



Office use only

CONFIDENTIAL STUDENT ENROLMENT FORM

Traralgon Primary School – Liddiard Road

SECTION 1: Student Personal Details

Surname		Date of Enrolment	
First Given Name		Into which year level is the student enrolling	
Second Given Name			Office Use
Preferred Name		Home Group	
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	House Group	
Date of Birth		Proof of birth date presented to school	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2: Family Details - Parents/Guardians are referred to as Adult A & Adult B
NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with".

PRIMARY FAMILY DETAILS ADULT A -Female		PRIMARY FAMILY DETAILS ADULT B - Male	
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 another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify	Does Adult B speak another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify
Is an interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is an interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Highest year of primary or secondary school completed. <i>(for persons who have never attended school, mark Year 9)</i>	<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	Highest year of primary or secondary school completed. <i>(for persons who have never attended school, mark Year 9)</i>	<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
Level of highest qualification completed	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma or Diploma <input type="checkbox"/> Certificate I to IV (including trade cert) <input type="checkbox"/> No non-school qualification	Level of highest qualification completed	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma or Diploma <input type="checkbox"/> Certificate I to IV (including trade cert) <input type="checkbox"/> No non-school qualification
Occupation Group Letter	Group <input type="checkbox"/> (see attached list)	Occupation Group Letter	Group <input type="checkbox"/> (see attached list)

Address Details for Adult A		Address Details for Adult B	
Address		Address	
Town	Post Code	Town	Post Code
Postal Address if different from above		Postal Address if different from above	
Phone	Mobile Phone No.	Phone	Mobile Phone No.
Contact Details for Adult A		Contact Details for Adult B	
During business hours, how is Adult A to be contacted		During business hours, how is Adult B to be contacted	
Can adult A be contacted at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can adult B be contacted at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work 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 <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other	What is the relationship of Adult B to the student?	<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Living with: <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never		Living with: <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	
To whom should correspondence be addressed? <input type="checkbox"/> Both Adults <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B			

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

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: Koorie <input type="checkbox"/> or Torres Strait Islander <input type="checkbox"/> (Please tick appropriate box.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Living arrangement of the student	<input type="checkbox"/> At home with BOTH parents <input type="checkbox"/> With ONE parent <input type="checkbox"/> AWAY from home <input type="checkbox"/> Independent	
What is the students <u>usual</u> mode of transportation to school?	<input type="checkbox"/> Bus <input type="checkbox"/> Driven by car <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk	
Distance from school (kilometres)		
Is the student to receive the approved Religious Education course?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 5: School Information	
On what date was the student first enrolled at an Australian school?	
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. 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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
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 <input type="checkbox"/> NO
Is the student a full time student?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 6: Restriction	
Does the student have an access restriction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Access Type	
Restriction	
Restriction Activity	

FAMILY DETAILS: List any other family members attending this school:	

SECTION 7: Medical Details	
<input type="checkbox"/> Asthma	If YES please complete an Asthma Management Plan
<input type="checkbox"/> Major Illness	If YES please complete a Medical Condition Management Plan
<input type="checkbox"/> Allergies	Details:
<input type="checkbox"/> Allergies to medication	Details:
<input type="checkbox"/> Disability	Details: 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:
Immunization: An immunization certificate must be presented	
Immunization Certificate Presented	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immunization Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 8: Privacy Notice
<i>I have read the privacy notice and understand it. I consent to have the information dealt with in the manner described.</i>
Signature of Parent/Guardian _____

SECTION 9: Consent Form
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;
<ul style="list-style-type: none"> • 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 _____