



|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office use only |  |  |  |  |  |  |  |  |  |
| VSN             |  |  |  |  |  |  |  |  |  |

## FISH CREEK & DISTRICT PRIMARY SCHOOL

### CONFIDENTIAL STUDENT ENROLMENT FORM 2022

| SECTION 1: Student Personal Details |   |  |                   |
|-------------------------------------|---|--|-------------------|
| Surname                             |   | Date of Enrolment                                    |                   |
| First Given Name                    |   | Into which year level is the student enrolling       |                   |
| Second Given Name                   |   | <b>Office Use</b>                                    | <b>Office Use</b> |
| Preferred Name                      |   | Home Group   |                   |
| Gender                              | <input type="checkbox"/> Male <input type="checkbox"/> Female | House Group  |                   |
| Date of Birth                       |   | Proof of birth date sighted                          | Yes No            |
| <b>Residential Address</b>          |   | <b>Postal Address (if different to home address)</b> |                   |
| Number & Street                     |   |  |                   |
| Town                                | Postcode  | Town   | Postcode          |
| Phone                               |   |  |                   |

| SECTION 2: Family Details Parents/Guardians are referred to as Adult A and Adult B   |  |  |  |
|--|--|--|--|
| PRIMARY FAMILY DETAILS ADULT A   |  | PRIMARY FAMILY DETAILS ADULT B   |  |
| 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              |
| Employer   |  | Employer   |  |
| Country of Birth   | <input type="checkbox"/> Australia<br><input type="checkbox"/> Other ..... | Country of Birth   | <input type="checkbox"/> Australia<br><input type="checkbox"/> Other ..... |
| Language spoken at home  | <input type="checkbox"/> English<br><input type="checkbox"/> Other         | Language spoken at home  | <input type="checkbox"/> English<br><input type="checkbox"/> Other         |
| Other language   |  | Other language   |  |
| Is an interpreter required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Is an interpreter required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| <b>What is the highest year of primary or secondary school Adult A has completed? (tick one)</b><br><input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent                                  |  | <b>What is the highest year of primary or secondary school Adult B has completed? (tick one)</b><br><input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent                                  |  |
| <b>What is the highest qualification level Adult A has completed? (tick one)</b><br><input type="checkbox"/> Bachelor Degree or above<br><input type="checkbox"/> Advanced Diploma / Diploma<br><input type="checkbox"/> Certificate 1 to IV (including trade certificate)<br><input type="checkbox"/> No non-school qualification |  | <b>What is the highest qualification level Adult B has completed? (tick one)</b><br><input type="checkbox"/> Bachelor Degree or above<br><input type="checkbox"/> Advanced Diploma / Diploma<br><input type="checkbox"/> Certificate 1 to IV (including trade certificate)<br><input type="checkbox"/> No non-school qualification |  |
| <b>Occupation. If you have not been in paid work for the last 12 months, please enter N. If you have been employed, please enter your occupation.</b>  |  |  |  |
| <b>ADULT A – Occupation</b> _____  |  | <b>ADULT B – Occupation</b> _____  |  |

| Contact details for Adult A                                       |   | Contact details for Adult B                                       |   |
|---|---|---|---|
| <b>During business hours, how is Adult A to be contacted</b>      |   | <b>During business hours, how is Adult B to be contacted</b>      |   |
| Can the adult be contacted at work?                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | Can the adult be contacted at work?                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |
| Can the adult be contacted at home?                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | Can the adult be contacted at home?                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |
| Work contact number and days of work                              |   | Work contact number and days of work                              |   |
| Mobile phone number   |   | Mobile phone number   |   |
| Email:  |   | Email:  |   |
| What is the relationship of Adult A to the student? Please circle | <input type="checkbox"/> Parent<br><input type="checkbox"/> Step parent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Other | What is the relationship of Adult B to the student? Please circle | <input type="checkbox"/> Parent<br><input type="checkbox"/> Step parent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Other |

### SECTION 3: Student Emergency Contact Details

|  |   |   |
|--|---|---|
| Name of Doctor / Medical Clinic  |   |   |
| Address  |   |   |
| Phone Number   |   |   |
| Medicare Number  |   |   |
| Are you an Ambulance Subscriber?   | <input type="checkbox"/> YES<br><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. |
| <b>Please provide details of two Emergency Contacts <u>other</u> than Parents / Guardians:</b> |   |   |
| Name (Contact 1)   |   |   |
| Relationship to student  |   |   |
| Phone Number   |   |   |
| Name (Contact 2)   |   |   |
| Relationship to student  |   |   |
| Phone Number   |   |   |

### SECTION 4: Demographic details

|   |  |  |
|---|--|--|
| 4.1 In what country was the student born?                                     | <input type="checkbox"/> Australia<br><input type="checkbox"/> Other .....   | 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 of Aboriginal or Torres Strait Islander origin? (Tick One) | <input type="checkbox"/> No<br><input type="checkbox"/> Aboriginal   | <input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Aboriginal and TSI |
| 4.7 Living arrangements of the student  | <input type="checkbox"/> With 2 Parents/Guardians<br><input type="checkbox"/> With 1 Parent/Guardian<br><input type="checkbox"/> State Arranged Out of Home Care |  |
| 4.8 What is the student's <u>usual</u> mode of transportation to school?      | <input type="checkbox"/> Bus *Form required <input type="checkbox"/> Walk<br><input type="checkbox"/> Bicycle  |  |
| 4.9 Distance from School (kilometres)   |  |  |

**SECTION 5: School Information**

|  |   |  |
|--|---|--|
| On what date was the student first enrolled at an Australian School? |   |  |
| What was the student's previous school?                              |   |  |
| For how many years has the student attended school?                  |   |  |
| Does the Student have a Victorian Student Number (VSN)?              | <input type="checkbox"/> Yes Please specify _____<br><input type="checkbox"/> Yes, but VSN is unknown<br><input type="checkbox"/> No, the student has never been issued a VSN |  |
| Is this student a Full Time student                                  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO How many days per week?   |  |

**SECTION 6: Restriction**

|  |   |
|--|---|
| Is there any Activity Alert for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, then describe the Activity Restriction:             |   |
| Does this student have an access restriction   | <input type="checkbox"/> NO – Move to section 7<br><input type="checkbox"/> YES – Please complete the following questions |
| 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:   |   |

**SECTION 7: Medical Details – tick to identify medical conditions for student**

|  |   |
|--|---|
| <input type="checkbox"/> Asthma                  | If YES please complete an Asthma Management Plan            |
| <input type="checkbox"/> Major Illness           | If YES please complete an Medical Condition Management Plan |
| <input type="checkbox"/> Allergies               | If YES please complete an Medical Condition Management Plan |
| <input type="checkbox"/> Allergies to medication | If YES please complete an Medical Condition Management Plan |
| <input type="checkbox"/> Anaphylaxis             | If YES please complete an Anaphylaxis Management Plan       |
| <input type="checkbox"/> Disability              | Details:  |
| <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:  |
| <input type="checkbox"/> N/A                     | No Medical conditions                                       |

**Immunisation: An immunisation certificate must be presented**

|                                    |                                   |                                  |  |
|------------------------------------|-----------------------------------|----------------------------------|--|
| Immunisation Certificate Presented | <input type="checkbox"/> YES      | <input type="checkbox"/> NO      |  |
| Immunisation Status                | <input type="checkbox"/> Complete | <input type="checkbox"/> Partial | <input type="checkbox"/> Not immunised |

## SECTION 8: Consent Form

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.
- Consent to my child receiving medical assessment or inspection by an authorized medical practitioner or registered nurse in relation to infectious diseases as detailed in Schedule 6 (Health Diseases) 2001
- Request an ambulance, the cost of which will be the responsibility of the parent/guardian

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)

I certify that the information contained in this form is correct. I have also read the privacy note enclosed with the enrolment pack and I understand it. I consent to having the information dealt with in the manner described.

Signature of Parent/Guardian -----Date -----

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

\*\*Please include copies of Birth Certificate and Immunisation Certificate with your application for enrolment.