



# STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student’s enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <https://get.adobe.com/reader/>.

## SCHOOL NAME

School name

Year Level entering

## STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname (if applicable)

1st Name

2nd Name

3rd Name

Preferred Name

Date of birth (dd/mm/yy)

/ /

Gender

Male

Female

Other

Residential Address

Postcode

Telephone (Home)

Car Registration (if applicable)

Student’s Religion (if applicable)

Is the student to be withdrawn from religious instruction or activities?

YES

NO

## STUDENT DETAILS (Continued)

### Is the student of Aboriginal or Torres Strait Islander origin?

No      Yes, Aboriginal      Yes, Torres Strait Islander (TSI)      Yes, both Aboriginal and TSI

### Does the student speak a language other than English at home?

No, English only      Yes, Aboriginal English      Yes, other language - please specify

*(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)*

### What was the first language spoken at home?

Does the student mainly speak English at home?      YES      NO

### EVIDENCE OF IMMUNISATION STATUS

#### The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date      Not up to date      The student has an Immunisation Certificate issued by the Chief Health Officer

## SIBLING DETAILS

### Full Name/s of siblings attending this school

#### Student lives with:

Both Parents

Parent/Carer 1      **Name**      **Relationship to student**

Parent/Carer 2      **Name**      **Relationship to student**

Independent minor      **Name**      **Relationship to student**

Adult Student      **Name**      **Relationship to student**

Other, please specify      **Name**      **Relationship to student**

## RESIDENCY STATUS

### Nationality (optional)

### Country of Birth

Is the student an Australian citizen?      YES      NO

If No, Is the student a permanent resident of Australia?      NO      YES - If Yes, Visa Sub Class Number

Is the student a temporary resident of Australia?      YES      NO

If Yes, Date of Arrival in Australia      /      /      **Visa Sub Class Number**

**Visa Expiry Date**      /      /  
(if applicable)

## PREVIOUS SCHOOL

### Previous School

If previously enrolled in Home Education, specify the Education Region

## DISABILITY

Does the student have a disability? YES NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

Autism	Physical Disability
Deaf or Hard of Hearing	Severe Mental Disorder
Global Developmental Delay (prior to age 6)	Specific Speech and/or Language Impairment
Intellectual Disability	Vision Impairment
Other, please specify	

## CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES NO

If YES, please specify and attach supporting documentation.

Does the family or student have a Health Care Card? YES NO

If Yes, please provide card number Expiry Date / /

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

NO YES - If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

### District

Name Contact Number

Does the student receive any of the following allowances? (Check the boxes that apply)

Secondary Assistance Youth Allowance Assistance for Isolated Children (AIC) Abstudy

## PARENT / CARER 1 DETAILS

<b>Title</b>	<b>First Name</b>
<b>Surname</b>	
<b>Relationship to the student</b>	
<b>Date of birth</b> (dd/mm/yy)      /      /	<b>Gender</b> Male      Female      Other
<b>Postal Address</b> (if different from student residential address)	Postcode
<b>Telephone</b>	<b>Mobile Number</b>
<b>Email Address</b>	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

### Does Parent/Carer 1 speak a language other than English at home?

NO, English only      YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

### What is the highest year of school Parent/Carer 1 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

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

### What is the level of the highest qualification Parent/Carer 1 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

### What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(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'.)

## PARENT / CARER 2 DETAILS

<b>Title</b>	<b>First Name</b>
<b>Surname</b>	
<b>Relationship to the student</b>	
<b>Date of birth</b> (dd/mm/yy)      /      /	<b>Gender</b> Male      Female      Other
<b>Postal Address</b> (if different from student residential address)	Postcode
<b>Telephone</b>	<b>Mobile Number</b>
<b>Email Address</b>	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

### Does Parent/Carer 2 speak a language other than English at home?

NO, English only      YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

### What is the highest year of school Parent/Carer 2 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

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

### What is the level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

### What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(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 month, enter '8'.)

## OTHER FAMILY DETAILS

**If applicable, please talk to your school about:**

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

## OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

**CONTACT 1:**

**Title**

**First Name**

**Surname**

**Relationship to the student**

**Postal Address**

*(if different from student residential address)*

Postcode

**Telephone** (Home)

**Mobile Number**

**Email Address**

**CONTACT 2:**

**Title**

**First Name**

**Surname**

**Relationship to the student**

**Postal Address**

*(if different from student residential address)*

Postcode

**Telephone** (Home)

**Mobile Number**

**Email Address**

## PRIVACY AND DECLARATION

### Please tick to confirm:

*I understand:*

that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

*I declare:*

This is the only enrolment I have made for the student.

I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.

I have provided all documentation available to me.

### Name of person enrolling student

**Title**

**First Name**

**Surname**

**Relationship to the student**

**Signature**

**Date** / /

*(Independent minors and those aged 18 years or older may sign on their own behalf)*

**If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

## APPROVAL OF PRINCIPAL OR DELEGATE

**Principal's approval**

Enrolment approved

YES

NO

**Signature**

**Date** / /

## OFFICE USE ONLY

<b>Student's official documentation all sighted</b>		<b>Date</b>	/	/	YES	NO
Birth certificate	Passport			Visa document/s		
Other, please specify						
<b>Year/Form/Class</b>				<b>House Faction</b>		
<b>Student's Residency status</b>		Australian citizen	Permanent resident		Temporary resident	
<b>International Fee Paying</b>					YES	NO
<b>Entry Date</b>	/	/	<b>Previous School</b>			
<b>LOTE Stage</b>			<b>Records received</b>		YES	NO
<b>Contributions/Charges Billing</b>		PG1 (%)	PG2 (%)		Other (%)	
<b>School records</b> (including reports, to be sent to)		PG1	PG2	Other		
<b>AIR Immunisation History Statement provided</b>				YES	NO	
<b>Date of issue</b>	/	/	<b>Immunisation status is</b>		Up to date	Not up to date
<b>Date AIR sighted</b>	/	/				
If not up to date, additional request/s for documentation on date/s:						
<b>Immunisation Certificate issued by the Chief Health Officer</b>					YES	NO
<b>Kindergarten eligibility for immunisation exemption:</b>			Code			
<b>Enrolment approved by Principal</b>		YES	<b>Date</b>	/	/	NO
<b>Entered on School Information system by</b>				<b>Date</b>	/	/
<b>Student leaves school (Date)</b>		/	/	<b>Advice of Transfer (Date)</b>		/ /
<b>Destination</b>						
<b>Records received from transferring school</b>		YES	NO	<b>Date</b>		/ /



Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

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/sports persons 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]. or 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> <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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>

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



# FORM 1 STUDENT HEALTH CARE SUMMARY

## SECTION A

<b>Year</b>	<b>Form</b>	<b>Teacher</b>
<b>Student's name</b>		
<b>Date of birth</b> (dd/mm/yy)	/ /	<b>Gender</b> Male Female Not Specified
<b>Address</b>		
Postcode		

## FAMILY CONTACT DETAILS

<b>Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	
Postcode	
<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>Telephone (Mobile)</b>	
<b>Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	
Postcode	
<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>Telephone (Mobile)</b>	

## MEDICAL DETAILS

### Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

**Do you have ambulance insurance?** YES NO - *If yes, specify insurance provider:*

*If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.*

**List any essential information that could affect your child in an emergency e.g. allergy to penicillin.**

Medicare Card number

Medicare Card Individual  
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

## ADMINISTRATION OF MEDICATION

*Written authorisation must be provided for staff to administer any form of medication at school.*

**Long term medication** – Complete the *Medication* section of the relevant health care plan – see below.

**Short term medication** – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

## INFORMED CONSENT

**Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.**

**Do you give permission for the school to share your child's health care information?** YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

**If no, and the information is to be restricted, who can be informed of your child's health care information?**

**Does your child have one or more health condition(s) that will require support from school staff?** (Check the box that applies)

**NO** - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature

Date / /

**If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

**YES** - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

**List your child's health condition(s)**

## SECTION B

**IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.**  
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and Moderate Allergies	YES	NO
Diabetes	YES	NO
Seizures	YES	NO
Asthma	YES	NO
Activities of Daily Living	YES	NO
<b>Other Conditions or Needs</b> (Please specify below)	YES	NO

**Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?**

YES      NO - If yes, advise the Principal:

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

## SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

**I give permission for my child's medical details and photo to be on view for staff.** YES      NO

If yes, please attach photo to the relevant health care plan(s).

## SECTION D - MEDIC ALERT INFORMATION

**Does your child have a Medic Alert bracelet or pendant?** YES NO - If yes, provide details below:

**Parent/Carer Signature** **Date**      /      /

**Parent/Carer Name**

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

**ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.**

Note: Where appropriate students should be encouraged to participate in their health care planning.

### OFFICE USE ONLY

**Does the child have an allergy that needs to be flagged on SIS?** YES NO **Date**      /      /

**Have relevant health care plans been issued to the parent?** YES NO **Date**      /      /

**Has the Principal been informed if:**

specific training is required to support the student? YES NO

the student's health care information is to be restricted? YES NO

**Date** Student Health Care Summary was completed and uploaded on SIS: **Date**      /      /