

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Title: (Miss Ms Mr)		Surname:	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
		Copy of BIRTH CERTIFICATE provided	

ENROLMENT DETAILS

Enrolment Date

In to which year level is the student enrolling?

FAMILY DETAILS

List any other family members attending this school:	

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" – an Alternative family form is available from the school if this is required.

ADULT A DETAILS (PRIMARY CARER)

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:		First Name:	
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify):	
❖ Does Adult A speak a language other than English at home? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
* If more than one language is spoken at home, indicate the one that is spoken most often			
Please indicate any additional languages spoken by Adult A:			
Is an interpreter required? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (for persons who have never attended school, mark '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 level Adult A has completed? (tick one)			
<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? (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'.)			<input type="text"/>

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (<i>tick</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street	
Suburb:	
State:	Postcode:

Send Correspondence addressed to: (<i>tick one</i>)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	
Individual or Group Practice: (<i>tick</i>)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number

Does the primary family have a current Ambulance Subscription: (<i>tick</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Medicare Number:

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact
1			
2			
3			
4			

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
What is the Residential Status of the student: (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)	____ / ____ / ____
Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____ Visa Sub Class:
Visa Statistical Code: (Required for some sub-classes)	
❖ Does the student speak a language other than English at home? (tick)	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify): * If more than one language is spoken at home, indicate the one that is spoken most often	
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander	
What is the student's living arrangements? # (tick one):	
<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 <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Independent	

See attached note for a full explanation of Living Arrangement codes.

What is the student's home Map reference, e.g. Melways?	
Usual mode of transport to school: (tick)	
<input type="checkbox"/> Walking <input type="checkbox"/> Bicycle <input type="checkbox"/> School Bus <input type="checkbox"/> Public Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Driven <input type="checkbox"/> Self Driven <input type="checkbox"/> Taxi <input type="checkbox"/> Other	
Distance to School in kilometres:	
Student's Religion:	
Will the student participate in Christian Religious Instruction classes? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information

SCHOOL DETAILS

Date of first enrolment in an Australian School:	_____ / _____ / _____
Name of Pre-School or previous School:	
Years of previous education:	
What was the language of the student's previous education?	
Language of previous education:	
Years of interruption to education:	
Is the student repeating a year? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require an Integration Aide? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No , what will be the time fraction that the student will be attending this school? i.e: 0.8 = 4 days/week	

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes If Yes, then complete the following questions	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<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? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

IMMUNISATION DETAILS OF STUDENT (COPY OF IMMUNISATION CERTIFICATE PROVIDED)

Does the student have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? ** (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

** If No, please go to the Other Medical Conditions section.

What is the student's Immunisation Status: (tick)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not Immunised
If partial immunisation is selected, has the student been immunised against any of the following medical conditions? (tick)			
Tetanus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diphtheria:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Poliomyelitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Haemophilus Influenza type B:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
MMR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Hepatitis B:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pertussis (Whooping Cough):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

STUDENT MEDICAL AND IMMUNISATION DETAILS

ASTHMA MEDICAL CONDITION DETAILS:

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) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of the above symptoms please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication for the above medical conditions? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication taken:			
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Is a reminder required for the student to take their medication? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
What is the Poison Rating of the medication being taken?			

OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:			
Does the student take medication for the above medical conditions? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication taken:			
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Is a reminder required for the student to take their medication? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
What is the Poison Rating of the medication being taken?			

CONSENT TO MEDICAL ATTENTION

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:

- 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** ____ / ____ / 20...

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 your child at our school.

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

Signature of Parent/Guardian: _____ **Date:** ____ / ____ / ____

ALTERNATE FAMILY DETAILS – ADULT A

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	First Name:		
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
❖ Does Adult A speak a language other than English at home? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
* If more than one language is spoken at home, indicate the one that is spoken most often			
Please indicate any additional languages spoken by Adult A:			
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (for persons who have never attended school, mark '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 level Adult A has completed? (tick one)			
<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? (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'.)			

ALTERNATE FAMILY DETAILS – ADULT B

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	First Name:		
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
❖ Does Adult B speak a language other than English at home? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
* If more than one language is spoken at home, indicate the one that is spoken most often			
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (for persons who have never attended school, mark '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 level Adult B has completed? (tick one)			
<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 B? (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'.)			

OTHER ALTERNATIVE FAMILY DETAILS

Relationship of Adult A of Alternative Family to Student: <i>(tick one)</i>	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B of Alternative Family to Student: <i>(tick one)</i>	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
The student lives with the Alternative Family: <i>(tick one)</i>			
<input type="checkbox"/> Always			
<input type="checkbox"/> Mostly			
<input type="checkbox"/> Balanced			
<input type="checkbox"/> Occasionally			
<input type="checkbox"/> Never			
Send Correspondence addressed to: <i>(tick one)</i>	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
Is the Alternative family to receive Academic Reports?			<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT DETAILS FOR ALTERNATE FAMILY - ADULT A**Business Hours:**

Can we contact Adult A at work? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

CONTACT DETAILS FOR ALTERNATE FAMILY - ADULT B**Business Hours:**

Can we contact Adult B at work? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? <i>(tick)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

ALTERNATE FAMILY HOME ADDRESS:

No. & Street: or Box details		
Suburb:		
State:	Postcode:	
Telephone Number	Silent Number: <i>(tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:	

ALTERNATE FAMILY MAILING ADDRESS:

Write "As Above" if the same as Alternate Family Home Address

No. & Street	
Suburb:	
State:	Postcode:

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 your child at our school.

I certify that the information contained within this form is correct.	
Signature of Parent/Guardian:	Date: ____ / ____ / ____