



STUDENT ENROLMENT INFORMATION 20 _____

CASES21 Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

| | |
|--|---|
| Surname: | Title: Mr / Miss _____ |
| First Given Name: | |
| Second Given Name: | |
| Preferred Name (if applicable): | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: (dd-mm-yyyy): ____ / ____ / ____ |

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

STUDENT'S HOME ADDRESS

| | | |
|---------------------------|---------------|------------------|
| Number and Street: | | |
| Suburb: | State: | Postcode: |

OFFICE USE ONLY

| | | | |
|--|--|--|---------------------------------------|
| Year Level: | Home Group: | Commencement Date: ____ / ____ / ____ | |
| Child's Name and Birth Date proof sighted: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Immunisation Certificate: | <input type="checkbox"/> Received/Complete | <input type="checkbox"/> Received/Incomplete | <input type="checkbox"/> Not Received |
| Evidence of home address (e.g. rates or utilities notice, rental agreement): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Evidence of Eligibility for SRP Funding: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is there a Medical Alert for the student: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Photo Identification for parents/guardians: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is there a Risk or Access Alert for the student: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Copy of Orders Provided: YES / NO |
| Does the student have a Disability ID Number: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Disability ID No.: |
| Kinder Liaison Form Completed: (Foundation students only) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kinder: |
| Student Data Transferred: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Previous School: |

OTHER FAMILY MEMBERS

| |
|--|
| List the name(s) of any other family members that have previously, or are currently, attending this school: |
|--|

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information (<https://www2.education.vic.gov.au/pal/enrolment/policy>).

| |
|------------------------------|
| Enrolment conditions: |
|------------------------------|



PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS:

| |
|--|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Title: (Ms, Mrs, Mr, Dr, etc.) |
| Legal Surname: |
| Legal First Name: |
| Adult A's occupation? |
| Adult A's employer? |
| Adult A's Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (specify): |
| ❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (specify): |
| Please indicate any additional languages spoken by Adult A: |
| Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ What is the highest year of primary or secondary school Adult A has completed? (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 level of the highest qualification Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification |
| ❖ What is the occupation group of Adult A? Select the parental occupation group from the list on the last page. • 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 occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |

ADULT B DETAILS:

| |
|--|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Title: (Ms, Mrs, Mr, Dr, etc.) |
| Legal Surname: |
| Legal First Name: |
| Adult B's occupation? |
| Adult B's employer? |
| Adult B's Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (specify): |
| ❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (specify): |
| Please indicate any additional languages spoken by Adult B: |
| Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ What is the highest year of primary or secondary school Adult B has completed? (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 level of the highest qualification Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification |
| ❖ What is the occupation group of Adult B? Select the parental occupation group from the list on the last page. • 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 occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |

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| | |
|---|--|
| Main language spoken at home: | Preferred Language of Notices: |
| Are you interested in being involved in school group participation activities? (e.g. School Council, excursions) | <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither |



PRIMARY FAMILY CONTACT DETAILS

ADULT A DETAILS (PARENT/GUARDIAN):

| | |
|---|---|
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Ph: | <input type="checkbox"/> Silent |
| Mobile Ph: | |
| I agree to receiving SMS notifications: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Ph: | |
| Other Ph: | |
| Email: | |
| I agree to receiving Email notifications | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ADULT B DETAILS (PARENT/GUARDIAN):

| | |
|---|---|
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Ph: | <input type="checkbox"/> Silent |
| Mobile Ph: | |
| I agree to receiving SMS notifications: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Ph: | |
| Other Ph: | |
| Email: | |
| I agree to receiving Email notifications | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ADULT A HOME ADDRESS:

| | |
|---------------------------|------------------|
| Number and Street: | |
| Suburb: | |
| State: | Postcode: |

ADULT B HOME ADDRESS:

| | |
|---------------------------|------------------|
| Number and Street: | |
| Suburb: | |
| State: | Postcode: |

ADULT A MAILING ADDRESS (IF DIFFERENT TO ABOVE):

| | |
|---------------------------|------------------|
| Number and Street: | |
| Suburb: | |
| State: | Postcode: |

ADULT B MAILING ADDRESS (IF DIFFERENT TO ABOVE):

| | |
|---------------------------|------------------|
| Number and Street: | |
| Suburb: | |
| State: | Postcode: |

PRIMARY FAMILY DOCTOR DETAILS:

| | |
|--|---|
| Doctor's Name | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| Suburb: | Telephone: |
| Current Ambulance Subscription: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicare Number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

PRIMARY FAMILY EMERGENCY CONTACTS

| | Full Name | Relationship (Aunt/Uncle/Grandparent/Friend/Other) | Telephone Contacts (home and mobile) | Language (English=E) |
|---|------------------|--|--|--------------------------------|
| 1 | | | H: M: | |
| 2 | | | H: M: | |
| 3 | | | H: M: | |
| 4 | | | H: M: | |



BILLING ADDRESS:

Write "As Adult A" if the same as Adult A, or "As Adult B" if same as Adult B

| | |
|--|------------------|
| Email Address (statements are emailed) | |
| No. & Street or PO Box | |
| Suburb: | |
| State: | Postcode: |

OTHER PRIMARY FAMILY DETAILS:

| | | | |
|---|--|--------------------------------------|--|
| Relationship of Adult A to Student: | <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 to Student: | <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 Primary Family: | | | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced | <input type="checkbox"/> Occasionally |
| <input type="checkbox"/> Never | | | |

DEMOGRAPHIC DETAILS OF STUDENT

| | |
|---|--|
| ❖ In which country was the student born? | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (specify): _____ |
| Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____ | |
| 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 |
| Visa Sub Class: | Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____ |
| Visa Statistical Code: (Required for some sub-classes) | |
| International Student ID : (Not required for exchange students) | |
| ❖ Does the student speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often) | |
| <input type="checkbox"/> No, English only | <input type="checkbox"/> Yes (please specify): _____ |
| Does the student speak English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Torres Strait Islander | <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"/> At home with ONE Parent/ Guardian | <input type="checkbox"/> Homeless Youth |
| <input type="checkbox"/> Independent | |

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

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STUDENT TRANSPORT TO SCHOOL DETAILS

Usual mode of transport to school:

Walking School Bus Train Driven Taxi
 Bicycle Public Bus Tram Self Driven Other

Distance to School in kilometres: _____

SCHOOL DETAILS

Date of first enrolment in an Australian School/Preschool: ____ / ____ / ____

Name of previous School: _____

Years of previous education: _____ **Language of previous education?** _____

Does the student have a Victorian Student Number (VSN)? No Yes, but the VSN is unknown

Yes (please specify):

Years of interruption to education: _____ **Is the student repeating a year?** Yes No

Will the student be attending this school full time? Yes No

If **No**, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week) _____

Other school Name: _____ **Time fraction:** 0. _____ **Enrolled:** Yes No

Other school Name: _____ **Time fraction:** 0. _____ **Enrolled:** Yes No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk? Yes No

Is there an Access Alert for the student? Yes (complete the following questions and present a current copy of the document to the school.) No

Access Type: Court Order Family Law Order Restraining Order Other

Describe any Access Restriction: _____

Is there a physical activity alert for the student? Yes No

If Yes, then describe the Activity Restriction: _____

STUDENT MEDICAL DETAILS

Does the student suffer from Asthma? Yes No

If Yes, has an Asthma Management Plan been provided to the school?: Yes No

Symptoms of Asthma (tick all that apply) :

Cough Difficulty Breathing Wheeze Tight Chest Symptoms After Exertion

Other (please specify): _____



STUDENT MEDICAL DETAILS

| | | | |
|--|------------------|------------------------------|-----------------------------|
| Does the student suffer from any of the following impairments?: | <i>Hearing</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <i>Speech</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <i>Vision:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <i>Mobility:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student suffer from any Allergies?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, has an Allergy Management Plan been provided to the school?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student Anaphylactic?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, has an Anaphylaxis Management Plan been provided to the school?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student suffer from any other medical condition?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, has a Management Plan been provided to the school?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ACCIDENT AUTHORITY

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 Adult A (parent/guardian): _____ Date: _____

Printed Name of Adult A: _____

Signature of Adult B (parent/guardian): _____ Date: _____

Printed Name of Adult B: _____

TRUE AND ACCURATE INFORMATION

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 Enrolment Application is correct.

Signature of Adult A (parent/guardian): _____ Date: _____

Printed Name of Adult A: _____

Signature of Adult B (parent/guardian): _____ Date: _____

Printed Name of Adult B: _____



PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

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:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

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)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)