



**MENZIES CREEK PRIMARY SCHOOL**

**No. 2457**

**STUDENT ENROLMENT FORM**

<b>Student Details</b>		<b>STUDENT ID:</b>	
Surname		Birth Date	
First Given Name		Enrolment Date	
Second Given Name		Into which year is the student enrolling	
Preferred Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Family Details</b>			
Parents/Guardians are referred to as Adult A and Adult B – Alternative an Additional family forms are available from the school if this is required.			
PRIMARY FAMILY DETAILS ADULT A Mother/Female		PRIMARY FAMILY DETAILS ADULT B Father/Male	
What is the relationship of Adult A to the student?		What is the relationship of Adult B to the student?	
<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other		<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other	
Title and Surname		Title and Surname	
First Name		First Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation		Occupation	
Employer		Employer	
Country of Birth		Country of Birth	
Does Adult A speak a language other than English at Home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify)	Does Adult B speak a language other than English at Home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify)
Please indicate any additional languages		Please indicate any additional languages	
Is an Interpreter required?		Is an Interpreter required?	
Main Language Spoken at Home		Main Language Spoken at Home	
What is the highest year of primary or secondary school Adult A has completed? (tick one)	<input type="checkbox"/> Year12 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 highest year of primary or secondary school Adult B has completed? (tick one)	<input type="checkbox"/> Year12 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
<i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>			
What is the highest qualification level 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 highest qualification level 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 A?		What is the occupation group of Adult B?	
<i>(Please enter the letter of the appropriate group from the attached list. If the person has not been in paid work for the last 12 months, enter 'N'.)</i>			

PRIMARY FAMILY DETAILS ADULT A Mother/Female <i>Cont.</i>		PRIMARY FAMILY DETAILS ADULT B Father/Male <i>Cont.</i>	
Home Telephone Number		Home Telephone Number	
Street Number and Name		Street Number and Name	
Suburb and Postcode		Suburb and Postcode	
Email		Email	
Where is correspondence to be addressed?			
Mail to home address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify other e.g. Post Office Box
During business hours, how is Adult A to be contacted		During business hours, how is Adult B to be contacted	
Can we contact Adult A at work?		Can we contact Adult B at work?	
Work telephone number		Work telephone number	
Mobile telephone number		Mobile telephone number	
Suburb of Employer		Suburb of Employer	
When does the student live in this relationship?		When does the student live in this relationship?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never		<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	
Send correspondence addressed to (tick) <input type="checkbox"/> Both Adults <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B			
<b>Student Emergency Contact Details</b>			
Name of Doctor:		Name of Medical Centre (if applicable)	
Address:		Individual or Group Practice?	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Phone Number:		Students Medicare Number:	
Are you an Ambulance subscriber?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please provide details of Emergency Contacts other than Primary Family:</b>			
Name		Relationship to student	
Phone Number		Language spoken	
Name		Relationship to student	
Phone Number		Language spoken	
<b>Demographic Details</b>			
In which country was the student born?		Does the student speak English	
Date the Student arrived or returned to Australia?		Is the student of Aboriginal or Torres Strait Islander origin? ( <i>If yes, please specify</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the residential Status permanent?			
Basis of Australian Residency	<input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa	What is the student's living arrangements? ( <i>Tick one</i> )	<input type="checkbox"/> At home with TWO Parents/Guardians <input type="checkbox"/> At home with ONE Parent/Guardian <input type="checkbox"/> Arranged by State-Out of Home Care
What is the Visa Expiry Date?		What is the distance to school?	
What is the student's Visa Sub Class?		What is the student's usual mode of transport to school?	<input type="checkbox"/> Walk <input type="checkbox"/> Public Bus <input type="checkbox"/> Driven <input type="checkbox"/> Other <input type="checkbox"/> Bicycle   .....
What is the Visa Statistical code?		Students Religion	
Date the student arrived or returned to Australia		Will the student participate in Religious Instruction classes? ( <i>tick</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student speak a language other than English at home?		<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify)

On what date was the student first enrolled at an Australian School?		Does the student require an Integration Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Students previous School/Kindergarten		Years of previous education	
Language of students previous education		Student home group (office use only)	
Names of other family members at this school			
Will the student be attending this school full time? If no, what will be the time fraction?			
<b>Student Restrictions Details – Access Restrictions</b>			
Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Have you provided a copy of the family court documents to the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Access Alert for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , then complete the following questions otherwise skip to Medical details	
Access Type:	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, then describe the Activity Restriction:	
<b>Medical Details</b>			
Does the student have a disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from any on the following impairments? (tick)			
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the immunisation status of the student? (tick)			
<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not Immunised	Have you provided the student's Immunisation Certificate to the School? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Condition Details</b>			
Does the student have any other medical condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, go to Asthma Medical Section
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 for the above medical conditions? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication taken:			
Is the medication taken regularly by the student (preventative) or only in response to symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is to be taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Teacher <input type="checkbox"/> Other...
Is a reminder required for the student to take their medication?(tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication is stored: (tick)		<input type="checkbox"/> With student	<input type="checkbox"/> Elsewhere
		What is the Poison Rating of the medication?	

<b>Asthma Medical Condition</b>		
Does the student suffer from Asthma		<input type="checkbox"/> Yes <input type="checkbox"/> No – go to consent form
<b>Answer the following questions ONLY if the student suffers from any asthma medical conditions</b>		
Please indicate if the student suffers from any of the following symptoms: <i>(tick)</i>		If my child displays any of these symptoms please: <i>(tick)</i>
<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty Breathing	Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze	<input type="checkbox"/> Tight Chest	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
		Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No
Has an Asthma Management Plan been provided to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please specify:
Does the student take medication for the above medical conditions? <i>(tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of medication taken:		
Is the medication taken regularly by the student (preventative) or only in response to symptoms? <i>(tick)</i>		<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: <i>(tick)</i> <input type="checkbox"/> Student <input type="checkbox"/> Other		
Is a reminder required for the students to take their medication? <i>(tick)</i> <input type="checkbox"/> No		
Medication is stored <i>(tick)</i> <input type="checkbox"/> With student <input type="checkbox"/> Elsewhere		What is the poison rating of the medication?

<b>Consent Form</b>
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 is otherwise impracticable to contact me to: <i>(cross out any unacceptable statement)</i>
<ul style="list-style-type: none"> <li>• Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,</li> <li>• Administer such first aid as the Principal or staff member may judge to be reasonably necessary.</li> </ul>
Signature or Parent/Guardian _____ Date: _____

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 the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.
Signature of Parent/Guardian ..... Date.....

