

at work? (tick)		at work?	
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Telephone No:		Work Telephone No:	
Other Work Contact Information:		Other Work Contact Information:	

PRIMARY FAMILY DETAILS CONTINUED

ADULT A		ADULT B	
❖ Does Adult A speak another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify:	❖ Does Adult B speak another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify:
Is an interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is an interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
❖ Highest year of primary or secondary school completed. <i>(for persons who have never attended school, mark Year 9)</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	❖ Highest year of primary or secondary school completed. <i>(for persons who have never attended school, mark Year 9)</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
❖ Level of highest qualification completed	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma or Diploma <input type="checkbox"/> Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/> No non-school qualification	❖ Level of highest qualification completed	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma or Diploma <input type="checkbox"/> Certificate I to IV <i>(including trade certificate)</i> <input type="checkbox"/> No non-school qualification
❖ Occupation Group - Adult A	Group <input type="checkbox"/> <i>(see attached list)</i>	❖ Occupation Group - Adult B	Group <input type="checkbox"/> <i>(see attached list)</i>

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

Correspondence to be addressed to: Both Adults Adult A Adult B

Main language spoken at home: _____ Preferred language of notices: _____

Relationship of Adult A to Student: (tick)
 Parent Step-Parent Foster Parent Other

Relationship of Adult B to Student: (tick)
 Parent Step-Parent Foster Parent Other

The student lives with the Primary Family : (tick one)
 Always Mostly Balanced Occasionally Never

SECTION 3: Primary Family Emergency Contacts

Doctor's Name: _____ Individual or Group Practice:(tick) Individual Group

Address: _____

Phone Number: _____ Medicare No: _____

Current Ambulance Subscriber? YES NO

Please be aware that the school will contact an Ambulance in an emergency. The cost for this service is to be met by parents

Please provide details of Emergency Contacts other than Primary Family.

Name (Contact 1)			
Relationship to student			
Phone Number	HM:	WK:	MB:
Name (Contact 2)			
Relationship to student			
Phone Number	HM:	WK:	MB:

Name (Contact 3)			
Relationship to student			
Phone Number	HM:	WK:	MB:

SECTION 4. Demographic Details

❖ In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
Date of arrival in Australia OR Date of return to Australia ___/___/___	
What is the Residential Status of the student: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency: <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa <input type="checkbox"/> Holds Australian Passport	
Visa Sub Class:	Visa Expiry Date: ___/___/___
Visa Statistical Code: (Required for some sub-classes)	
❖ Does the student speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes,(please specify):	
❖ Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? <input type="checkbox"/> At home with TWO Parents/Guardians <input type="checkbox"/> State Arranged Out of Home Care # (see note) <input type="checkbox"/> With ONE Parent/Guardian <small>#Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements aware from their parents. This includes living with relatives or friends (kith or kin), living with non-relative families (foster families or adolescent community placements) and living with residential care units.</small>	
Usual mode of transport to school: <input type="checkbox"/> Country Bus <input type="checkbox"/> Town Bus <input type="checkbox"/> Walk <input type="checkbox"/> Driven by car <input type="checkbox"/> Bicycle	Distance to School in kilometres:
Is the student to receive the approved Religious Education course? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 5. School Information

Date of first enrolment in an Australian School: ___/___/___	Years of previous education:
Name of Previous School/Kindergarten:	
Is the student an integration student? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, ID Number:	
Will the student be attending this school full time? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, other school name and time fraction:	
Does the student have a Victorian Student Number (VSN)? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year <input type="checkbox"/> Yes <input type="checkbox"/> No
List other family members attending this school:	

SECTION 6. Student Access or Activity Restrictions Details

Is the student at risk? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is there an Access Alert for the student? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Access Type: <input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other Please present a current copy of the document to the school.

Describe any Access Restriction:

SECTION 7. Medical Details

Medical Condition Details:
Does the student suffer from any of the following impairments?
Hearing: Yes No **Speech** Yes No **Vision** Yes No **Mobility:** Yes No

Asthma Medical Condition Details.

Does the student suffer from Asthma Yes No
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: <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 these symptoms please: 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? <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? <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is stored: <input type="checkbox"/> Fridge in staffroom <input type="checkbox"/> First Aid Cupboard	Dosage time:

Other Medical Conditions

Does the student have any other medical condition? Yes No
If yes, please specify:
Symptoms:

If my child displays any of the symptoms above please:

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? <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? <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is stored: <input type="checkbox"/> Fridge in staffroom <input type="checkbox"/> First Aid Cupboard	Dosage time:

SECTION 9. Parent Payment Allowance

Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Parent Payment Allowance.

Do you have a current Health Care Card or Pension card
 YES NO

If Yes:
Name on Card:
Card No.
Expiry Date:

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SECTION 10. Consent Form

In the event of illness or injury to my child whilst at school, on excursion, or travelling to and from school; I authorise the Principal or the 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 reasonable necessary.*

Signature of Parent/Guardian _____ Date _____
(Primary Family)

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: ___/___/___