ENROLMENT FORM

STUDENT DETAILS

Surname ____________________________________________
Legal Surname ________________________________________
1st Name __________________________________________
2nd Name __________________________________________
Preferred Name ______________________________________
Date of Birth ________________________________________
Male ( ) Female ( )
Australian Defence Force Family ( ) Yes ( ) No

Names of brothers and sisters attending this school

PARENT/GUARDIAN DETAILS

Child lives with ( ) Both parents ( ) Mother ( ) Father ( ) Guardian __________________ (Relationship)
Custody Advice ( ) Yes ( ) No Papers attached ( ) Yes ( ) No
Access Restrictions ( ) Yes ( ) No Papers attached ( ) Yes ( ) No
Is this student in the care of the Department of Community Development? ( ) Yes ( ) No
Name of Case Manager ______________________________________
District ___________________________

In the event of SICKNESS/ACCIDENT, please indicate IN THE BOXES BELOW the order in which the following people should be contacted. (e.g. 1 Mother, 2 Father, 3 Emergency contact)

( ) Mother/Guardian Details (If not mother, please indicate relationship e.g. Step Mother, Aunt etc)______________________
Title __________________ First Name __________________________ Surname ___________________________
Occupation __________________________________________ Workplace __________________________________________
Work Phone __________________________________________ Mobile __________________________________________
Address (if different from above) ____________________________________________________________

( ) Father/Guardian Details (If not father, please indicate relationship e.g. Step Father, Uncle etc)______________________
Title __________________ First Name __________________________ Surname ___________________________
Occupation __________________________________________ Workplace __________________________________________
Work Phone __________________________________________ Mobile __________________________________________
Address (If different from above) ____________________________________________________________

( ) Emergency Contact Details (Please indicate relationship e.g. Grandparent, friend etc)______________________
First Name __________________ Surname __________________ Suburb __________________
Phone __________________ Work phone __________________ Mobile __________________

( ) Emergency Contact Details (Please indicate relationship e.g. Grandparent, friend etc)______________________
First Name __________________ Surname __________________ Suburb __________________
Phone __________________ Work phone __________________ Mobile __________________

( ) Daycare/Childcare Contact Details (Name of organization)_____________________________________________
Contact Person __________________________________________ Phone ____________________________
ADDITIONAL STUDENT INFORMATION

Religion: __________________________ Is the student to be withdrawn from religious instruction? ( ) Yes ( ) No

Is the student of Aboriginal or Torres Strait Islander origin? ( For students of both Aboriginal and Torres Strait Islander origin, mark both “YES” boxes)

( ) No
( ) Yes Aboriginal
( ) Yes Torres Strait Islander

Does the student mainly speak English at home? ( ) Yes ( ) No

Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

( ) No, English only
( ) Yes, please specify______________________________

Citizenship: ( ) Australian ( ) Other, please specify______________________________

Permanent Resident: ( ) Yes ( ) No Visa Expiry date ________________ Visa Sub Class No. ________________

Date entered Australia: ________________

In receipt of Allowance: ( ) Secondary Assistance ( ) Youth Allowance
( ) Assistance for Isolated Children (AIC) ( ) Abstudy

Birth Certificate seen: ( ) Yes ( ) No Date Sighted ________________

( or passport or Travel documents)

In which country was the student born? ( ) Australia
( ) Other, please specify _______________________

Previous School:__________________________________________________________________________________

Repeated a year: ( ) Yes ( ) No If so, what year was repeated________________________

If previously enrolled in Home Education, specify the Education District: _________________________________

Movement Reason (if applicable) ________________________________________________________________

Does the student have a disability? ( ) Yes ( ) No

If yes, please specify______________________________________________________________

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.

( ) Autism Spectrum Disorder ( ) Severe Mental Disorder
( ) Deaf or Hard of Hearing ( ) Global Development Delay (prior to age 6)
( ) Specific Speech Language Impairment ( ) Vision Impairment
( ) Intellectual Disability ( ) Physical Disability

STUDENT MEDICAL DETAILS

Does the student have a medical condition or intensive health care need? ( ) Yes ( ) No

If yes, please specify

( ) Allergy – Anaphylaxis ( ) Hearing Condition (eg otitis media)
( ) Allergy – Other ( ) Mental health or behavioural (eg depression / ADD / ADHD)
( ) Asthma ( ) Intensive Health Care Need (eg tube feeding)
( ) Diabetes ( ) Diagnosed migraine/headaches
( ) Seizure Disorder ( ) Other ________________________________

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.
Medical Practice (Name and Address): ______________________________________________________________
Doctors Name: ________________________________________Phone:___________________________________
Please provide details of any other information you would like noted.____________________________________________________________________________________________

Action Plan Required  (__) Yes  (__) No   Action Plan Completed   (__) Yes  (__) No

Do you have Ambulance cover  (__) Yes  (__) No   Name of Ambulance Insurance Provider ________________

Permission to ring Ambulance  (__) Yes  (__) No

(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)

Permission to ring Doctor?  (__) Yes  (__) No   Permission to ring Dentist?  (__) Yes  (__) No

Permission to administer 1st aid( ) Yes  ( ) No

Medic Alert  ( ) Yes  ( ) No   Condition: ____________________________________________________________

Medicare Number:  __ __ __ __ _ __ __ __ __ Expiry: _________________

Health Care Card  ( ) Yes  ( ) No

Health Care Card Number:  __ __ __ __ __ __ __ __ __ Expiry: _________________

I GIVE PERMISSION FOR MY CHILD TO BE:

Photographed and videoed for anything connected to the school  ( ) Yes  ( ) No

ADDITIONAL PARENT / GUARDIAN / CARER INFORMATION

1. Surname: ____________________________  First name: ____________________________

2. Surname: ____________________________  First name: ____________________________

Do you mainly speak English at home?  Parent 1. ( ) Yes  ( ) No  Parent 2. ( ) Yes  ( ) No

Do you speak a language other than English at home?  Parent 1. ( ) Yes  ( ) No  Parent 2. ( ) Yes  ( ) No

If yes, please specify: ____________________________________________________________

What is the highest year of primary or secondary school you have completed?  Parent 1  Parent 2

(If you did not attend school, mark ‘Year 9 or equivalent or below’)

Year 12 or equivalent  ( ) ( )
Year 11 or equivalent  ( ) ( )
Year 10 or equivalent  ( ) ( )
Year 9 or equivalent or below  ( ) ( )

What is the level of the highest qualification you have completed?  Parent 1  Parent 2

Bachelor degree or above  ( ) ( )
Advanced Diploma/Diploma  ( ) ( )
Certificate I to IV  ( ) ( )
(including trade certificate)

No non-school qualification  ( ) ( )

What is your occupation group? (see over)  Parent 1  Parent 2

(Write 1,2,3,4 or 8)

Office Use Only
Enrolling Officer _______________________ Date ______________________ Entered on Integris _________________

Copy of student’s immunisation records taken  ( ) Yes  ( ) No   Copy of Birth Certificate/Extract taken  ( ) Yes  ( ) No
Parental Occupation Groups:
( Relates to questions in Parent/Guardian/Carer 1 and Parent/Guardian/Carer 2 sections)

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management in large business organisation, government administration &amp; defence, and qualified professionals</td>
<td>Other business managers, arts/media/sportspersons and associate professionals</td>
<td>Tradesmen/women, clerks and skilled office, sales and service staff</td>
<td>Machine operators, hospitality staff, assistants, labourers and related workers</td>
</tr>
<tr>
<td>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</td>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</td>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td></td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/policy/ fire services administrator</td>
<td>Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]</td>
<td>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</td>
<td></td>
</tr>
<tr>
<td>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</td>
<td>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</td>
<td>Skilled office, sales and service staff</td>
<td></td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer</td>
<td>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</td>
<td>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</td>
<td></td>
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<tr>
<td>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others</td>
<td>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]</td>
<td>Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]</td>
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<tr>
<td>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</td>
<td>Associate professionals generally have diploma/technical qualifications and support managers and professionals</td>
<td>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</td>
<td></td>
</tr>
<tr>
<td>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</td>
<td>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</td>
<td>Labourers and related workers</td>
<td></td>
</tr>
<tr>
<td>Defence Forces senior Non-Commissioned Officer.</td>
<td>Defence Forces ranks below senior NCO not included in other groups</td>
<td>Defence Forces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</td>
<td>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</td>
<td></td>
</tr>
</tbody>
</table>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.