



**Student ID:**

(Office Use Only)

**CONFIDENTIAL STUDENT ENROLMENT FORM**

Morwell (Tobruk Street) Primary School 4680

| <b>SECTION 1: Student Personal Details</b> |  |   |  |
|--|--|---|--|
| SURNAME                                    |  | <b>Office Use Only</b>                        |  |
| First Given Name:                          |  |   |  |
| Second Given Name:                         |  |   |  |
| Preferred Name:                            |  |   |  |
| Date of Birth                              |  | Home Group                                    |  |
| Date of Enrolment                          |  | Proof of birth date sighted                   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                              |
| Year level student enrolling in            |  | Immunisation certificate sighted              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                              |
|  |  | Immunisation complete                         | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                              |
|  |  | Is there a medical alert for the student?     | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                              |
|  |  | Does the student have a disability ID number? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                              |
|  |  | Disability ID number:                         | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> |

| SECTION 2: Family Details of Parents/Guardians are referred to as Adult A and Adult B   |   |  |   |
|---|---|--|---|
| FAMILY DETAILS ADULT A (Primary Carer)  |   | FAMILY DETAILS ADULT B   |   |
| Title and Surname   |   | Title and Surname  |   |
| First Name  |   | First Name   |   |
| Gender  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE  | Gender   | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE  |
| <b>Current</b> Occupation   |   | <b>Current</b> Occupation  |   |
| Employer  |   | Employer   |   |
| Country of Birth  |   | Country of Birth   |   |
| Native language   |   | Native language  |   |
| Other language  |   | Other language   |   |
| Is an interpreter required?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | Is an interpreter required?  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |
| Language spoken at home   |   | Language spoken at home  |   |
| What is the highest year of primary or secondary school Adult A has completed?          | <input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or below                            | What is the highest year of primary or secondary school Adult B has completed? | <input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or below                            |
| What is the highest qualification Adult A has completed?                                | <input type="checkbox"/> Bachelor degree or above<br><input type="checkbox"/> Advanced diploma/Diploma<br><input type="checkbox"/> Certificate I to IV (inc. trade certificate)<br><input type="checkbox"/> No non-school qualification | What is the highest qualification Adult B has completed?                       | <input type="checkbox"/> Bachelor degree or above<br><input type="checkbox"/> Advanced diploma/Diploma<br><input type="checkbox"/> Certificate I to IV (inc. trade certificate)<br><input type="checkbox"/> No non-school qualification |
| Circle the family occupation code?<br>Please refer to attached sheet.<br><b>A B C D</b> |   | To whom should correspondence be addressed?                                    | <input type="checkbox"/> Both Adults<br><input type="checkbox"/> Adult A<br><input type="checkbox"/> Adult B  |
| Residential Address   |   | Postal Address<br>(if different to home address)                               |   |
| Number & Street   |   |  |   |
| Town  | Postcode  |  |   |
| Home phone:   | Mobile:   |  |   |

**Please ensure education and employment details for Adult A & Adult B are accurate and updated at the Office if there are any changes.**

**Funding for our school is based on information contained in enrolment forms.**

| Contact details for Adult A                                  |   | Contact details for Adult B                                  |   |
|--|---|--|---|
| <b>During business hours, how is Adult A to be contacted</b> |   | <b>During business hours, how is Adult B to be contacted</b> |   |
| Can the adult be contacted at work?                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | Can the adult be contacted at work?                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |
| Contact number and days of work?                             |   | Work contact number and days of work?                        |   |
| Mobile phone number  |   | Mobile phone number  |   |
| What is the relationship of Adult A to the student?          | <input type="checkbox"/> Parent<br><input type="checkbox"/> Step Parent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Other | What is the relationship of Adult B to the student?          | <input type="checkbox"/> Parent<br><input type="checkbox"/> Step Parent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Other |

| SECTION 3: Student Emergency Contact Details   |   |  |
|--|---|--|
| Name of Doctor   |   |  |
| Address  |   |  |
| Phone Number   |   |  |
| Medicare Number  |   |  |
| Are you an Ambulance Subscriber?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | Please be aware that the school will use an ambulance in an emergency.<br>The cost for this service is to be met by parents. |
| <b>Please provide details of at least two Emergency Contacts <u>other</u> than Primary Family:</b> |   |  |
| Name (Contact 1)   |   |  |
| Address (Contact 1)  |   |  |
| Relationship to student  |   |  |
| Phone Number   |   |  |
| Name (Contact 2)   |   |  |
| Address (Contact 2)  |   |  |
| Relationship to student  |   |  |
| Phone Number   |   |  |

|  |
|--|
| <b>Do you hold a current health care card or pension card?</b> |
| Number:  |
| Expiry Date:   |
| Signature:   |
| (Please supply current card to be photocopied)                 |

| SECTION 4: Demographic details   |  |   |
|--|--|---|
| 4.1 In what country was the student born?  |  | If Australia go to 4.6  |
| 4.2 If not, when did the student arrive in Australia?                                    |  |   |
| 4.3 Is the residential status permanent or temporary?                                    |  | If permanent go to 4.6  |
| 4.4 If temporary what is the student's Visa Sub Class?                                   |  |   |
| 4.5 Visa Expiry Date   |  |   |
| 4.6 Is the student Koori, Torres Strait Islander, or from another indigenous background? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO  |   |
| 4.7 Living arrangements of the student   | <input type="checkbox"/> At home with <b>BOTH</b> Parents<br><input type="checkbox"/> With <b>ONE</b> Parent<br><input type="checkbox"/> <b>AWAY</b> from home<br><input type="checkbox"/> Independent |   |
| What is the students <u>usual</u> mode of transportation to school?                      | <input type="checkbox"/> Bus<br><input type="checkbox"/> Driven by Car   | <input type="checkbox"/> Walk<br><input type="checkbox"/> Bicycle |
| Distance from School (kilometres)  |  |   |
| Student's religion:  |  |   |
| Is the student to receive the approved Religious Education course?                       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO  |   |

| SECTION 5: School Information                         |   |
|---|---|
| Date of first enrolment in an Australian School?      |   |
| What was the student's previous school/ kindergarten? |   |
| For how many years has the student attended school?   |   |
| Is the student an Integration Student?                | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Is this student a Full Time student                   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

| SECTION 6: Restriction                       |   |
|--|---|
| Does this student have an access restriction | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Access Type                                  |   |
| Restriction                                  |   |
| Restriction Activity                         |   |

| SECTION 7: Medical Details – tick to identify medical conditions for student |   |                |
|--|---|----------------|
| <input type="checkbox"/> Asthma  | If YES please complete an <b>Asthma Management Plan</b> in conjunction with a registered health practitioner  |                |
| <input type="checkbox"/> Major Illness                                       | If YES please complete a <b>Medical Condition Management Plan</b> in conjunction with a registered health practitioner  |                |
| <input type="checkbox"/> Allergies   | Details:  |                |
| <input type="checkbox"/> Allergies to medication                             | Details:  |                |
| <input type="checkbox"/> Disability  | Details: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Disability ID:</td></tr></table>  | Disability ID: |
| Disability ID:   |   |                |
| <input type="checkbox"/> Hearing impairment                                  | Details:  |                |
| <input type="checkbox"/> Speech  | Details:  |                |
| <input type="checkbox"/> Vision  | Details:  |                |
| <input type="checkbox"/> Mobility  | Details:  |                |
| <input type="checkbox"/> Other   | Details:  |                |
|  | If your child has an allergy that requires an <b>EpiPen</b> (as per anaphylaxis policy endorsed by School Council) please complete an <b>Anaphylaxis Management Plan</b> with a registered health practitioner. |                |

| Immunization: An immunisation certificate must be presented |  |
|---|--|
| Immunisation Certificate Presented                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Immunisation Complete                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| I hereby grant consent for my child to participate in the school's head lice inspection program for the duration of their schooling at this school |
|--|
| Parent/Guardian Signature:   |

## SECTION 8: Web Page

The purpose of our school website and facebook page is to promote the quality education that takes place at our school and to allow parents and the community another avenue through which to connect to our student's learning.

As both the school website and facebook page are posted on the **World Wide Web** we seek your permission to include your child's **work** and/or **photographs** on our site.

I give permission for my child's **work** to appear on the Tobruk Street Primary School – Morwell website

YES

NO

I give permission for a **picture** of my child involved in school activities to appear on the Tobruk Street Primary School - Morwell website or media coverage.

YES

NO

I give permission for a **picture** of my child, or a picture of my child's **work** to appear on the Tobruk Street Primary School – Morwell *facebook* page.

YES

NO

## SECTION 9: Privacy Notice

***I have read the privacy notice and understand it. I consent to have the information dealt with in the manner described.***

Signature of parent/guardian \_\_\_\_\_

## SECTION 10: Student Code of Conduct

We ask parents to support our 'Student Code of Conduct' policy as agreed by School Council. It would be appreciated if you could read the attached policy and sign the following to indicate your support. If you wish to discuss the policy with the Principal please feel free to make an appointment.

***I have read and agree to support the 'Student Code of Conduct' policy of Tobruk Street Primary School.***

Signature of parent/guardian \_\_\_\_\_

## SECTION 11: Consent Form

In the event of illness or injury to my child whilst at school, on 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:

- 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 supervising staff member may judge to be reasonably necessary.
- Consent to my child receiving medical assessment or inspection by an authorized medical practitioner or registered nurse in relation to infectious diseases as detailed in Schedule 6 (Health Diseases) 2001

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)