>(Please circle the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).</i>	What is your occupation group? 1 2 3 4 8 <i>(Please circle the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).</i>

Parent, Guardian & Carer Details

Additional, if required)

Parent, Guardian & Carer Details		
<i>Additional, if required)</i>		
Personal Details	<u>Parent/Guardian/Carer 3</u>	<u>Parent/Guardian/Carer 4</u>
	Title:	Title:
	Given Name	Given Name
	Surname	Surname
	Relationship to Student	Relationship to Student
	Please indicate whether you have the: <input type="checkbox"/> Day to day care of the student or <input type="checkbox"/> Long term care of student	Please indicate whether you have the: <input type="checkbox"/> Day to day care of the student or <input type="checkbox"/> Long term care of student
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	Nationality	Nationality
	Country of Birth	Country of Birth
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	Suburb:	Suburb:
	Email Address:	Email Address:
	Mobile number: (Also used for SMS contact)	Mobile number: (Also used for SMS contact)
	Occupation	Occupation
	Place of Work	Place of Work
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Should you wish to record any other contacts, please advise the school.

Student Details – Additional Information

Residency Details (If Applicable)	Australian Citizenship/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Arrival in Australia:	
	Visa Sub-class No:	
	Visa Sub-class No Expiry Date:	
	International Fee Paying (If known) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Culture & Citizenship	Nationality:	Country of Birth:
	Citizenship: <input type="checkbox"/> Australian <input type="checkbox"/> Other: _____ <i>(Please complete Residency Details)</i>	
	Is the student of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
	Student's First Language:	Religion:
	Does the student speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student speak mainly English at home? <input type="checkbox"/> Yes – <i>English only</i> <input type="checkbox"/> No, other – please specify: _____ <i>If more than one language is spoken, please list them in order of frequency</i>	
Education Access	Does the student receive any of the following allowances: <input type="checkbox"/> Secondary Assistance <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Assistance for Isolated Children (AIC) <input type="checkbox"/> Abstudy	
	What was the previous (most recent) school the student was enrolled at?	
	Reason for change of school?	
	If previously enrolled in Home Education, please specify the Education Region	

Consent

At Kelmscott Senior High School, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

Media Consent

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
 No, I do not give consent.

In addition, see Appendix F of the Student's online policy.

Internet Access

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
 No, I do not give consent.

In addition, see the School's policy and the Student's online policy.

Viewing Consent

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
 No, I do not give consent.

Local Excursions

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
 No, I do not give consent.

Student & Parent/Guardian

Our school also has the Newsletter accessible on the Website.

Please subscribe to <http://kshs.wa.edu.au/>

Name of student: _____ Year: _____

Name of person signing the consent form:

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____

Medical/Health

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional forms will be required.

Immunisation	<p><u>Evidence of immunisation status</u> Please provide an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old.</p> <ul style="list-style-type: none"> • This AIR Immunisation History Statement shows my child's vaccination status is <ul style="list-style-type: none"> <input type="checkbox"/> Up to date <input type="checkbox"/> Not up to date as at _____ (date of Statement) OR • This AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at _____ (date of Form) OR • Immunisation Certificate issued by the Chief Health Officer as at _____ (date of Certificate) 												
Inclusion & Disabilities	<p>Does the student have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify the disability/s: _____</p> <p>Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Autism Spectrum Disorder</td> <td><input type="checkbox"/> Severe Mental Disorder</td> </tr> <tr> <td><input type="checkbox"/> Deaf or Hard of Hearing</td> <td><input type="checkbox"/> Global Developmental Delay (prior to age 6)</td> </tr> <tr> <td><input type="checkbox"/> Specific Speech Language Impairment</td> <td><input type="checkbox"/> Vision Impairment</td> </tr> <tr> <td><input type="checkbox"/> Intellectual Disability</td> <td><input type="checkbox"/> Physical Disability</td> </tr> </table>	<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				
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<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability												
Health Needs	<p>Does the student have a medical condition or intensive health care need? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please specify.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Allergy – Anaphylaxis</td> <td><input type="checkbox"/> Hearing condition (eg otitis media)</td> </tr> <tr> <td><input type="checkbox"/> Allergy – Other _____</td> <td><input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD)</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Intensive Health Care Need (eg tube feeding)</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Diagnosed migraine/headaches</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Seizure Disorder (eg epilepsy) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Allergy – Anaphylaxis	<input type="checkbox"/> Hearing condition (eg otitis media)	<input type="checkbox"/> Allergy – Other _____	<input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Intensive Health Care Need (eg tube feeding)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Diagnosed migraine/headaches		<input type="checkbox"/> Seizure Disorder (eg epilepsy) _____	
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Health Care	<p>Medical Practice (Name and Address): _____ _____</p> <p>Doctor's Name: _____ Telephone: _____</p> <p>Dental Surgery Practice (if applicable, name and address): _____</p> <p>Dentist's Name: _____ Telephone: _____</p> <hr/> <p>SHCS to be shared <input type="checkbox"/></p> <p>SHCS Completed <input type="checkbox"/> SHCS Completed Date <input type="checkbox"/></p> <p>Medicare No: _____ Valid to: ____ / _____</p> <p>Health Care Card (if applicable): <input type="checkbox"/> YES <input type="checkbox"/> NO.</p> <p style="padding-left: 40px;">If Yes, please provide - Number: _____ Expiry Date: _____</p> <p>Do you have ambulance cover?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Permission to call doctor <input type="checkbox"/> Permission to administer first aid <input type="checkbox"/></p> <p>Please be aware: If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance</p>												

Educational Planning Information

Transition Planning	To support your child's academic transition into our school, please provide the most recent NAPLAN report for your child. <input type="checkbox"/> I have attached the most recent NAPLAN report for my child	
	Are there any specific concerns or considerations (socio-emotional or educational) that you are able to share with us to assist our planning for school transition?	
	Has your child ever attended any of the following education venues: <input type="checkbox"/> Education Support? <i>If yes, in which academic year: _____</i> <input type="checkbox"/> Language Development Centre? <i>If yes, in which academic year: _____</i> <input type="checkbox"/> Intensive English Centre? <i>If yes, in which academic year: _____</i>	
Year 7 & 8 Entry	Which primary school did your child attend? <input type="checkbox"/> Clifton Hills <input type="checkbox"/> Grovelands <input type="checkbox"/> Kelmscott <input type="checkbox"/> Kingsley <input type="checkbox"/> Westfield Park <input type="checkbox"/> Other: _____	Students in Year 7 and 8 have the choice of two languages, please indicate your preference: <input type="checkbox"/> German <input type="checkbox"/> Japanese Has your child previously studied a language? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____
	Does your child have a USI Number <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, USI Number _____	
Vocational Training	Has your child completed any Certificate I or Certificate II qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Title of Qualification _____ Year Completed _____	
	Is your child currently enrolled in any VET Qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Title of Qualification _____ Registered Training Organisation _____ Release Days _____	
	Copy of enrolment or letter of acceptance provided <input type="checkbox"/> Yes	
Policy	Acceptable Network Usage Policy All students at Kelmscott Senior High School must accept responsibility for knowing the contents of the Kelmscott Senior High School Acceptable Network Usage Policy, and must agree to abide by the policy. Failure to follow the rules will result in loss of network and device use.	
	Mobile Phones and Portable Devices Policy All students at Kelmscott Senior High School are to adhere to the school's mobile phone policy. This is to ensure that the privacy and security of all people within our school is respected and that teaching/learning is not negatively affected by these devices. The Department of Education 'Off and Away All Day policy is the foundation of our school phone policy.	
	Student Uniform Policy Students at Kelmscott Senior High School are expected to maintain a high level of dress and personal presentation at all times. Parents and students agree to the wearing of the school uniform at all times as a condition of enrolment.	
	Good Standing Policy All students at Kelmscott Senior High School commence the year with the status of Good Standing. This aims to assist students take responsibility for their actions and to encourage them to reach their educational potential.	
	Smartrider I give permission for my child's details to be released to the Public Transport Authority (Transperth) for the purpose of issuing a Student SmartRider card.	

Enrolment Declaration

Enrolling Parent/Guardian

- I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.
- Where information relating to residential address is found to be incorrect, enrolments may be ruled invalid. It is the responsibility of parents to ensure contact details are updated with the school office whenever they change.
- It is my responsibility to notify Kelmscott Senior High School in writing of any changes to the information provided on this enrolment form.

Name of person enrolling student:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Relationship to the student: _____

Signature: _____ Date: _____
(independent minors and those aged 18 years or older may sign on their own behalf)

School Staff

Acceptance of Enrolment

Approved
 Not Approved

Deputy Principal: _____ Date: _____

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

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)

AIR immunisation history statement provided: YES NO
 Date of issue: _____
 Vaccination status is Up to date Not up to date (future request date: _____)
 Other immunisation evidence provided:
 AIR Immunisation History Form YES NO
 Immunisation Certificate issued by the Chief Health Officer YES NO

Homeroom: _____ Clan: _____

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.