



ENROLMENT FORM

	KIN	PP	1	2	3	4	5	6
Room								
Fees								
Faction:								
Date admitted:					Out of boundary: Yes/No			
Primary School ()					Ed Support ():			

STUDENT DETAILS

Surname _____ Address _____

Legal Surname _____

1st Name _____ Suburb _____

2nd Name _____ Postcode _____

Preferred Name _____ Phone _____

Date of Birth _____ Mobile/s _____

() Male () Female Home Email _____

Australian Defence Force Family () Yes () No Mum Work Email _____

Dad Work Email _____

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Religion: _____ Is the student to be withdrawn from religious instruction?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? No
(For students of both Aboriginal and Torres Strait Islander origin, mark both "YES" boxes) 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? No, English only
(If more than one language, indicate the one that is spoken most often) Yes, - please specify _____

Citizenship: Australian Other, please specify _____

Permanent Resident: Yes No Visa Expiry date _____

Date entered Australia: _____ Visa Sub Class No. _____

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.

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Development Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

STUDENT MEDICAL DETAILS

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

If yes, please specify

- | | |
|--|--|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing Condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other | <input type="checkbox"/> Mental health or behavioural (eg depression / ADD / ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diagnosed migraine/headaches |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> 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 **(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)**
Permission to ring Ambulance Yes No Permission to ring Dentist? Yes No
Permission to ring Doctor? Yes No
Permission to administer 1st aid Yes No
Medic Alert Yes No Condition: _____
Medicare Number _____ Expiry: _____
Health Care Card: Yes No 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 Parent 1 Parent 2

you have completed? Year 12 or equivalent

(If you did not attend school, mark 'Year 9 or Year 11 or equivalent

equivalent or below') Year 10 or equivalent

Year 9 or equivalent or below

What is the level of the highest qualification Bachelor degree or above

you have completed? Advanced Diploma/Diploma

Certificate I to IV

(including trade certificate)

No non-school qualification

What is your occupation group? (see over) *(Write 1,2,3,4 or 8)*

Please select the appropriate parental occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

I declare these particulars to be true and correct in every respect including the child's full name as stated on the birth certificate/extract. I agree to abide by all school policies.

Name of person enrolling student: _____

Office Use Only	
Enrolling Officer _____	Date _____ Entered on Integris _____
Copy of student's immunisation records taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Birth Certificate/Extract taken	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: _____

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation, government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/ education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/ technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p>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]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>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]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/ data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>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]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.</p>			