



STUDENT ENROLMENT FORM

| SECTION 1 | | STUDENT ID: | |
|------------------------|---|--|--|
| Student Details | | School Details | |
| Surname | | Enrolment Date | |
| First Given Name | | Into which year level is the student enrolling | |
| Second Given Name | | On what date was the student first enrolled at an Australian School? | |
| Preferred Name | | Student's previous School/ Kindergarten | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Years of previous education | |
| Birth Date | | Language of student's previous education | |
| Home Telephone Number | | Does the student require an Integration Aide? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Number and Name | | Names of other family members at this School | |
| Suburb & Postcode | | Will the student be attending this school full time? If no, what will be the time fraction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email | | Student home group <i>[Office use only]</i> | |

SECTION 2 Demographic Details

| | | | |
|---|--|--|---|
| In which country was the student born? | | Does the student speak English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date the student arrived or returned to Australia? | | Is the student of Aboriginal or Torres Strait Islander origin? <i>(If yes, please specify)</i> | |
| Is the residential Status Permanent or Temporary | | What is the student's living arrangements? <i>(tick one)</i> | <input type="checkbox"/> At home with TWO Parents/Guardians <input type="checkbox"/> At home with ONE Parent/Guardian <input type="checkbox"/> Arranged by State-Out of Home Care |
| Basis of Australian Residency | <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa | What is the student's usual mode of transport to school? <i>(tick)</i> | <input type="checkbox"/> Walk <input type="checkbox"/> Train <input type="checkbox"/> Driven <input type="checkbox"/> Public Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Taxi |
| What is the Visa Expiry Date? | | What is the distance to the school? | km |
| What is the student's Visa Sub Class? | | Student's Religion | |
| What is the Visa Statistical code? | | Will the student participate in Religious Instruction classes? <i>(tick)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student speak a language other than English at home? | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes <i>(please specify)</i> | | |

SECTION 3 Student Restrictions Details – Access Restrictions

| | |
|---|--|
| Is the student at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you provided a copy of the family court documents to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an Access Alert for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, then complete the following questions |
| Access Type: <input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other | |
| Describe any Access Restriction: | |
| Is there an Activity Alert for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, then describe the Activity Restriction: |

SECTION 4 *Medical Details*

Does the student have a disability? Yes No

Does the student suffer from any of the following impairments? (tick)

Hearing: Yes No

Speech: Yes No

Vision: Yes No

Mobility: Yes No

What is the immunisation status of the student? (tick)

Complete
Immunisation

Partial
Immunisation

Not Immunised

Have you provided student's
Immunisation Certificate to the School?

Yes
 No

SECTION 5 *Medical Condition Details*

Does the student have any other medical condition? Yes No *If No, go to Section 6*

If yes, please specify:

Symptoms:

If my child displays any of the symptoms above please: (tick)

Inform Doctor Yes No

Inform Emergency Contact Yes No

Administer Medication Yes No

Other Medical Action Yes No

If yes, please specify:

Does the student take medication for the above medical conditions? (tick) Yes No

Name of medication taken:

Is the medication taken regularly by the student (preventative) or only
in response to symptoms? (tick) Preventative Response

Indicate the usual dosage
of medication taken:

Indicate how frequently
The medication is taken:

Medication is usually administered by: (tick) Student Teacher Other

Is a reminder required for the student to take their medication? (tick) Yes No

Medication is stored: (tick) with Student Elsewhere **What is the Poison Rating of the medication?**

SECTION 6 *Asthma Medical Condition Details*

Does the student suffer from asthma? Yes No *If No, go to Section 7*

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the
following symptoms: (tick)

Cough Difficulty Breathing

Wheeze Exhibits symptoms after exertion

Tight Chest

Has an Asthma Management
Plan been provided to School? Yes No

If my child displays any of the above symptoms please: (tick)

Inform Doctor Yes No

Inform Emergency Contact Yes No

Administer Medication Yes No

Other Medical Action Yes No

If yes, please specify:

Does the student take medication for the above medical conditions? (tick) Yes No

Name of medication taken:

Is the medication taken regularly by the student (preventive) or only
in response to symptoms? (tick) Preventative Response

Indicate the usual dosage
of medication taken:

Indicate how frequently
the medication is taken:

Medication is usually administered by: (tick) Student Teacher Other

Is a reminder required for the student to take their medication? (tick) Yes No

Medication is stored: (tick) with Student Elsewhere **What is the Poison Rating of the medication?**

SECTION 7 Student Emergency Contact Details

| | | | |
|---|--|-------------------------------------|--------------------------------|
| Name of Doctor | Name of Medical Centre (if applicable) | | |
| Address | Individual or Group Practice (tick) | <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| | What is the student's Medicare Number? | | |
| Phone Number | Are you an Ambulance Subscriber? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Please provide details of Emergency Contacts other than Primary Family: Up to two names may be given</i> | | | |
| Name | Relationship to student | | |
| Phone Number | Language spoken | | |
| Name | Relationship to student | | |
| Phone Number | Language spoken | | |

SECTION 8 Consent Form

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: _____

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol you child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: _____

| | | | |
|---|------------------------------|------------------------------|------------------------------------|
| OFFICE USE ONLY | Birth Date proof sighted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a Medical Alert for the student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Immunisation Certificate provided? |
| Does the student have a Disability ID Number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ID No: _____ |

SECTION 9 *Family Details*

Parents/Guardians are referred to as Adult A and Adult B – Alternative and Additional family forms are available from the school if this is required.

| PRIMARY FAMILY DETAILS ADULT A MOTHER / FEMALE | | PRIMARY FAMILY DETAILS ADULT B FATHER / MALE | |
|---|--|--|--|
| Title And Surname | | Title And Surname | |
| First Name | | First Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Occupation | | Occupation | |
| Employer | | Employer | |
| Country of Birth | | Country of Birth | |
| Does Adult A speak a language other than English at home? (<i>tick</i>) | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (<i>please specify</i>) | Does Adult B speak a language other than English at home? (<i>tick</i>) | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (<i>please specify</i>) |
| Please indicate any additional languages | | Please indicate any additional languages | |
| Is an interpreter required? | | Is an interpreter required? | |
| Main Language Spoken at Home | | Main Language Spoken at Home | |
| What is the highest year of primary or secondary school Adult A has completed? (<i>tick one</i>) | <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 year of primary or secondary school Adult B has completed? (<i>tick one</i>) | <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 |
| <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> | | | |
| What is the highest qualification level Adult A has completed? (<i>tick one</i>) | <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification | What is the highest qualification level Adult B has completed? (<i>tick one</i>) | <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification |
| What is the occupation group of Adult A? | | What is the occupation group of Adult B? | |
| <i>(Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'.)</i> | | | |
| What is the relationship of Adult A to the student? | | What is the relationship of Adult B to the student? | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other | | <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other | |
| When does the student live in this relationship? | | When does the student live in this relationship? | |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never | | <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never | |
| Send correspondence addressed to (<i>tick</i>) <input type="checkbox"/> Both Adults <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Neither | | | |

SECTION 10 *Contact details for Adults A & B*

| | |
|---|--|
| During business hours, how is Adult A to be contacted | During business hours, how is Adult B to be contacted |
| Can we contact Adult A at work? | Can we contact Adult B at work? |
| Work telephone number | Work telephone number |
| Mobile phone number | Mobile phone number |
| Address of Employer | Address of Employer |
| Where is correspondence to be addressed? | |
| Mail to home address <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify other e.g. Post Office Box |