



STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID:	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										

STUDENT DETAILS

FIRST NAME:	SECOND NAME:
SURNAME:	PREFERRED NAME:
◆SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE: (DD/MM/YYYY) / /

PRIMARY FAMILY DETAILS

ADULT A	ADULT B
TITLE: MR/MS/MRS/MISS SEX: <input type="checkbox"/> F <input type="checkbox"/> M	TITLE: MR/MS/MRS/MISS SEX: <input type="checkbox"/> F <input type="checkbox"/> M
LEGAL SURNAME:	LEGAL SURNAME:
LEGAL FIRST NAME:	LEGAL FIRST NAME:
COUNTRY OF BIRTH:	COUNTRY OF BIRTH:
◆ LANGUAGE OTHER THAN ENGLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO	◆ LANGUAGE OTHER THAN ENGLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER LANGUAGE:	OTHER LANGUAGE:
INTERPRETER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERPRETER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
PREFERRED LANGUAGE OF NOTICES:	

Relationship of Adult A to Student	Relationship of Adult B to Student
<input type="checkbox"/> Parent	<input type="checkbox"/> Parent
<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Step-Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Relative	<input type="checkbox"/> Relative
<input type="checkbox"/> Friend	<input type="checkbox"/> Friend
The student lives with Adult A:	The student lives with Adult B:
<input type="checkbox"/> Always	<input type="checkbox"/> Always
<input type="checkbox"/> Mostly - Please complete Alternate Family Form	<input type="checkbox"/> Balanced – Please complete Alternate Family Form
<input type="checkbox"/> Balanced - Please complete Alternate Family Form	<input type="checkbox"/> Occasionally – Please complete Alternate Family Form
<input type="checkbox"/>	<input type="checkbox"/> Never - Please complete Alternate Family Form

PRIMARY FAMILY HOME ADDRESS

No & Street:	
Suburb	
State	Postcode
Home Telephone Number :	Silent Number: <input type="checkbox"/> YES <input type="checkbox"/> NO

PRIMARY FAMILY POSTAL ADDRESS (Tick if same as home address)

No & Street or PO Box:	
Suburb	
State	Postcode
Send Correspondence addressed to: <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults	

ADULT A CONTACT INFORMATION		ADULT B CONTACT INFORMATION			
MOBILE PHONE No:		MOBILE PHONE No:			
BUSINESS HOURS PHONE No:		BUSINESS HOURS PHONE No:			
Can we contact at work? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can we contact at work? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Email address:		Email address:			
Can we send the newsletter via email? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can we send the newsletter via email? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)		<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
PRIMARY FAMILY EMPLOYMENT INFORMATION					
ADULT A OCCUPATION:			ADULT B OCCUPATION:		
EMPLOYER:			EMPLOYER:		
♦What is the highest year of school completed?			♦What is the highest year of school completed?		
	Year 12 or equivalent			Year 12 or equivalent	
	Year 11 or equivalent			Year 11 or equivalent	
	Year 10 or equivalent			Year 10 or equivalent	
	Year 9 or equivalent or below			Year 9 or equivalent or below	
♦What is the highest qualification level completed?			♦What is the highest qualification level completed?		
	Bachelor Degree or above			Bachelor Degree or above	
	Advanced Diploma/Diploma			Advanced Diploma/Diploma	
	Certificate I to IV (Including trade certificate)			Certificate I to IV (Including trade certificate)	
	No non-school qualification			No non-school qualification	
	What is the occupation group of Adult A? (Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but worked in the last 12 months, please use their last occupation. If the person has not been in paid work in the past 12 months enter 'N'.)			What is the occupation group of Adult A? (Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but worked in the last 12 months, please use their last occupation. If the person has not been in paid work in the past 12 months enter 'N'.)	

Doctor's Name	Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:		
Suburb:		
State:	Postcode:	
Telephone Number	Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS – Other than parents:		
Name	Relationship to Student	Phone Number/s
1		
2		
3		
4		

♦ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

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 / administrator

fire services

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, car park attendant, crossing supervisor)

DEMOGRAPHIC DETAILS OF STUDENT

◆ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> 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)	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID :(Not required for exchange students)	
◆ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	
<i># State/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 living arrangements include living with relatives or friends, living with non-relative families (foster families) and residential care.</i>	

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other	
Map Number	X Reference	Y Reference	
Usual mode of transport to school: (tick)			
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Taxi
<input type="checkbox"/> Other			
Distance to School in kilometres:			

Student's Religion:

◆ 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 enrolment in an Australian School:		____ / ____ / ____ (Year if exact date unknown).	
Name of previous School or Pre School:			
Years of previous education:		What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Years of interruption to education:		Is the student repeating a year? (tick)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the student be attending this school full time? (tick)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If No , what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days/week)			
Other school Name:		Time fraction:	
		0. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other school Name:		Time fraction:	
		0. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Conditional Enrolment Details

Enrolment conditions
<ul style="list-style-type: none"> • •

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT RISK DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order
	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

OFFICE USE ONLY

Current custody document placed on student file:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- 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 staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Student Medical Details

Medical Condition Details:

Does the student suffer from any of the following impairments? (tick)	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision <input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section		<input type="checkbox"/> Yes <input type="checkbox"/> No

Asthma Medical Condition Details:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

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)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
Symptoms:		
If my child displays any of the symptoms above please: (tick)		
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Poison Rating

PERMISSIONS

HEAD LICE INSPECTION PERMISSION:

I hereby give permission for the child named on this enrolment form to participate in the school's head lice inspection program.

Signature of Parent/Guardian: _____ Date: ____/____/____

MEDIA CONSENT FORM

I DO / DO NOT give permission for photographs and other visual matter of my child to be used by the school for promotional and other educational purposes: eg. School newsletter, Media including, Newspaper, Television, the Ultranet and Internet.

Signature of Parent/Guardian: _____ Date: ____/____/____

LOCAL EXCURSION PERMISSION

I hereby give consent for my child to participate in any local excursions conducted by Ararat Primary School which require children to walk or be transported by bus outside the school grounds, travelling to locations within the town of Ararat. Should it be required, I authorise the teacher in charge, where it is impracticable to contact me, to obtain such medical or surgical treatment as may be deemed necessary for my child.

Signature of Parent/Guardian: _____ Date: ____/____/____

I certify that the information contained within this form is true and correct.

Signature of Parent/Guardian: _____ Date: ____/____/____

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level		Home Group		Timetabling Group		House		Campus
Immunisation Certificate received?: (tick)				<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the student have a Disability ID Number? (tick)				<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		