



Office Use Only	
Year of enrolment:	_____
Year level:	_____

STUDENT ENROLMENT FORM

STUDENT DETAILS

Surname: _____ Legal Surname: _____

1st Name: _____ 2nd Name: _____

Preferred Name: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: Male Female

Residential Address: _____

Postcode: _____

Home Phone

Work Phone

Mobile

Names of brothers and sisters attending this school: _____

Student lives with:

Both Parents Parent 1 Other Name: _____
Neither Parent Parent 2

Relationship to student: _____

CONFIDENTIAL

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

YES NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

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

YES NO

If YES, please specify and attach supporting documentation.

Is this student subject to Access Restriction?

YES (If YES, please attach supporting documentation) NO

EMERGENCY CONTACT

Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the preferred emergency contact.

Parent/responsible Person 1 Parent/responsible Person 2 Other Contacts

PARENT/GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address): _____

Postcode: _____

Home Phone

Work Phone

Mobile

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)
NO, English only YES, other - please specify: _____

What is the highest year of primary or secondary school you have completed? What is the level of the highest qualification you have completed?

Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>

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

What is your occupation group? (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page). 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.

Parent/Guardian 2 Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address): _____

Postcode: _____

Home Phone

Work Phone

Mobile

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)
NO, English only YES, other - please specify: _____

What is the highest year of primary or secondary school you have completed? What is the level of the highest qualification you have completed?

Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>

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

What is your occupation group? (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page). 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.

OTHER CONTACT(S) DETAILS

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address): _____

_____ Postcode: _____

Home Phone _____ Work Phone _____ Mobile _____

Email Address: _____

Occupation/Workplace: _____

Please advise the school if there are any other contacts you would like recorded

STUDENT DETAILS – ADDITIONAL INFORMATION

Religion: _____ Is the student to be withdrawn from religious instruction? YES
NO

Is the student of Aboriginal or Torres Strait Islander origin? NO
 YES, Aboriginal
 YES, Torres Strait Islander
 YES, Both Aboriginal and TSI

Does the student mainly speak English at home? YES NO

Does the student speak a language other than English at home? (*If more than one language, indicate the one that is spoken most often.*)

NO English only
YES Other - please specify: _____

Australian Citizen/Permanent Resident Other - please specify _____

Permanent Resident: YES NO Temporary Resident: YES NO

Visa Sub Class Number _____ Visa Sub Class Number _____

Visa Expiry Date _____ Visa Expiry Date _____

Date Entered Australia _____ Date Entered Australia _____

In Receipt of Allowance: Secondary Assistance Youth Allowance
Assistance for Isolated Children (AIC) Abstudy

In which country was the student born? Australia

Other – please specify: _____

Previous School: _____ OR

If previously enrolled in Home Education, specify the Education District: _____

Movement Reason (optional): _____

Does the student have a disability? YES NO

If YES, please specify disability: _____

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 Developmental 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 |

STUDENT DETAILS – MEDICAL/HEALTH

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"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

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): _____

Doctor's Name: _____ Phone: _____

Please provide details of any other information you would like noted.

Do you have ambulance cover? YES NO Ambulance Cover Insurance Provider: _____

(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)

Medicare No: Valid to: ____ / ____ / ____

Health Care Card (if applicable): YES NO If Yes, please provide No: _____
Expiry Date: _____

SIGNATURE

Name of person enrolling student: _____

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Entry Date: ____ / ____ / ____	Date Transfer Note Sent: ____ / ____ / ____
Previous School: _____	Records Received: YES <input type="checkbox"/> NO <input type="checkbox"/>
Birth Certificate seen: YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(or passport or Travel documents)</i>	Date sighted: ____ / ____ / ____
Student's Residency status: Local <input type="checkbox"/> Permanent Resident <input type="checkbox"/>	
<input type="checkbox"/> Overseas Student: If yes, International fee paying YES <input type="checkbox"/> NO <input type="checkbox"/>	
Immunisation records provided: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Publications/Internet Permission Form Completed: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Contributions and Charges Billing: PG1 <input type="checkbox"/> _____% PG2 <input type="checkbox"/> _____% Other <input type="checkbox"/> _____%	
Form/Class: _____	House/Faction: _____
Entered on School Information System by: _____	Date: ____ / ____ / ____
Leave Date: ____ / ____ / ____	Destination: _____ Records Sent: YES <input type="checkbox"/> NO <input type="checkbox"/>