

STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <u>https://get.adobe.com/reader/</u>.

SCHOOL NAME					
School name				Year Lev	el entering
STUDENT DETAILS					
Student surname					
Legal surname (if different)					
Previous Surname (if applicable)					
1st Name		2nd Name		3rd Name	•
Preferred Name					
Date of birth (dd/mm/yy)	/ /	Gender	Male	Female	Other
Residential Address					
				Postcoo	de
Telephone (Home)		Car Regist	ration (if ap	oplicable)	
Student's Religion (if applicable)					
Is the student to be withdrawn from	n religious instructior	n or activities?	YES	NO	

STUDENT DETAILS (Continued)					
Is the student of Aboriginal or Torres Strait Islander origin?					
No Yes, Aboriginal Yes, Torres Strait Islander (TSI) Yes, both Aboriginal and TSI					
Does the student speak a language other than English at home?					
No, English only Yes, Aboriginal English Yes, other language - please specify					
(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)					
What was the first language spoken at home?					
Does the student mainly speak English at home? YES NO					
EVIDENCE OF IMMUNISATION STATUS					
The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:					
Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer					

SIBLING DETAILS

Full Name/s of siblings attending this school

Student lives with:

Both Parents		
Parent/Carer 1	Name	Relationship to student
Parent/Carer 2	Name	Relationship to student
Independent minor	Name	Relationship to student
Adult Student	Name	Relationship to student
Other, please specify	Name	Relationship to student

RESIDENCY STATUS

Nationality (optional)		Country of Birth
Is the student an Australian citizen?		YES NO
If No, Is the student a permanent resident of	Australia?	NO YES - If Yes, Visa Sub Class Number
Is the student a temporary resident of Austra	alia?	YES NO
If Yes, Date of Arrival in Australia	/ /	Visa Sub Class Number
Visa Expiry Date , (if applicable)	/ /	

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

DISABILITY	
Does the student have a disability?	YES NO
If Yes, please specify	
Please tick if you can provide documentation about (The school will	request copies of this information)
Autism	Physical Disability
Deaf or Hard of Hearing	Severe Mental Disorder
Global Developmental Delay (prior to age 6)	Specific Speech and/or Language Impairment
Intellectual Disability	Vision Impairment
Other, please specify	

CONFIDENTIAL INFORMATION

Is this student subject to a	any court orders in resp	ect of their care, welfa	re and d	evelopment	or access	restrictio	ns?
YES NO							
If YES, please specify and at	tach supporting document	tation.					
Does the family or studen	t have a Health Care Ca	ırd?	YES	NO			
If Yes, please provide card	number			Expiry Da	ite	/	/
Is this student in the care of	of Director General of the	e Department of Commu	nities - C	hild Protecti	ion and Fan	nily Suppo	rt (CPFS)?
NO YES - If YES,	please specify the name	of the CPFS Case Manag	ger, their C	PFS District	and their co	ontact pho	ne number.
District							
Name		Contact	t Number				
Does the student receive	any of the following allo	wances? (Check the bo	kes that a	pply)			
Secondary Assistance	Youth Allowance	Assistance for Isolated	Children	(AIC)	Abstudy		

PARENT / CARER 1 DETAILS

Title			First Name			
Surname						
Relationship to the student						
Date of birth (dd/mm/yy)	/	/	Gender	Male	Female	Other
Postal Address (if different from student residential address)					Postco	de
Telephone			Mobile Num	ber		

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 speak a language other than English at home?

NO, English only	YES, other - please specify					
(If more than one language, indicate the one that is spoken most often)						
What is the highest year	r of school Parent/Carer 1 has completed?					
Year 12 or equivalent		Year 11 or equivalent				
Year 10 or equivalent		Year 9 or equivalent or below				
(If you did not attend scho	ol, mark 'Year 9 or equivalent or below')					
What is the level of the highest qualification Parent/Carer 1 has completed?						

Bachelor degree or above Advanced diploma/Diploma

Certificate I to IV (including trade certificate) No non-school qualificatio
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What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals

- 2. Other business managers, arts/media/sportspersons & associate professionals
- 3. Tradesmen/women, clerks and skilled office, sales & service staff
- 4. Machine operators, hospitality staff, assistants, labourers and related workers
- 8. Unemployed, Retired, Student

(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 month, enter '8'.)

PARENT / CARER 2 DETAILS

Title			First Name			
Surname						
Relationship to the student						
Date of birth (dd/mm/yy)	/	/	Gender	Male	Female	Other
Postal Address (if different from student residential address)					Postco	de
Telephone			Mobile Num	ber		

Email Address

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 speak a language other than English at home?

NO, English only	YES, other - please specify	
(If more than one languag	e, indicate the one that is spoken most often)	
What is the highest year	of school Parent/Carer 2 has completed?	
Year 12 or equivalent		Year 11 or equivalent
Year 10 or equivalent		Year 9 or equivalent or below
(If you did not attend scho	ol, mark 'Year 9 or equivalent or below')	

What is the level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above	Advanced diploma/Diploma
Certificate I to IV (including trade certificate)	No non-school qualification

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals

- 2. Other business managers, arts/media/sportspersons & associate professionals
- 3. Tradesmen/women, clerks and skilled office, sales & service staff
- 4. Machine operators, hospitality staff, assistants, labourers and related workers
- 8. Unemployed, Retired, Student

(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 month, enter '8'.)

OTHER FAMILY DETAILS

If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

CONTACT 1:	
Title	First Name
Surname	
Relationship to the student	
Postal Address (if different from student residential address)	Postcode
Telephone (Home)	Mobile Number
Email Address	
CONTACT 2:	
Title	First Name
Surname	
Relationship to the student	
Postal Address (if different from student residential address)	Postcode
Telephone (Home)	Mobile Number
Email Address	

Please tick to confirm: I understand:

PRIVACY AND DECLARATION

that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

This is the only enrolment I have made for the student.

I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.

I have provided all documentation available to me.

Name of person enrolling student

Title

Surname

Relationship to the student

 Signature
 Date
 /

 (Independent minors and those aged 18 years or older may sign on their own behalf)
 /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

YES

NO

First Name

APPROVAL OF PRINCIPAL OR DELEGATE

Principal's approval

Enrolment approved

Signature

Date / /

aged 18 years or older may sign on their own behalf)
orm online and are unable to sign this form please check this l

Department of Education | Student Enrolment Form

OFFICE USE ONLY

Student's official documentation	on all sighted	l	Date	/ /	YES NO	
Birth certificate	Passport			Visa document/s		
Other, please specify						
Year/Form/Class				House Faction		
Student's Residency status	Australian c	itizen		Permanent resident	Temporary resident	
International Fee Paying					YES NO	
Entry Date	/	/		Previous School		
LOTE Stage				Records received	YES NO	
Contributions/Charges Billing	PG1 (%))		PG2 (%)	Other (%)	
School records (including reports, to be sent to)	PG1		PG2	Other		
AIR Immunisation History State	ement provide	ed		YES NO		
Date of issue	/	/		Immunisation status is	Up to date Not up to date	
Date AIR sighted	/	/				
If not up to date, additional request/s for documentation on date/s:						
Immunisation Certificate issue	d by the Chie	f Health	Officer		YES NO	
Kindergarten eligibility for immunisation exemption: Code						
Enrolment approved by Principal	YES	Date		/ /	NO	
Entered on School Information s	ystem by			Da	ie / /	
Student leaves school (Date)	/	/		Advice of Transfer (Dat	e) / /	
Destination						
Records received from transferri	ng school	YES	NO	Da	e / /	

PARENT OCCUPATION GROUPS

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4	
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers	
Senior executive/ manager / lepartment head in industry, commerce, media or other large organisation. Public service manager section head or above), egional director, health/ education/police/ fire services administrator. Other administrator [school Principal, faculty head/dean, ibrary/museum/gallery director, esearch facility director]. Defence Forces Commissioned Officer. Professionals generally have legree or higher qualifications and experience in applying this snowledge to design, develop or operate complex systems; dentify, treat and advise on problems; and teach others. Health, Education, Law, Social Welfare, Engineering, Science, Computing porfessional. Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]. Nir/sea transport aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].	 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]. or 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. 	 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]. 	 Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]. Assistant/aide [trades' assistant, weterinary nurse, nursing assistant, usher, home helper, salon assistant, animal attendant]. Labourers and related workers Defence Forces ranks below senior NCO not included in other groups. Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, 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]. 	

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.