

STUDENT I.D							
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FOR OFFICE USE ONLY:

YEAR LEVEL	FND	ONE	TWO	THREE	FOUR	FIVE	SIX	YEAR OF ENROLMENT	
ENROLMENT DATE							HOME GROUP		

## Student Details - Personal Details of Student

Surname:			
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) _____ / _____ / _____

## Primary Family Details

List any other students attending this school:
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## Adult A: Parent/Carer Details

Legal Surname:				Title: (Mr, Mrs, Miss, Ms, Dr)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Legal First Name:						
In which country was Adult A born?	<input type="checkbox"/> Australia	OTHER (please specify):				
❖ Main Language Spoken at Home		❖ Other Language <small>Write E if English</small>		Interpreter required?	Y / N	
❖ What is the occupation of Adult A?	If the person has not been in paid work for the last 12 months, enter 'N':					
❖ 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? (tick one)	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma	<input type="checkbox"/> Certificate I to IV (include trade cert)	<input type="checkbox"/> No non-school qualification		

## Adult B: Parent/Carer Details

Legal Surname:				Title: (Mr, Mrs, Miss, Ms, Dr)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Legal First Name:						
In which country was Adult B born?	<input type="checkbox"/> Australia	OTHER (please specify):				
❖ Main Language Spoken at Home.		❖ Other Language <small>Write E if English</small>		Interpreter required?	Y / N	
❖ What is the occupation of Adult B?	If the person has not been in paid work for the last 12 months, enter 'N':					
❖ What is the highest year of primary or secondary school Adult B 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? (tick one)	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced diploma / Diploma	<input type="checkbox"/> Certificate I to IV (include trade cert)	<input type="checkbox"/> No non-school qualification		

### Primary Family Contact Details

Number & Street Name:			
Suburb:		Postcode:	
Home Telephone Number:			Silent No: <input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A Mobile Number:			
Email Address:			
Adult B Mobile Number:			
Email Address:			

### Adult A Contact Details - Parent/Carer

Employer's Name:			
Work Number:		Can Adult A be contacted at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone Number:			

### Adult B Contact Details - Parent/Carer

Employer's Name:			
Work Number:		Can Adult B be contacted at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone Number:			
Home Phone (if different from Adult A)			

### Primary Family Emergency Contacts:

*Please do not use Adult A and Adult B as Emergency Contacts as we already have these details*

	Name:	Relationship:	Mobile:	Home/Work No:
1				
2				
3				

<b>The Student lives with the Primary Family (tick one):</b>					
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Other		
<b>Relationship of Adult A to Student (tick one):</b>					
<input type="checkbox"/> Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
<b>Relationship of Adult B to Student (tick one):</b>					
<input type="checkbox"/> Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	

### Student Access or Activity Restrictions Details - Please provide a copy of the current Custody documents if applicable

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 <input type="checkbox"/> No
Access Type:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Is there an Activity Alert for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there current Custody documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any Access Restrictions:			
Describe the Activity Restriction:			

## Demographic Details 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:		/ /	
What is the Residential Status of the student (please 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:	/ /
Visa Statistical Code:		International Student ID:	
Main Language Spoken at Home		Does the Student speak English? (please tick)	<input type="checkbox"/> Yes, English speaking <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? (tick one)			
<input type="checkbox"/> At home with TWO Parents/Guardians		<input type="checkbox"/> At home with ONE Parent/Guardian	
<input type="checkbox"/> State Arranged Out of Home Care		<input type="checkbox"/> Homeless Youth/Independent	

## Previous School/Pre-School Details (if applicable)

Date of first enrolment in an Australian School:		/ /	
Name of Previous School OR name of Pre-School:			
Student's Victorian Student Number (VSN) if known?			
Is the child repeating a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Integration Aide required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the child FULL TIME?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Doctor's Details

Doctor's Name			
Address of Doctor's Surgery:			
Phone Number of Doctor:			
Ambulance Subscriber:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

## Student Medical Details

Does the student suffer from any of the following impairments?			
Hearing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? (If no, please go to the Other Medical Conditions Section):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation Certificate Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Provided
Does the student have a Disability ID Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability ID No:	

**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:	
<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight chest	
Has an Asthma Management Plan been provided to School? (PLEASE ATTACH)	<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:	

**Other Medical Conditions** (Answer the following questions for all other medical conditions)

Does the student have any other medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Has a Medical Management Plan been provided to School for this condition? (PLEASE ATTACH)	<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:	

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.

**Consent to Medical Attention:** 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.

**YES / NO**

**Publication of Student Work and Photographs:** At Preston North East Primary School we often celebrate student work by publishing it in our weekly newsletter and website. We also use and publish photos in our newsletter and website. Photos on the website will not be named.

I give permission for my child's work to be published in the newsletter and/or website.

**YES / NO**

**Consent to receive Mobile Phone Text Messages (SMS) if required:** Do you give permission for the school to contact you via mobile phone text messages (SMS) if required?

**YES / NO**

**Attendance:** I will support the school attendance policy by encouraging my child to be punctual and at school everyday.

**YES / NO**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_