



# ENDEAVOUR SCHOOLS

## ENROLMENT FORM

	KIN	PP	1	2	3	4	5	6	7
Room									
Fees									
Faction:									
Date admitted:					Out of boundary: Yes/No				
Primary School ( )					Ed Support ( ):				

### STUDENT DETAILS

Surname \_\_\_\_\_ Address \_\_\_\_\_  
 Legal Surname \_\_\_\_\_  
 1<sup>st</sup> Name \_\_\_\_\_ Suburb \_\_\_\_\_  
 2<sup>nd</sup> 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                       |

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## **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  
Permission to ring Ambulance  Yes  No      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      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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Relates to questions in Parent/Guardian/Carer 1 and Parent/Guardian/Carer 2 sections)

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