HILTON PRIMARY SCHOOL
Courtesy • Consideration • Co-Operation

*A great place to LEARN AND GROW*

**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 | ☐ | Bachelor degree or above | ☐ |
| Year 11 or equivalent | ☐ | Advanced diploma/Diploma | ☐ |
| Year 10 or equivalent | ☐ | Certificate I to IV (including trade certificate) | ☐ |
| Year 9 or equivalent or below | ☐ | No non-school qualification | ☐ |

***(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 | ☐ | Bachelor degree or above | ☐ |
| Year 11 or equivalent | ☐ | Advanced diploma/Diploma | ☐ |
| Year 10 or equivalent | ☐ | Certificate I to IV (including trade certificate) | ☐ |
| Year 9 or equivalent or below | ☐ | No non-school qualification | ☐ |

***(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.

☐ Autism Spectrum Disorder
☐ Deaf or Hard of Hearing
☐ Specific Speech Language Impairment
☐ Intellectual Disability
☐ Severe Mental Disorder
☐ Global Developmental Delay (prior to age 6)
☐ Vision Impairment
☐ Physical Disability

## STUDENT DETAILS – MEDICAL/HEALTH

Does the student have a medical condition or intensive health care need? YES ☐ NO ☐
If YES, please specify.

- ☐ Allergy – Anaphylaxis
- ☐ Allergy – Other _____
- ☐ Asthma
- ☐ Diabetes
- ☐ Diagnosed migraine/headaches
- ☐ Seizure Disorder (eg epilepsy)
- ☐ Hearing condition (eg otitis media)
- ☐ Mental health or behavioural (eg depression, ADD/ADHD)
- ☐ Intensive Health Care Need (eg tube feeding)
- ☐ Other _____

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 ☐ NO ☐

Birth Certificate seen: YES ☐ NO ☐ Date sighted: _____/_____/____
***(or passport or Travel documents)***

Student's Residency status: Local ☐ Permanent Resident ☐

☐ Overseas Student: If yes, International fee paying YES ☐ NO ☐

Immunisation records provided: YES ☐ NO ☐

Publications/Internet Permission Form Completed: YES ☐ NO ☐

Contributions and Charges Billing: PG1 ☐ _____% PG2 ☐ _____% Other ☐ _____%

Form/Class: _____ House/Faction: _____

Entered on School Information System by: _____ Date: _____/_____/____

Leave Date: _____/_____/____ Destination: _____Records Sent: YES ☐ NO ☐