



ROXBURGH HOMESTEAD PRIMARY SCHOOL CONFIDENTIAL STUDENT ENROLMENT FORM 2019

**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 at this
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"/>	

NEW 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	□	□	□	□
Father/Guardian	□	□	□	□

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	□	□	□	□
Father/Guardian	□	□	□	□

Q3 : *Student Medical Contact Details*

Name of Doctor	
Address	
Phone Number	
Are you an Ambulance subscriber?	□
What is the student's Medicare Number?	

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 st Emergency Contact Name	
Relationship to student	
Phone Number	
2 nd Emergency Contact Name	
Relationship to student	
Phone Number	
3 rd Emergency Contact Name	
Relationship to student	
Phone Number	

Q5: *To whom should correspondence be addressed?*

Both Adults Adult A Adult B

Q6: *Preferred Language of Notices Sent Home* _____

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?	
If Temporary : 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?	
PREPS ONLY 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 paid work but has had a job in the last 12 months, please use the person's last occupation.</i> <i>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.

PERSON ENROLLING THIS CHILD

Print Name: _____

Dated: ___ / ___ / ___

Relationship to child: _____

Signature: _____

* 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 Camps, Sports and Excursion Funding. Information on eligibility and application forms are available from the school office.

APPENDIX A **Students Name :**

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.

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>	

APPENDIX B	Students Name :
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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).

	<i>Adult A (Female)</i>	<i>Adult B (Male)</i>
Title & Surname:	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Current Employer:	<input type="text"/>	<input type="text"/>
Business Phone Number:	<input type="text"/>	<input type="text"/>
Can you be contacted at work:	<input type="text"/>	<input type="text"/>
Mobile Phone Number:	<input type="text"/>	<input type="text"/>
Street number and name:	<input type="text"/>	<input type="text"/>
Suburb & Postcode:	<input type="text"/>	<input type="text"/>
Country of Birth:	<input type="text"/>	<input type="text"/>
*Main Language spoken at home:	<input type="text"/>	<input type="text"/>
*Other Language spoken at home:	<input type="text"/>	<input type="text"/>
Is an Interpreter required?	<input type="text"/>	<input type="text"/>

***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?

	<i>Adult A</i>	<i>Adult B</i>
Parent	<input type="text"/>	<input type="text"/>
Adoptive Parent	<input type="text"/>	<input type="text"/>
Step Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Friend	<input type="text"/>	<input type="text"/>
Relative	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

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.
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Signature(s) of Parent/Guardian: _____ Dated ___/___/___
(Alternate or Additional Family)