



**ROXBURGH HOMESTEAD PRIMARY SCHOOL  
CONFIDENTIAL STUDENT ENROLMENT FORM  
2018**

Information provided on this form is confidential.  
Please complete and return to the General Office.

The PRIMARY FAMILY is the nominated or responsible family or parent of the student. **If there is an ADDITIONAL FAMILY (that is, a second family associated with the student) please complete Appendix B.** Adults are referred to as Adult A(Female) and Adult B(Male).

For medical conditions and medications (that is Asthma, Epilepsy etc.) please completed Appendix A.

**Section 1 : Student Personal Details**

*Office use only*

**Cases ID Number**

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Surname:		Names of other siblings <b>at this</b>
First given Name:		school (eldest first) :
Second given Name:		<input style="width: 100%; height: 20px;" type="text"/>
Preferred Name:		<input style="width: 100%; height: 20px;" type="text"/>
*Female/Male:		<input style="width: 100%; height: 20px;" type="text"/>
Date of Birth:		<input style="width: 100%; height: 20px;" type="text"/>
Home Telephone Number:		Please supply postal address (if
Street number & Name:		different from home address) :
Suburb & Postcode:		<input style="width: 100%; height: 20px;" type="text"/>
Year Level:		<input style="width: 100%; height: 20px;" type="text"/>

**Section 2 : Family Details. (Details of adults that the student lives with.)**

**Family Details – Adult A (Female)**

**Adult B (Male)**

Title & Surname:		
First Name:		
Current Occupation		
	Family Occupation Code <i>(Office use only)</i>	Family Occupation Code <i>(Office Use only)</i>
Current Employer		
Business Phone Number:		
Can you be contacted at work:		
Mobile Phone Number:		
Country of Birth		
*Main Language spoken at home		
*Other Language spoken at home		
Is an Interpreter required?		
Relationship to student?		
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>	

**PREP ENROLMENTS - PLEASE BRING WITH YOU YOUR CHILD'S BIRTH AND IMMUNISATION CERTIFICATES WHEN RETURNING THIS FORM**

**Q1 :** \*What is the highest year of primary or secondary school the parent/guardian has completed?

Year 12 or equivalent      Year 11 or equivalent      Year 10 or Equivalent      Year 9 or equivalent or below

*Tick one box only. (Note : for persons who have never attended school, mark year 9 or equivalent or below.)*

Mother/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q2 :** \*What is the level of the highest qualification the parent/guardian has completed?

Bachelor degree or above      Advanced diploma/ Diploma      Certificate I to IV (including Trade Certificate)      No non-school qualification

*Tick one box only.*

Mother/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3 :** *Student Medical Contact Details*

Name of Doctor	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>
Are you an Ambulance subscriber?	<input type="checkbox"/>
What is the student's Medicare Number?	<input type="text"/>

**Q4:** *Please provide details of Emergency Contacts other than Adult A or Adult B of Primary family:*

Up to three names may be given.

1 <sup>st</sup> Emergency Contact Name	<input type="text"/>
Relationship to student	<input type="text"/>
Phone Number	<input type="text"/>
2 <sup>nd</sup> Emergency Contact Name	<input type="text"/>
Relationship to student	<input type="text"/>
Phone Number	<input type="text"/>
3 <sup>rd</sup> Emergency Contact Name	<input type="text"/>
Relationship to student	<input type="text"/>
Phone Number	<input type="text"/>

**Q5:** *To whom should correspondence be addressed?*

Both Adults       Adult A       Adult B

**Section 3 : Demographic details**

* In what Country was the student born?	
Does the student speak English?	
*Does the student speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify _____
Date student arrived in Australia(if applicable)?	
Is the Residential Status(P)ermanent or (T)emporary?	
<b>If Temporary :</b> What is the student's Visa Sub Class?	
What is the Visa Expiry Date?	

**Q6: \*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

***If the student has an Additional or Alternate Family, please request Appendix B.***

**Q7: Does the student live with?**

BOTH parents/guardians at home		With ONE parent/guardian	
State Arranged Out of Home Care			

**Q8: What is the students usual mode of transport to school?**

Walk		Bicycle	
Driven		Other	

**Q9: Religion**

Is the student to receive Religious Education?	
What is the student's religious denomination?	

**Q10: Student School/Kindergarten Details**

On what date was the student first enrolled at an Australian School?	
What was the name of the student's previous school?	
<b>PREPS ONLY</b> What was the name of the student's kindergarten, if any?	
For how many years has the student attended school?	
Is the student an Integration Student?	

**Q11: Does the student have a Victorian Student Number (VSN)?**

Yes
  Yes, but the VSN is unknown
  No. The student has never been issued a VSN.

Please specify:

\_\_\_\_\_

**Q11: Student Restrictions - Custody/Guardianship**

Are there any access/custody restrictions that apply to this student?

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*If Yes, please supply a copy of the documents to the school.*

**Section 4 : Medical Details.**

**Q12: Does the student have any serious medical condition/s?**

If No, please continue.

**If Yes, please complete Appendix A. Please collect from the Office.**

Please provide a brief description of Medical Condition


**Q13: Does the student have a disability?**

Yes/No	
Disability ID Number	

*If No, go to Question 16*

*If Yes, please continue*

**Q14: What type of impairment does the student have?**

Hearing		Speech	
Vision		Mobility	

**Immunisation Details.**

**Q15: What is the Immunisation status of the student?**

**You must provide a School Entry Immunisation Certificate available from the Local Council.**

Complete		Partial	
		Not Immunised	

**Section 5 Office Use Only:**

Has proof of date of birth been sighted?	
Has an immunisation certificate been sighted?	
Student's Home group	
Has the family occupation codes been completed? <i>If person is not currently in <b>paid</b> work but has had a job in the last 12 months, please use the person's last occupation. If person has not worked for 12 months, enter N.</i>	
Date of Enrolment	

## Section 6 : *Consent Form*

### Medical

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 staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Dated \_\_\_ / \_\_\_ / \_\_\_  
(Primary Family)

Signature of Parent/Guardian: \_\_\_\_\_ Dated \_\_\_ / \_\_\_ / \_\_\_  
(Primary Family)

### Head Lice

I hereby give consent for my child to participate in the school's head lice inspection program for the duration of their enrolment.

Signature of Parent/Guardian: \_\_\_\_\_ Dated \_\_\_ / \_\_\_ / \_\_\_

### Photographic Images

To comply with the Information Privacy Act, the Department of Education and Training requires us to seek permission for the use of children's images throughout their schooling. Your child's photograph may be used in one or all of the following publications. This information will not be used for any other purpose than is stated.

I consent to images of my child appearing in the following publications :

- The Official School Web Site
- Public display
- Promotional material
- The School's Annual Report
- Any printed or video publication produced by the school
- Stories in the media produced by the school to promote Victorian State Primary Education

I will make no claims or demands as a result of, or in connection with the use of the photographs, or video on the understanding that the school will not use my child's image in a way that is deliberately offensive, defaming or incriminating.

Signature of Parent/Guardian: \_\_\_\_\_ Dated \_\_\_ / \_\_\_ / \_\_\_

Thank you for taking the time to complete this Student Information Form. The details are confidential, but are required to enable staff to properly enroll your child at our school.

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

**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

*Medical Conditions (Complete bottom section only for Asthma details)*

**Q1: Please provide details of Medical Condition**


**Q2: What are the symptoms of this condition?**


**Q3: When symptoms are displayed who should be notified?**

Doctor		Emergency Contact	
Ambulance		Other	

**Q4: Should medication be administered?**

Yes/No	
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<i>What medication is to be administered?</i>	
<i>When and how is the medication to be administered?</i>	
<i>Who is to administer the medication?</i>	
<i>Where is the medication to be stored?</i>	
<i>Is it necessary to remind the student to take the medication?</i>	
<i>What is the poison rating of the medication?</i>	

**Q5: Should any other medical action be taken? Please provide details.**


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**Asthma (see above for other medical conditions)**

*What are your child's normal symptoms when they have asthma?*

Cough		Difficulty breathing	
Symptoms after exertion		Tight Chest	
Wheezing			

**Q4: Should medication be administered?**

Yes/No	
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<i>What medication is to be administered?</i>	
<i>Who is to administer the medication?</i>	
<i>When and how is the medication to be administered?</i>	
<i>Where is the medication to be stored?</i>	
<i>Is it necessary to remind the student to take the medication?</i>	
<i>What is the poison rating of the medication?</i>	

***ADDITIONAL Family Details :***

If there is an ADDITIONAL FAMILY (that is, a second family associated with the student) please complete Appendix B. Adults are referred to as Adult A(Female) and Adult B(Male).

***Adult A (Female)***

***Adult B (Male)***

Title & Surname:		
First Name:		
Occupation:		
Current Employer:		
Business Phone Number:		
Can you be contacted at work:		
Mobile Phone Number:		
Street number and name:		
Suburb & Postcode:		
Country of Birth:		
*Main Language spoken at home:		
*Other Language spoken at home:		
Is an Interpreter required?		

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

***Q 1: What is the relationship to the student?***

	<b><i>Adult A</i></b>	<b><i>Adult B</i></b>
Parent		
Adoptive Parent		
Step Parent		
Foster Parent		
Friend		
Relative		
Other		

***Q 2 : When does the student live with the Additional Family?***

Always		Mostly	
Balance		Occasionally	
		Never	

Thank you for taking the time to complete this Student Information Form. The details are confidential, but are required to enable staff to properly enroll your child at our school.

Signature(s) of Parent/Guardian: \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_  
(Alternate or Additional Family)