

HAWTHORN WEST PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:	
Exit Date (office use only)	Computer Generated Family ID:	

STUDENT ENROLMENT FOR:

Year e.g. 2021:	Grade e.g. Grade 2:
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PERSONAL DETAILS OF STUDENT

Surname:	
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖ Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: (dd-mm-yyyy) ____ / ____ / ____

PRIMARY FAMILY HOME ADDRESS (CHILD'S MAIN ADDRESS):

No. & Street:	
Suburb:	
State:	Postcode:
Home telephone number:	Silent Number: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	

FAMILY DETAILS

List any other family members who are currently attending or have previously attended this school:

OFFICE USE ONLY

Enrolment Date		Grade	
Child's name & proof of DOB sighted & copy taken	<input type="checkbox"/> Yes	Date:	
Immunisation Certificate completed	<input type="checkbox"/> Yes	Date:	
Proof of residence sighted & copy taken	<input type="checkbox"/> Yes	<input type="checkbox"/> Sibling	Date:
Medical Authorisation signed	<input type="checkbox"/> Yes	Date:	
Is there a Medical Alert for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alternate Family Details Form completed	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Current custody documents sighted & copy taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Any relevant further information			

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with"

Additional and Alternative family forms are available from the school if this is required.

ADULT A DETAILS (PRIMARY CARER):

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult A:		
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? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	<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 or below	
❖ What is the level of the highest qualification the Adult A has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. ❖ 	

ADULT B DETAILS (PRIMARY CARER'S PARTNER)

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	<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 or below	
❖ What is the level of the highest qualification the Adult B has completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. ❖ 	

Main language spoken at home:				
Are you interested in being involved in school group participation activities? (e.g. School Council, excursions)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Is Adult A able to be contacted at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business hours contact number:		
Is Adult A usually at home during business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

After Hours:

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:		
Other after hours contact information:		

Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (If phone is selected, email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone

ADULT B CONTACT DETAILS:

Business Hours:

Is Adult B able to be contacted at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business hours contact number:		
Is Adult B usually at home during business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

After Hours:

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:		
Other after hours contact information:		

Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (If phone is selected, email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone

PRIMARY FAMILY MAILING ADDRESS

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

PRIMARY FAMILY BILLING ADDRESS

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing email:	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Other (please specify)

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 CSEF (Camps, Sports & Excursions Fund). Information on eligibility and application forms are available from the school office.

PRIMARY FAMILY DOCTOR DETAILS

Doctor's Name	
Individual or Group Practice:	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Address:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Current Ambulance Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No Family Medicare Number:

PRIMARY FAMILY EMERGENCY CONTACTS

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family:				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to:			
<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____	
What is the Residential Status of the student?	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID: (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin?	
<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
What is the student's living arrangements? :	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

SCHOOL DETAILS

Name of Kindergarten (if enrolling in Foundation):	
Date of first enrolment in an Australian Primary School:	____ / ____ / ____
Name of previous Primary School:	
Years of previous Primary School education:	
What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e.: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT ACCESS / ACTIVITY RESTRICTION DETAILS

Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Access Alert for the student?	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) <input type="checkbox"/> No
Access Type:	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Intervention Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Informal Carer Stat. Dec. <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Other
Describe any Access Restriction:	
Is there an Activity Alert for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No Further details:

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments?	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (if no, please go to the 'Other Medical Conditions' section)					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA DETAILS:

Answer the following questions ONLY if the student suffers from asthma.

Please indicate if the student suffers from any of the following symptoms: <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms please: Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Has an Asthma Management Plan been provided to School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the student take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER HEALTH OR LEARNING CONDITIONS

(More copies of the other health or learning condition forms are available on request from the school.)

Does the student have any other health or learning condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
Diagnosis / Symptoms:			
If my child displays any of the symptoms above please:			
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Does the student take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

STUDENT DOCTOR DETAILS

The following details should **ONLY** be provided if **THIS** student has a Doctor and/or Medicare number **DIFFERENT** to the Primary Family.

Doctor's Name:	
Individual or Group Practice:	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact
1				
2				

In the event of illness or injury to my child whilst at school, on an 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: (cross out any unacceptable statement)

- 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: _____ Date: ____ / ____ / ____

I certify that the information contained within this Student Enrolment form is correct

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol 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.

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)

Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)