



Office use only									
VSN									

FISH CREEK & DISTRICT PRIMARY SCHOOL

CONFIDENTIAL STUDENT ENROLMENT FORM 2020

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	Office Use
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
Residential Address		Postal Address (if different to home address)	
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 <input type="checkbox"/> Other	Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other
Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other	Language spoken at home	<input type="checkbox"/> English <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
What is the highest year of primary or secondary school Adult A has completed? (tick one) <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		What is the highest year of primary or secondary school Adult B has completed? (tick one) <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	
What is the highest qualification level Adult A has completed? (tick one) <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		What is the highest qualification level Adult B has completed? (tick one) <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
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.			
ADULT A – Occupation _____		ADULT B – Occupation _____	

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 the adult be contacted at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can the adult be contacted at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can the adult be contacted at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can the adult be contacted at home?	<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	
Email:		Email:	
What is the relationship of Adult A to the student? Please circle	<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? Please circle	<input type="checkbox"/> Parent <input type="checkbox"/> Step parent <input type="checkbox"/> Foster Parent <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 <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 Contacts <u>other</u> than Parents / Guardians:		
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 <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 <input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and TSI
4.7 Living arrangements of the student	<input type="checkbox"/> With 2 Parents/Guardians <input type="checkbox"/> With 1 Parent/Guardian <input type="checkbox"/> State Arranged Out of Home Care	
4.8 What is the students <u>usual</u> mode of transportation to school?	<input type="checkbox"/> Bus *Form required <input type="checkbox"/> Walk <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 _____ <input type="checkbox"/> Yes, but VSN is unknown <input type="checkbox"/> No, the student has never been issued a VSN	
Is this student a Full Time student	<input type="checkbox"/> YES <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 If yes, then describe the Activity Restriction:	
Does this student have an access restriction	<input type="checkbox"/> NO – Move to section 7 <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
Immunisation Status

- YES NO
 Complete Partial 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.