



**CONFIDENTIAL**

**STUDENT ENROLMENT FORM**

Office Use only	
Year	Room
Date of Commencement	
Out of School Zone: Yes / No	
Approved: Yes / No Sign _____	

**STUDENT NAME:** \_\_\_\_\_

**This enrolment form should be completed and returned to school as soon as possible.**

**When you enrol your child at this school, please check that you have attached the following:**

- Birth certificate
- Proof of address
- Immunisation History Statement
- Identity documents (if applicable)
- Court order (if applicable)

*If your child was not born in Australia, you must provide:*

- Evidence of the date of entry into Australia;
- Current visa and previous visas (if applicable).
- Passport or travel documents; and

*In addition, if your child is a temporary visa holder you must provide:*

Confirmation of enrolment or evidence of permission to transfer provided by Education and Training International (if holding an International full fee student visa, sub class 571); or  
Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or  
Evidence of the visa for which the student has applied (if the student holds a bridging visa).

**LEGAL NAMES must be used in every instance.** Use of preferred name rather than legal name must be discussed with enrolling officer.

**TO BE COMPLETED BY PARENT / GUARDIAN**

**Student Details**

Surname .....  
**Legal Surname** .....  
**1<sup>st</sup> Name** .....  
 2<sup>nd</sup> Name .....  
 3<sup>rd</sup> Name .....  
 Preferred Name .....

**Date of Birth** ...../...../.....      Male       Female

Home Address .....  
 ..... Postcode .....

Home ☎ .....  
 .....

**Siblings** 1<sup>st</sup> & Last Name of any .....  
 Brother/s or sister/s enrolled at this school  
 (including step-siblings) .....

**Parent/Guardian/Carer Details**

Child lives with:    Both Parents     Parent/Guardian/Carer 1     Parent/Guardian/Carer 2     Other  .....

**Person responsible for payment of Contribution & Charges Billing**

Parent/Guardian/Carer1     Parent/Guardian/Carer2     Other – please specify .....

**Contact 1.**  
**Parent / Guardian /**  
**Carer Details**

This person will be the family mail marker and will be the 1<sup>st</sup> contact in an emergency.  
 This is generally the person with whom the student will be living.

**Relationship to Student** eg. *Mother, Father, Step-parent, Aunt, Uncle, Grandparent etc*.....

Title: Mr  Mrs  Miss  Ms  Other

Surname .....

1<sup>st</sup> Name .....

Mailing Address .....

(if different from above) .....

Occupation ..... Place of Work .....

Work ☎ ..... Mobile ☎ .....

Email .....

Do you mainly speak English at home? Yes  No

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.  No English only  Yes, other .....

What is the highest year of primary or secondary school you have completed? What is the level of the highest qualification you have completed?

Year 12 or equivalent <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Year 11 or equivalent <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>
Year 10 or equivalent <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>
Year 9 or equivalent or below <input type="checkbox"/>	No non school qualification <input type="checkbox"/>

**What is your occupation group?** ..... (Write 1, 2, 3, 4 or 8). Please select appropriate parental occupation group from the list provided **below**. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter 8.

**Contact 2.**  
**Carer Details**

**Relationship to student** eg. *Mother, Father, Step-parent, Aunt, Uncle, Grandparent etc*.....

Title: Mr  Mrs  Miss  Ms  Other

Surname .....

1<sup>st</sup> Name .....

Mailing Address .....

(if different from above) .....

Occupation ..... Place of Work .....

Work ☎ ..... Mobile ☎ .....

Email .....

Do you mainly speak English at home? Yes  No

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.  No English only  Yes, other .....

What is the highest year of primary or secondary school you have completed? What is the level of the highest qualification you have completed?

Year 12 or equivalent <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>
Year 11 or equivalent <input type="checkbox"/>	Advanced diploma/Diploma <input type="checkbox"/>
Year 10 or equivalent <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>
Year 9 or equivalent or below <input type="checkbox"/>	No non school qualification <input type="checkbox"/>

What is your occupation group? ..... (Write 1, 2, 3, 4 or 8). Please select appropriate parental occupation group from the list provided **below**. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

**Parental Occupation Groups**

<u>GROUP 1</u>	<u>GROUP 2</u>	<u>GROUP 3</u>	<u>GROUP 4</u>
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers

**Contact 3.**  
**Other Contact**

**Relationship to Student** eg. *Aunt, Uncle, Grandparent, Neighbour, a separated parent, etc*.....

Details Title: Mr  Mrs  Miss  Ms  Other

Surname ..... 1<sup>st</sup> Name .....

Address .....

Home ☎ ..... Mobile ☎ ..... Work ☎ .....

Religion..... Indigenous Status Not Aboriginal  Aboriginal  Torres Strait Islander   
(If both Aboriginal & Torres Strait Islander please tick both boxes)

Does the student mainly speak English at home? Yes  No  .....  
(If no, please state language)

Out of school zoned area Yes  No

Access Restriction Is this student subject to any court order in respect of their care, welfare and development? Yes  No

If Yes, please specify and attach supporting documentation .....

Is this student in the care of the Department for Communities? Yes  No

If Yes, please specify the name of the DC Case Manager, their District and their contact phone .....

Birth Certificate provided Yes  Date: .....

In which country was the student born? Australia  Other  (please specify) .....

Citizenship Australian  Other  (please specify).....

Permanent Resident: YES  NO  Temporary Resident YES  NO

Visa Sub Class Number ..... Visa Sub Class Number .....  
Visa Expiry Date ..... Visa Expiry Date .....  
Date Entered Australia ..... Date Entered Australia .....

Passport provided Yes  Date: .....

**\*\*Please present your passport for copying, by school staff.**

School attended before enrolling at Parkfield Primary School .....

Date Left: ..... Reason for Leaving .....

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### Department of Education's Privacy and Security Policy

The Department of Education's Information Privacy and Security Policy requires schools to gain parental/guardian permission before using visual images of students such as photographs/videos outside the school environment.

I give permission for Parkfield Primary School to use images of my child in published articles such as the school newsletter, on the Parkfield App, See Saw App, in local newspapers, in Department of Education newspapers, Shopping Centre displays, power point displays on the school office window and in reports about Parkfield Primary School in the TV Media.

Yes  No

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### INTERNET USERS AGREEMENT (Years 1 – 6)

Parents please take the time to explain these conditions to your children.

- 1) I understand that Internet usage has been provided by the school to provide access to curriculum related material and I will not use school equipment or the school account to access material that is not for that purpose.
- 2) I will **not** use the Internet to access inappropriate material from any source.
- 3) I am aware that copying material from the Internet can infringe copyright laws. I will **not** copy or distribute material unless I have the author's permission.
- 4) I understand that I must sign this agreement before I access any part of the Internet.
- 5) I will **not** use Social Media and E-mail facilities on the Internet.
- 6) I will **not** download any file from the Internet.
- 7) I am aware of the statement regarding improper use of telecommunications services. I will abide by the statement.

I have read and discussed the Internet User's Agreement with my child/children and we accept the conditions laid down by the school.

Student Signature ..... Date .....

I give permission for my child to use the Internet and will assist the school to maintain this Agreement.

Parent/Guardian Name ..... Parent Signature ..... Date .....

**Medical Details**

Does the student have a disability? Yes  No  If yes, please specify details .....

\*Please indicate if you have documentation about your child's disability in any of the following areas. (Copies of documentation will be required for school records).

- Autism Spectrum Disorder
- Severe Mental Disorder
- Deaf or Hard of Hearing
- Global Development Delay (prior to age 6)
- Specifics Speech Language Impairment
- Vision Impairment
- Intellectual Disability
- Physical Disability

Name of Medical Practice.....

Medical Practice Address.....

Name of Usual Doctor .....

Telephone No .....

Permission to call Doctor YES  NO  Permission to administer First Aid YES  NO

Permission to call Dentist YES  NO  Immunisation Certificate provided YES  NO

Do you have Ambulance Cover: YES  NO  If Yes, with which Ambulance cover provider? .....

(If there is an emergency, parents/guardians are expected to meet the cost of the ambulance)

Medicare No. \_\_\_\_\_ Expiry Date \_\_\_/\_\_\_/\_\_\_

Do you have a Health Care Card? Yes  No  If Yes, please provide Card No. \_\_\_\_\_ Expiry Date \_\_\_/\_\_\_/\_\_\_

**IN THE FOLLOWING TABLE, PLEASE LIST ANY HEALTH CARE CONDITIONS/NEEDS FOR WHICH YOUR CHILD REQUIRES SUPPORT AT SCHOOL THEN REQUEST ONE OR MORE OF THE FOLLOWING PLANS REQUIRED TO SUPPORT YOUR CHILD AT SCHOOL:**

- **A STANDARDISED PLAN FOR COMMON CONDITIONS** (E.G. ANAPHYLAXIS, ALLERGIES, SEIZURES, DIABETES, ASTHMA, ACTIVITIES OF DAILY LIVING SUCH AS PEG FEEDING);
- **A GENERIC PLAN FOR OTHER LESS COMMON HEALTH CONDITIONS;**
- **AN ADMINISTRATION OF MEDICATION PLAN:** SHOULD BE COMPLETED IF THE MEDICATION YOU REQUIRE TO BE ADMINISTERED AT SCHOOL HAS NOT BEEN INCLUDED IN A STANDARDISED OR GENERIC PLAN E.G. SHORT TERM USE OF ANTIBIOTICS; AND/OR
- **A PLAN PROVIDED BY MEDICAL PRACTITIONER.**

PLEASE TICK HEALTH CARE CONDITION/S AND OR NEED/S REQUIRING SUPPORT AT SCHOOL	MEDIC ALERT	STANDARDISED PLAN COMPLETED AND ATTACHED	SPECIFIC TRAINING REQUIRED TO SUPPORT THE STUDENT
SEVERE ALLERGY ANAPHYLAXIS (FORM 4)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MINOR & MODERATE ALLERGIES (FORM 5)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
DIABETES (FORM 6)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
SEIZURES (FORM 7)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ASTHMA (FORM 8)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ACTIVITIES OF DAILY LIVING (FORM 9)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
EMERGENCY RESPONSE PLAN FOR STUDENTS WITH SPECIAL NEEDS (FORM 10)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER CONDITION(S) OR NEED(S) (PLEASE LIST AND COMPLETE GENERIC PLAN - FORM 2)		A GENERIC PLAN COMPLETED AND ATTACHED (FORM 2)	SPECIFIC TRAINING REQUIRED TO SUPPORT THE STUDENT
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
PLAN PROVIDED BY MEDICAL PRACTITIONER	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
SHORT TERM MEDICATION REQUIRED (FORM 3)	<input type="checkbox"/>	ADMINISTRATION OF MEDICATION (FORM 3) COMPLETED YES <input type="checkbox"/> NO <input type="checkbox"/>	

**NO INSURANCE COVER:**

Parents are advised that unless specifically advised otherwise, neither the school nor the Education Department provides insurance cover against injury or loss sustained by any student while at school or on a school organised activity.

If parents wish to have such coverage they need to do so through a private insurance agency.

**STUDENT DRESS**

All students are expected to wear school uniform. The School's Dress Code has been endorsed by the School Board.

Name of person enrolling student.....

Signature ..... Date ...../...../.....