

NEW GISBORNE PRIMARY SCHOOL

| | | | | | | | | | |
|---|--------------------------------|--|--|--|--|--|--|--|--|
| STUDENT ENROLMENT INFORMATION – 2020 | Computer Generated Student ID: | | | | | | | | |
|---|--------------------------------|--|--|--|--|--|--|--|--|

STUDENT DETAILS

| | | | | | |
|---|-------------------------------|---------------------------------|--|-----------------------------|---|
| Surname: | | | | Title: (Miss / Mstr) | |
| First Given Name: | | | Second Given Name: | | |
| ❖ Sex (tick): | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Birth Date: | / | / |
| | | | Birth Certificate / other proof birth date must be provided | | |
| List any other family members attending this school: | | | | | |

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with"

ADULT A DETAILS (PRIMARY CONTACT):

| | | | |
|--|---|---|--|
| Sex (tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female | Title: (Ms, Mrs, Mr, Dr etc) | |
| Surname: | | | |
| First Name: | | | |
| Relationship to student: | <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent | <input type="checkbox"/> Other (specify): | |
| Adult A's occupation? | | | |
| Adult A's employer? | | | |
| In which country was Adult A born? | | | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): | | | |
| ❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) | | | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): | | | |
| ❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) | | | |
| <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below | | | |
| ❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one) | | | |
| <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification | | | |
| ❖ What is the occupation group of Adult A? | | | |
| Please select the appropriate parental occupation group from the attached list. | | | |

ADULT B DETAILS:

| | | | |
|--|---|---|--|
| Sex (tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female | Title: (Ms, Mrs, Mr, Dr etc) | |
| Surname: | | | |
| First Name: | | | |
| Relationship to student: | <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent | <input type="checkbox"/> Other (specify): | |
| Adult B's occupation? | | | |
| Adult B's employer? | | | |
| In which country was Adult B born? | | | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): | | | |
| ❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) | | | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): | | | |
| ❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) | | | |
| <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below | | | |
| ❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one) | | | |
| <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification | | | |
| ❖ What is the occupation group of Adult B? | | | |
| Please select the appropriate parental occupation group from the attached list. | | | |

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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

| | |
|--|--|
| Is Adult A usually at work DURING business hours? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Telephone No: | |
| Is Adult A usually at home AFTER business hours? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Telephone No: | |
| Email address: | |
| Mobile Number: | |

ADULT B CONTACT DETAILS

| | |
|--|--|
| Is Adult B usually at work DURING business hours? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Telephone No: | |
| Is Adult B usually at home AFTER business hours? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Telephone No: | |
| Email address: | |
| Mobile Number: | |

PRIMARY FAMILY HOME ADDRESS:

| | | | | | |
|---------------------------|--|-----------------------|--|-----------|--|
| No. & Street: Box No.: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Telephone Number | | Silent Number: (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mobile Number: | | Fax Number: | | | |

PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

| | | | | | |
|--------------------------|--|--------|--|-----------|--|
| No. & Street: or Box No. | | | | | |
| Suburb: | | State: | | Postcode: | |

PRIMARY FAMILY DOCTOR DETAILS:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Doctor's Name | | Individual or Group Practice: (tick) | <input type="checkbox"/> Individual <input type="checkbox"/> Group | | | | | | | | | | | | | | | | |
| No. & Street or 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 ADULT A OR ADULT B):

| | Name | Relationship (Neighbour, Relative, Friend or Other) | Daytime Telephone Contact | |
|---|------|--|---------------------------|----|
| 1 | | | B/H: | M: |
| 2 | | | B/H: | M: |
| 3 | | | B/H: | M: |
| 4 | | | B/H: | M: |

OTHER PRIMARY FAMILY DETAILS

| | |
|---|--|
| The student lives with the Primary Family: (tick one) | <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never |
| Send Correspondence addressed to: (tick one) | <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither |

DEMOGRAPHIC DETAILS OF STUDENT

| | | | |
|---|---|---|--|
| ❖ In which country was the student born? | | | |
| <input type="checkbox"/> Australia | | <input type="checkbox"/> Other (please specify): _____ Arrival or Return Date ____ / ____ / ____ | |
| 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: ____ / ____ / ____ | Visa Statistical Code: _____ (Required for some sub-classes) | |
| ❖ 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, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <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"/> At home with ONE Parent/ Guardian | |
| Usual mode of transport to school: (tick) | | | Distance to School (kms) _____ |
| <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Driven <input type="checkbox"/> Other (please specify) _____ | | | |

SCHOOL DETAILS

| | | | |
|--|--|--|--|
| Date of first enrolment in an Australian School: ____ / ____ / ____ | | Name of previous School: _____ | |
| Name of previous Kindergarten: _____ | | Name of Kindergarten Group: _____ | |
| Years of previous education: _____ | | Language of previous education? _____ | |
| Is the student a repeat student? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the student an Integration student? (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 |
| Does the student have a Victorian Student Number (VSN)? | | <input type="checkbox"/> Yes _____ <input type="checkbox"/> Yes, but the VSN is unknown. <input type="checkbox"/> No. The student has never been issued a VSN. | |

STUDENT ACCESS RESTRICTIONS

| | | | |
|---|--|---|---|
| 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, complete the following questions) <input type="checkbox"/> No |
| Access Type: (tick) | Provide copy: <input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other | | |
| Describe any Access Restriction: _____ | | | |

STUDENT SUPPORT DETAILS (INC. MEDICAL)

| Details | Further information | | | |
|--|---------------------|--|------------------|--|
| | | | | |
| | | | | |
| | | | | |
| CONDITIONS SUCH AS ASTHMA, ALLERGIES OR ANAPHYLAXIS REQUIRE AN EMERGENCY ACTION PLAN TO BE COMPLETED* | | | | |
| Has your child received, or undergoing any other assessments? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | |
| 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 |

CONSENT FORM

ACCIDENT

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.

LOCAL EXCURSION

From time to time the students, under supervision of their teacher, are taken out of the school grounds for a local excursion (within walking distance from the school). I consent to my child leaving the school grounds for these purposes.

CONSENT TO PUBLISH WORK & IMAGES

I give permission for my child's work or image to be published on the Internet or in the electronic or print media.

HEAD LICE CHECK

I give permission for my child to be inspected for head lice.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Print Name: _____

SIGNATORY

Thank you for taking the time to complete this Student Enrolment Form. We understand that the information you have provided is confidential and will be treated as such, but these details are required to enable staff to properly enrol your child at our school.

Consent of both parents is required, unless there is a court order giving sole parental responsibility to one parent.

We certify that the information contained within this form is correct.

Signature of Parent/Guardian A: _____

Date: ____ / ____ / ____

Signature of Parent/Guardian B: _____

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 | | | |
| Immunisation Certificate Status?: (tick) | | <input type="checkbox"/> Complete | <input type="checkbox"/> Incomplete | <input type="checkbox"/> Not sighted | | |
| Authority to Publish | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Head Lice Check Consent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Confirmation letter sent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date letter sent | | | |

