SILVERTON PRIMARY SCHOOL	Birth Cert:	⊔ <b>1</b>	Έ
OILVERTON'I KIMAK'I OCITOOL	Immunisation:	ПΥ	е
			Г

SILVERTON PRIMARY S				HOC	)L		Immunisation:				☐ Yes Court Docs				Yes N/A	
							In	nmunisati	on:	<u></u> П	es	COL	ט זוג	005.	_	Yes
STUDENT ENROLMENT INFORMATION – 2				C	ompu	uter	Generat	ed Student	ID:							
STUDENT Personal D			ENT						REC	SN:	R					
Surname:								Title	e: (Mis	ss Ms	Mr)					
First Given Name	:															
Second Given Na	me:															
Preferred Name (i	f applicable	e):														
❖ Sex (tick):	□ Male	☐ Female	Bir	th Date	e: (dd-	mm-	-уууу)				_/		/			-
Student Mobile N	umber:															
PRIMARY FAMILY H	IOME ADD	DRESS:														
No. & Street: or P Box details	0															
Suburb:																
State:							Postco	de:								
Telephone Numb	er						Silent N	lumber: (ti	ck)			Yes			No	
Mobile Number:							Fax Nui	mber:								
OFFICE USE ONLY	1															
Child's Name and B	Birth Date p	proof sighted (tick)		□ Yes		□ 1	No	Enrolme	nt Da	ite:						
Year Level	Home Group		imeta roup	bling	1		House				,		(	Campu	ıs	
Student Email Addr	ess:															
Immunisation Certif	ficate rece	ived?: (tick)		□ Con	nplete			□ Not sigh	ted							
Is there a Medical A	lert for the	e student? (tick)		□ Yes		□ 1	No									
Does the student ha				□ No			Yes	Disabilit	y ID N	No.:						
Has a Transition Sta by the Early Childho For prep students on	ood Educa			□ Yes		□ 1	No	-								

Office Use Only

# FAMILY DETAILS

_	I AMILI DETAILS
	List any other family members attending this school:
Ī	

<sup>\*</sup> This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

# If you are a separated family and the Student lives between houses, please fill out Primary Family Details (below) and Alternative Family Details (page 5-8).

### PRIMARY FAMILY DETAILS

Main language spoken at home:

Are you interested in being involved in school group

participation activities? (eg. School Council, excursions) (tick)

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Add an Additional Family on pages 5-8.

ADULT A DETAILS (	PRIMARY CARE	R):	ADULT B DETAILS:			
Sex (tick):	□ Male	□ Female	Sex (tick):	□ Male	☐ Female	
Title: (Ms, Mrs, Mr, I	Or etc)		Title: (Ms, Mrs, Mr, [	Or etc)		
Legal Surname:			Legal Surname:			
Legal First Name:			Legal First Name:			
What is Adult A's occupation?	current		What is Adult B's occupation?	current		
Who is Adult A's	employer?		Who is Adult B's	employer?		
In which country	was Adult A bo	rn?	In which country	was Adult B bo	rn?	
□ Australia □	Other (please s	pecify):	□ Australia □	Other (please s	specify):	
·	n one language is so n most often.) (tick only specify): ny additional	e other than English at spoken at home, indicate	<ul> <li>Does Adult B s         at home? (If more the         indicate the one that if             □ No, English             □ Yes (please             Please indicate ar             languages spoker</li> </ul>	nan one language s spoken most oft only specify): ny additional	is spoken at h	_
Is an interpreter re	equired? (tick)	□ Yes □ No	Is an interpreter re	equired? (tick)	□ Yes	□ No
school Adult A ha	s completed? ( school, mark 'Year ralent ralent ralent	tick one) (For persons who	❖What is the high school Adult B hat have never attended. □ Year 12 or equiv □ Year 11 or equiv □ Year 10 or equiv □ Year 9 or equiva	s completed? ( school, mark 'Yea alent alent alent	(tick one) (For	persons who
		qualification the Adult	❖ What is the level		t qualification	on the
A has completed?  □ Bachelor degree  □ Advanced diplor  □ Certificate I to IV  □ No non-school q	or above na / Diploma ′ (including trade	e certificate)	Adult B has comp  □ Bachelor degree  □ Advanced diplon  □ Certificate I to IV  □ No non-school q	or above na / Diploma / (including trade		
		of Adult A? Please select	❖What is the occurrence			
<ul> <li>If the person is not the last 12 months, use their last occup group list.</li> <li>If the person has n months, enter 'N'.</li> </ul>	currently in paid w or has retired in the pation to select from the been in paid wo		<ul> <li>the appropriate paren</li> <li>If the person is not the last 12 months, use their last occup group list.</li> <li>If the person has no months, enter 'N'.</li> </ul>	currently in paid we or has retired in to pation to select froot been in paid we	work but has hat he last 12 mon m the attached ork for the last	ad a job in hiths, please doccupation
I hese questions a collect the same info		equirement of the Commor	nwealth Government. Al	i schools across	Australia are	e required to

☐ Adult A

Preferred language of notices:

☐ Adult B

☐ Both

☐ Neither

## PRIMARY FAMILY CONTACT DETAILS

**ADULT A CONTACT DETAILS:** 

Work Telephone No:

**Other Work Contact** 

#### **Business Hours:** Can we contact Adult A at work? ☐ Yes $\square$ No Is Adult A usually home during ☐ Yes □ No business hours? (tick)

Business Hours:		
Can we contact Adult B at work? (tick)	□ Yes	□ No
Is Adult B usually home during business hours? (tick)	□ Yes	□ No
Work Telephone No:		
Other Work Contact information:		
After Hours:		
Is Adult B usually home AFTER business hours? (tick)	Yes □	No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	Yes	□No
Adult B's preferred method of contact (If Phone is selected, Email shall be used for cannot be sent via phone.)  Please note: we distribute the Newslett email	communica	ation that
☐ Mail ☐ Email ☐ Phone	□ Facs	imile
Email address:		

☐ Yes

□ No

#### After Hours:

information:

Is Adult A usually hon business hours? (tick)	ne AFTER	□ Y	′es □ No
Home Telephone No:			
Other After Hours Contact Information:			
Mobile No:			
SMS Notifications:		□ Yes	□ No
Adult A's preferred me (If Phone is selected, Ema cannot be sent via phone.) Please note: we distrib email	il shall be us	ed for cor	nmunication that
□ Mail □ Email	□ Pho	ne	☐ Facsimile
Email address:			
Email Notifications:		□ Yes	□ No
Fax Number:			

#### PRIMARY FAMILY MAILING ADDRESS:

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

Write As Above if the same as I amily Home Address		
No. & Street or PO Box		
Suburb:		
State:	Postcode:	

**Email Notifications:** 

Fax Number:

PRIMARY FAMILY DOCTO	R DETAILS:		-				
Doctor's Name	_		Individual or (tick)	Group Practice:	□ Indi	vidual □ G	roup
No. & Street or PO Box	No.:						
Suburb:							
State:				Postcode:			
Telephone Number				Fax Number			
Current Ambulance Su	bscription: (t	tick)	lo <b>Medicare</b>	Number:			
_	_						
PRIMARY FAMILY	EMERG	Relationship	CTS:	Telephone Con	tact	Language Sp	noko
Name		(Neighbour, Relative,	Friend or Other)	relephone con	laci	(If English Write	
1							
2							
3							
3							
4							
No. & Street or PO Box Suburb:							
State:				Pos	tcode:		
Billing Email	☐ Adult A☐ Adult B☐	☐ Other (Pleas	e Specify)				
OTHER PRIMARY	FAMILY		l Parent	□ Ctop Doront		Adoptive Parer	
Relationship of Adult A	to Student:	(tick one)	Foster Parent Friend	☐ Step-Parent ☐ Host Family ☐ Self		Relative Other	
Relationship of Adult B	to Student:	(tick one)	l Parent l Foster Parent l Friend	<ul><li>☐ Step-Parent</li><li>☐ Host Family</li><li>☐ Self</li></ul>		Adoptive Parer Relative Other	nt
The student lives with	the Briman, I	Family: (tick one)					
The student lives with t				<b></b>			
□ Always	☐ Mostly	☐ Balar	nced	☐ Occasionally		] Never	
Send Correspondence	addressed to	o: (tick one)	☐ Adult A	□ Adult B □	Both Adu	ılts □ Nei	ither

**ADULT B OF ALTERNATIVE FAMILY DETAILS:** 

## **ALTERNATIVE FAMILY DETAILS**

#### **ADULT A OF ALTERNATIVE FAMILY DETAILS:**

Main language spoken at home:

Are you interested in being involved in school group

participation activities? (eg. School Council, excursions) (tick)

Sex (tick):	□ Male	□ Female	Sex (tick):		□ Male	☐ Female	
Title: (Ms, Mrs, Mr, [	Dr etc)		Title: (Ms	, Mrs, Mr, D	Or etc)		
Legal Surname:			Legal Su	rname:			
Legal First Name:			Legal Fir	st Name:			
What is Adult A's occupation?	current		What is A	Adult B's on?	current		
Who is Adult A's	employer?		Who is A	dult B's e	employer?		
In which country	was Adult A bo	orn?	In which	country v	vas Adult B bo	rn?	
□ Australia □	Other (please	specify):	□ Austra	ılia 🗆	l Other (please s	specify):	
<ul> <li>Does Adult A 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.) (tick)</li> <li>No, English only</li> <li>Yes (please specify):</li> <li>Please indicate any additional languages spoken by Adult A:</li> <li>Does Adult B speak a language other than English home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)</li> <li>No, English only</li> <li>Yes (please specify):</li> <li>Please indicate any additional languages spoken by Adult B:</li> </ul>							_
Is an interpreter re	eauired? (tick)	□ Yes □ No	Is an inte	erpreter re	equired? (tick)	□ Yes	□ No
io un interpreter re				. р. ото	()		
❖What is the high school Adult A ha	nest year of prints completed? school, mark 'Yea ralent ralent	mary or secondary (tick one) (For persons who ar 9 or equivalent or below'.)	*What is school A have nevel □ Year 1 □ Year 1	the high dult B have rattended s 2 or equive 1 or equive 0 or equive	est year of prings completed? ( school, mark 'Yea alent alent	tick one) (For pe	ersons who
❖What is the high school Adult A ha have never attended. □ Year 12 or equiv □ Year 11 or equiv □ Year 10 or equiv □ Year 9 or equiva	nest year of pri as completed? school, mark 'Yea valent valent valent	(tick one) (For persons who ar 9 or equivalent or below'.)		s the high dult B have rattended so 2 or equive 1 or equive 0 or equive or equiva	est year of prins completed? (school, mark 'Yea alent alent alent or below	tick one) (For po r 9 or equivalent	ersons who
❖What is the high school Adult A ha have never attended. □ Year 12 or equiv □ Year 11 or equiv □ Year 10 or equiv □ Year 9 or equiva ❖What is the leve	nest year of pri is completed? school, mark 'Yea valent valent valent ilent or below	(tick one) (For persons who		s the high dult B had r attended s 2 or equive 1 or equive 0 or equival s the leve	est year of prins completed? (school, mark 'Yea alent alent lent or below	tick one) (For por r 9 or equivalent of qualification	ersons who
❖What is the high school Adult A ha have never attended. □ Year 12 or equiv □ Year 11 or equiv □ Year 10 or equiv □ Year 9 or equiva	nest year of prints completed? school, mark 'Year valent valent alent or below of the highes (tick one)	(tick one) (For persons who ar 9 or equivalent or below'.)	❖What is school A have nevel   □ Year 1   □ Year 1   □ Year 9   ❖ What i Adult B h	the high dult B have a steel a	est year of prins completed? (school, mark 'Yea) alent alent alent lent or below let of the highes leted? (tick one)	tick one) (For por r 9 or equivalent of qualification	ersons who
❖What is the high school Adult A ha have never attended. □ Year 12 or equiv. □ Year 11 or equiv. □ Year 10 or equiv. □ Year 9 or equiva. ❖What is the leve A has completed? □ Bachelor degree.	nest year of prints completed? school, mark 'Year valent valent alent or below el of the highes (tick one)	(tick one) (For persons who ar 9 or equivalent or below'.)		s the high dult B have r attended so 2 or equive 0 or equive or equival so the leve has complor degree	est year of prins completed? (school, mark 'Yea alent alent lent or below el of the highes leted? (tick one) or above	tick one) (For por r 9 or equivalent of qualification	ersons who
❖What is the high school Adult A ha have never attended. ☐ Year 12 or equiv. ☐ Year 11 or equiv. ☐ Year 9 or equiva. ❖What is the leve A has completed? ☐ Bachelor degree. ☐ Advanced diplon.	nest year of prints completed? school, mark 'Year valent valent alent or below lof the highes (tick one) or above ma / Diploma	(tick one) (For persons who ar 9 or equivalent or below'.)		s the high dult B had r attended s 2 or equive 1 or equive or equival s the leven nas compl or degree ced diplom	est year of prins completed? (school, mark 'Yea alent alent alent or below el of the highes leted? (tick one) or above an / Diploma	tick one) (For por r 9 or equivalent	ersons who
❖What is the high school Adult A ha have never attended. □ Year 12 or equiv. □ Year 10 or equiv. □ Year 9 or equiva. ❖What is the levent A has completed? □ Bachelor degree. □ Advanced diplon. □ Certificate I to IV.	nest year of pries completed? school, mark 'Yearalent valent alent or below of the highes (tick one) or above ma / Diploma / (including trad	(tick one) (For persons who ar 9 or equivalent or below'.)		s the high dult B has r attended s 2 or equivation or equivation or equivation or equivation degree ced diplomate I to IV	est year of prins completed? (school, mark 'Yea alent alent elent or below elected? (tick one) or above ena / Diploma (including trade)	tick one) (For por r 9 or equivalent	ersons who
❖What is the high school Adult A ha have never attended. ☐ Year 12 or equiv. ☐ Year 11 or equiv. ☐ Year 9 or equiv. ❖What is the leve A has completed? ☐ Bachelor degree. ☐ Advanced diplon. ☐ Certificate I to IV. ☐ No non-school quiv.	nest year of prins completed? school, mark 'Year valent valent alent or below el of the highes (tick one) e or above ma / Diploma / (including trad pualification	(tick one) (For persons who ar 9 or equivalent or below'.)  of qualification the Adult  e certificate)		s the high dult B had rattended so 2 or equivaled or equivaled so the level has completed diplomate I to IV n-school quite I do IV n-scho	est year of prins completed? (school, mark 'Yea alent alent lent or below left of the highest letted? (tick one) or above na / Diploma (including trade ualification	tick one) (For port of the por	ersons who or below'.)
❖What is the high school Adult A ha have never attended. ☐ Year 12 or equiv. ☐ Year 11 or equiv. ☐ Year 10 or equiv. ☐ Year 9 or equiva. ❖What is the leve A has completed? ☐ Bachelor degree. ☐ Advanced diplon. ☐ Certificate I to IV. ☐ No non-school q ❖What is the occurrence parent. • If the person is not the last 12 month use their last occurrence occupation group. • If the person has months, enter 'N'	nest year of prins completed? school, mark 'Year yalent yalent alent or below el of the highes (tick one) e or above ma / Diploma / (including trad qualification upation group ntal occupation group ot currently in pains, or has retired is upation to select polist. In not been in paid (to complete the paid)	(tick one) (For persons who ar 9 or equivalent or below'.)		s the high dult B has r attended s 2 or equiva 1 or equiva 0 or equiva 1 or degree 1 or degree 1 or degree 1 or equiva 1 or eq	est year of prins completed? (school, mark 'Year alent alent alent alent or below el of the highest leted? (tick one) or above and / Diploma (including trade ualification upation group of currently in paid so, or has retired in upation to select fulst.	e certificate)  of Adult B? Plup from the atta work but has he to the last 12 more rom the attached work for the last	ease select ched list. ad a job in onths, please d

Last updated: May 2016 page 5 version 2.11

☐ Adult A

Preferred language of notices:

☐ Adult B

☐ Both

☐ Neither

## **ALTERNATIVE FAMILY CONTACT DETAILS**

ADULT A OF ALTERNATIVE FAMILY CONTACT DETAILS:

ADULT B OF ALTERNATIVE FAMILY CONTACT DETAILS:

Business Hours:	Business Hours:
Can we contact Adult A at work?  (tick) □ Yes □ No	Can we contact Adult B at work?  (tick) □ Yes □ No
Is Adult A usually home during business hours? (tick) □ Yes □ No	Is Adult B usually home during business hours? (tick) □ Yes □ No
Work Telephone No:	Work Telephone No:
Other Work Contact information:	Other Work Contact information:
After Hours:	After Hours:
Is Adult A usually home AFTER business hours? (tick) ☐ Yes ☐ No	Is Adult B usually home AFTER business hours? (tick) ☐ Yes ☐ No
Home Telephone No:	Home Telephone No:
Other After Hours Contact Information:	Other After Hours Contact Information:
Mobile No:	Mobile No:
SMS Notifications: ☐ Yes ☐ No	SMS Notifications:
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) Please note: we distribute the Newsletter electronically via email	Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) Please note: we distribute the Newsletter electronically via email
☐ Mail ☐ Email ☐ Phone ☐ Facsimile	☐ Mail ☐ Email ☐ Phone ☐ Facsimile
Email address:	Email address:
Email Notifications: ☐ Yes ☐ No	Email Notifications: ☐ Yes ☐ No
Fax Number:	Fax Number:
ALTERNATIVE FAMILY HOUS APPRECE	
ALTERNATIVE FAMILY HOME ADDRESS:  No. & Street: or Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) ☐ Yes ☐ No

ALTERNATIVE FAMILY N Write "As Above" if the			ress				
No. & Street							
Suburb:							
State:				Р	ostcode:		
ALTERNATIVE F	AMILY DO	CTOR DET	AILS:				
Doctor's Name			Ind (tick		Group Praction	ce:	dividual □ Group
No. & Street or Box No.	o.:						
Suburb:							
State:					Postcode:		
Telephone Number					Fax Numbe	r	
Current Ambulance S	u <b>bscription:</b> (ti	ck) ☐ Yes	□No	Medicare	Number:		
ALTERNATIVE F	AMILY EM	ERGENCY (	CONT	ACTS:			
ALTERNATIVE F	AMILY EM	ERGENCY ( Relationship (Neighbour, Rela			Telephone	e Contact	Language Spoken (If English Write "E")
	AMILY EM	Relationship			Telephone	e Contact	
Name	AMILY EM	Relationship			Telephone	e Contact	
Name 1	AMILY EM	Relationship			Telephone	e Contact	
Name 1 2	AMILY EM	Relationship			Telephone	e Contact	
Name  1 2 3	AMILY BIL	Relationship (Neighbour, Rela	ative, Frien		Telephone	e Contact	
Name  1 2 3 4  ALTERNATIVE F	AMILY BIL	Relationship (Neighbour, Rela	ative, Frien		Telephone	e Contact	
Name  1 2 3 4  ALTERNATIVE F Write "As Above" if the	AMILY BIL	Relationship (Neighbour, Rela	ative, Frien		Telephone	e Contact	
Name  1 2 3 4  ALTERNATIVE F Write "As Above" if the No. & Street or PO Bo	AMILY BIL	Relationship (Neighbour, Rela	ative, Frien		Telephone	Postcode:	

## **OTHER ALTERNATIVE FAMILY DETAILS**

Balationship of Ac			Parent	☐ Step-Pa	arent 🗆 Adop	otive Parent			
Relationship of Adult A of Alternative Family to Student: (tick one)		<b>)</b>	Foster Parent	☐ Host Fa	ımily □ Rela	tive			
Student: (tiok one)			Friend			r			
Palationship of Ac	dult B of Alternative Family to		Parent	☐ Step-Pa	arent $\square$ Adop	otive Parent			
Relationship of Adult B of Alternative Family to Student: (tick one)		<b>,</b>	Foster Parent	☐ Host Fa	•	-			
			Friend	□ Self	☐ Othe	r			
The student lives	with the Alternative Family:	(tick one)							
□ Always	□ Mostly	☐ Balanc	ced	□ Occasiona	ally 🗆 Nev	/er			
Send Corresponde	ence addressed to: (tick one)		□ Adult A	☐ Adult B	☐ Both Adults	□ Neither			
Is the Alternative I	Family to receive Academic F	Reports?		Yes		□ No			
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 inf	formation contained within th	nis form is	correct.						
Signature of Paren	ot/Guardian:				Date: /	/			

**End of Alternative Family Details Section** 

# **DEMOGRAPHIC DETAILS OF STUDENT**

♦ In which country was the student born?						
☐ Australia ☐ 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? (tick) □ Permanent □ Temporary						
Basis of Australian Re	esidency:					
☐ Eligible for Australian	☐ Eligible for Australian Passport ☐ Holds Australian Passport					
☐ Holds Permanent Res	sidency Visa					
Visa Sub Class:			Visa Exp	iry Date: (dd-mm-yyyy)	/	_/
Visa Statistical Code:	(Required for so	ome sub-classes)				
International Student I	D:(Not require	d for exchange student	s)			
Does the student sp ( If more than one language	•	•		• •		
☐ No, English only	o lo opolion at i	☐ Yes (please spe				
Does the student spea	nk English? (t		,		□ Yes	□ No
❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one)						
□ No □ Yes, Aboriginal						
☐ Yes, Torres Strait Islander ☐ Yes, Both Aboriginal & Torres Strait Islander						
What is the student's I	living arrange	ements? (tick one):				
☐ At home with TWO Parents/ Guardians ☐ State Arranged Out of Home Care # (See Note)			e)			
☐ At home with ONE Pa	☐ At home with ONE Parent/ Guardian ☐ Homeless Youth					
☐ 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.						
Beginning of journey to school: Map Type Melway / VicRoads / Country Fire Authority / Other						
Map Number		X Reference		Y R	eference	
Usual mode of transport to school: (tick)						
☐ Walking	☐ School B	us □ Trair	า	☐ Driven	□ Taxi	
□ Bicycle □ Public Bus □ Tram □ Self Driven □ Other						
If student drives themself to school: Car Reg. No. Distance to School in kilometres:						
Student's Religion:						

Last updated: Sept 2015 page 9 version 2.11

<sup>❖</sup> These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## **SCHOOL DETAILS**

Date of first enrolmen	t in an Australian	School:	/_	/					
Name of previous Sch	nool:								
Years of previous education:				What was the language of the student's previous education?					
Does the student hav	e a Victorian Stud	ent Number (	VSN)?						
☐ Yes. ☐ Yes, but the VSN is unknown Please specify:					☐ No. The student has never been issued a VSN.				
Years of interruption to education:  Is the student repeating year? (tick)			a 🗆 🗅	☐ Yes ☐ No					
Will the student be attending this school full time? (tick)				_ ·	Yes	□ No			
If <b>No</b> , what will be the t	ime fraction that the	e student will b	e attendi	ng this school? (i.e: 0	.8 = 4 da	ays/week)			
Other school Name:		Time fraction:		0.	Enrolled:	□ Yes	□ No		
Other school Name:				Time fraction:	0.	Enrolled:	□ Yes	□ 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 (http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx).  Enrolment conditions  • •									
OFFICE USE ONLY									
Has the documentation records?	been provided and	d retained on s	school	□ Yes	]	□ No			
Have the conditions be	en met to complete	the enrolmen	t?	□ Yes	1	□ No			

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?		□ Yes			□ No		
Is there an Access Alert for the student? (tick)		following qu	☐ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)		☐ No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	☐ Court Order	☐ Family	Law Order	□ Restraini	ng Order	☐ Other	
Describe any Access	Restriction:						
Is there an Activity Ale	ert for the student? (tick	☐ Yes			□ No		
If Yes, then describe the	e Activity Restriction:						
OFFICE USE ONLY							
Current custody docum	ent placed on student file	? □ Yes			□ No		
STUDENT MEDIC MEDICAL CONDITION DE	ETAILS:	· ,, .			I ve :		
Does the student suff		Hearing:	□ Yes	□ No	Vision	□ Yes	□ No
following impairments		Speech:	☐ Yes	□ No	Mobility:	□ Yes	□ No
ASTHMA MEDICAL CON	Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section ☐ Yes ☐ No  ASTHMA MEDICAL CONDITION DETAILS:  Answer the following questions ONLY if the student suffers from any asthma medical conditions.						
Please indicate if the statement following symptoms:	student suffers from an	y of the	If my child	l displays an	y of these sy	mptoms ple	ease: (tick)
□ Cough	,		Inform Doo	tor		□ Yes	□ No
☐ Difficulty Breathing			Inform Eme	ergency Conta	act	☐ Yes	□ No
☐ Wheeze			Administer	Medication		□ Yes	□ No
☐ Exhibits symptoms a	fter exertion		Other Med	ical Action		□ Yes	□ No
☐ Tight Chest			If yes, plea	se specify:			
Has an Asthma Manag	gement Plan been provi	ded to Scho	ol?			□ Yes	□ No
Does the student take	medication? (tick)	Yes □ No	Name of	medication	taken:		
Is the medication take to symptoms? (tick)	n regularly by the stude	ent (preventi	ve) or only i	n response	☐ Preventat	ive □ F	Response
Indicate the usual dos medication taken:	age of			how frequentication is tak	_		
Medication is usually	administered by: (tick)	□ St	udent	□ Nurse	□ Teache	r 🗆 O	ther
Medication is stored:	(tick) uith Stu	udent [	with Nurse	□ Fridge	in Staff Room	n 🗆 El	sewhere
Dosage time	Reminder required	? (tick)	es 🗆 No	Poison R	ating		

#### OTHER MEDICAL CONDITIONS (More copies of the other medical condition forms are available on request from the school.) Does the student have any other medical condition? (tick) ☐ Yes □ No If yes, please specify: Symptoms: If my child displays any of the symptoms above please: (tick) ☐ Yes П № Inform Emergency Contact ☐ Yes П № □ No Other Medical Action Administer Medication ☐ Yes ☐ Yes □ No If yes, please specify: Does the student take medication? (tick) Name of medication taken: ☐ Yes □ No Is the medication taken regularly by the student (preventive) or only in □ Preventative ☐ Response response to symptoms? (tick) Indicate the usual dosage of Indicate how frequently the medication taken: medication is taken: П Medication is usually administered by: (tick) ☐ Student □ Nurse ☐ Other Teacher ☐ Fridge in Staff Medication is stored: (tick) ☐ with Student □with Nurse ☐ Elsewhere Room Dosage time Reminder required? (tick) ☐ Yes **Poison Rating** □ No STUDENT DOCTOR DETAILS The following details should only be provided if this student has a Doctor and/or Medicare number different to the Primary Family. **Doctor's Name: Individual or Group Practice:** (tick) □ Individual ☐ Group No. & Street or PO Box No.: Suburb: State: Postcode: **Telephone Number Fax Number Student Medicare Number:** STUDENT EMERGENCY CONTACTS This section should ONLY be filled out if THIS student has emergency contacts other than the Prime Family **Emergency Contacts.** Name Relationship Language Spoken **Telephone Contact** (If English Write "E") (Neighbour, Relative, Friend or Other)

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The enrolment form information you provide is entered into the school's computerised administrative system for educational, administrative and reporting purposes.

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 consent to the following for my child:

- 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 they are unable to contact me, or it is otherwise impracticable to contact me to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner or administer such first aid as the Principal or staff member may judge to be reasonably necessary
- Having routine inspections for head lice (these will be done by qualified people appointed by the school)
- Taking part in local excursions (this is a blanket approval for the child's entire schooling at Silverton Primary)
- Being involved in the many forms of technology that the school participates in such as: interactive
  television, radio broadcasts, print and television media, and the school website; and having their work or
  image displayed in any or all of these mediums as covered under School Council approved policies

If you have concerns or queries of any of the above please ask to discuss them with the schools' Assistant Principal.

I certify that the information contained within this form is correct.				
Signature of Parent/Guardian:	Date:	_/	_/	_

#### **DOCUMENTS REQUIRED**

(The school office can make copies if required)

Copy of Birth Certificate:		□ Yes	
Copy of Immunisation Form: (can be obtained from Medicare)		□ Yes	
If your child has a medical condition:			
	Asthma Action Plan	□ Yes	□ N/A
	Anaphylaxis Action Plan	□ Yes	□ N/A
	Other Medical Plans	□ Yes	□ N/A
If there are Access Restriction's in place, please provide			
	Custody / Court Documents	□ Yes	□ N/A

## 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 or above), regional director, health / education / police /

fire services administrator

Other 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 - generally have diploma / technical qualifications and support managers and 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, shelf 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, care park attendant, crossing supervisor