



STUDENT ENROLMENT FORM

STUDENT ENROLMENT INFORMATION – 20 _____	Student ID:						
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PERSONAL DETAILS OF STUDENT:

Surname: _____	Title (Miss Ms, Mrs Mr): _____
First Given Name: _____	
Second Given Name: _____	
Preferred Name (if applicable): _____	
❖ Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (dd-mm-yyyy): _____ / _____ / _____
Student Mobile Number: _____	
List any other family members attending this school: _____	

PRIMARY FAMILY HOME ADDRESS:

No. & Street Address: _____	
Suburb: _____	
State: _____	Postcode: _____
Telephone Number: _____	Silent Number (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number: _____	Email Address: _____

OFFICE USE ONLY:

Child's Name and Birth Date proof sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date: _____
Year Level: _____	Home Group: _____
House: _____	
Visa Documents: _____	
Australian Immunisation Certificate received? <input type="checkbox"/> Complete <input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a Disability ID Number? <input type="checkbox"/> No <input type="checkbox"/> Yes	Disability ID No.: _____
Has a Transition Statement been provided ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	FOR PREP STUDENTS ONLY

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". For Additional and Alternative family forms please enquire at Greensborough Primary School if required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Sex:	<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?		
In which country was Adult A born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
❖ Does Adult A speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please 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?	<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 the Adult A has completed?	<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? Please select the appropriate parental occupation group from the attached list. (see Last Page)	• If not currently in paid work but you have had a job in the last 12 months, please use your last occupation (see Last Page). • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.	

ADULT B DETAILS:

Sex:	<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?		
In which country was Adult A born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
❖ Does Adult A speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please 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?	<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 the Adult A has completed?	<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? Please select the appropriate parental occupation group from the attached list. (see Last Page)	• If not currently in paid work but you have had a job in the last 12 months, please use your last occupation (see Last Page). • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.	

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Primary Family Contact Details

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact:	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:	

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact:	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:	

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

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			
Do you have a Health Care Card / Pension Card?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Send Correspondence addressed to: <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither			

PRIMARY FAMILY EMERGENCY CONTACTS (NOT PRIMARY CARERS):

Name:	Relationship: (Neighbour, Relative, Friend or Other)	Phone Contact:	Language Spoken: (If English Write 'E')
1			
2			
3			
4			

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student?	<input type="checkbox"/> Yes If Yes, please complete the following questions. A current copy of all legal document to be supplied	<input type="checkbox"/> No If No, please move to next section		
Access Type:	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Protection Order <input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? If Yes, please describe the Activity Restriction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice:	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street Address:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

DEMOGRAPHIC DETAIL OF STUDENT:

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? <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 Human Services and live in alternative care arrangements away from their parents. These DHS-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.

Usual mode of transport to school:							
<input type="checkbox"/> Walking	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Other	

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SCHOOLING DETAILS OF STUDENT:

Date of first enrolment in an Australian School:		____ / ____ / ____	
Name of previous School:			
Years of previous education:	What was the language of the student's previous education?		
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes, please specify: <input type="checkbox"/> Yes, but the VSN is unknown: <input type="checkbox"/> No, the student has never been issued a VSN:			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Years of interruption to education:	Is the student repeating a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the student be attending this school full time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No , what is the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week or 0.2 = 1 day)		_____	
Other school Name:	Time fraction: 0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Guide's Admission page for more information.

Enrolment conditions:

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Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments?	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please go to the Other Medical Conditions section						

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions:

Please indicate if the student suffers from any of the following symptoms:		If my child displays any of these symptoms please:	
<input type="checkbox"/> Cough		Inform Doctor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge <input type="checkbox"/> Elsewhere			
Dosage time:	Reminder required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

OTHER MEDICAL CONDITIONS

Does the student have any other medical condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please:			
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, please specify:	_____
Does the student take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge <input type="checkbox"/> Elsewhere			
Dosage time:	Reminder required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating
Has an Anaphylaxis Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENTAL AUTHORISATION

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:

- 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.
- Consent to my child's photograph to be used for publicity purposes, ie: Newsletter, Newspaper articles or Website.
- Head lice check.
- Walking Excursion (local short walking excursion).
- Consent to contact previous school/preschool to obtain any relevant information pertaining to my child.
- Consent for my child to view films that are relevant to the school curriculum which may be rated PG.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

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 form is correct.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

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 & above), regional director, health / education / police / fire services administrator

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 - diploma / technical qualifications and support managers 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, 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