



SUNBURY WEST PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2019	Computer Generated Student ID:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>								

STUDENT DETAILS

Surname:	Title: (Miss Ms Mr)
First Given Name:	Second Given Name:
Preferred Name <small>(if applicable):</small>	❖ Sex (tick): <input type="checkbox"/> Female <input type="checkbox"/> Male Birth Date / / Proof of birth date must be provided
List any other family members attending this school:	

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY DETAILS

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

ADULT A DETAILS (PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	
First Name:	
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): <input type="checkbox"/> Step Parent
Adult A's occupation?	
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.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):	
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (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? (tick one) <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.	

ADULT B DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	
First Name:	
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): <input type="checkbox"/> Step Parent
Adult B's occupation?	
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.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):	
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (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? (tick one) <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.	

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact No:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours No:		
Mobile No:		
Email Address:		

ADULT B CONTACT DETAILS

Business Hours

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact No:		

After Hours

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours No:		
Mobile No:		
Email Address:		

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or Box No.			
Suburb:	State:	Postcode:	
Home Telephone Number:	Silent Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

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

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or Box No.:			
Suburb:	State:	Postcode:	
Telephone Number:			
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number: <input type="text"/>

PRIMARY FAMILY EMERGENCY CONTACTS

(OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

OTHER PRIMARY FAMILY DETAILS

The student lives with the Primary Family: (tick one)	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither	

ALTERNATIVE FAMILY DETAILS

Please fill out the Alternative Family Details forms if the child lives with more than one family on a regular basis or if parents are separated and do not live at the same address.

ADULT A DETAILS:

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)	
Surname:			
First Name:			
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent	<input type="checkbox"/> Other (specify):	
Adult A's occupation?			
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.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (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 <i>highest</i> qualification the Adult A has completed? (tick one)			
<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.			
			<input type="text"/>

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)	
Surname:			
First Name:			
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent	<input type="checkbox"/> Other (specify):	
Adult B's occupation?			
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.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (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 <i>highest</i> qualification the Adult B has completed? (tick one)			
<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.			
			<input type="text"/>

ALTERNATIVE FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact No:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours No:		
Mobile No:		

ADULT B CONTACT DETAILS

Business Hours

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact No:		

After Hours

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours No:		
Mobile No:		

ALTERNATIVE FAMILY HOME ADDRESS:

No. & Street: or Box No.			
Suburb:	State:	Postcode:	
Home Telephone Number:	Silent Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ALTERNATIVE FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

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

ALTERNATIVE FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or Box No.:			
Suburb:	State:	Postcode:	
Telephone Number:			
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number: <input type="text"/>

ALTERNATIVE FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

OTHER ALTERNATIVE FAMILY DETAILS

The student lives with the Primary Family: (tick one)	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Send Correspondence addressed to: (tick one)	<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): _____ Arrival or Return Date ____ / ____ / ____
What is the Residential Status of the student: (tick)	<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: ____ / ____ / ____ Visa Statistical Code: _____ (Required for some sub-classes)
❖ Does the student speak a language other than English at home? (tick) (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? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	<input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian
Usual mode of transport to school: (tick)	Distance to School (kms) _____
<input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Driven <input type="checkbox"/> Other (please specify)	

SCHOOL DETAILS

Date of first enrolment in an Australian School: ____ / ____ / ____	Name of previous School or Kindergarten: _____
Years of previous education: _____	Language of previous education? _____
Is the student a repeat student? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student an Integration student? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.

STUDENT ACCESS RESTRICTIONS

Is the student at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Access Alert for the student? (tick) <input type="checkbox"/> Yes (If Yes, complete the following questions) <input type="checkbox"/> No
Access Type: (tick) <input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other	
Describe any Access Restriction: _____	
If yes, please present the documents to the school. Please note if there is no supporting documentation the school is unable to act on any restriction applicable to your child.	

STUDENT MEDICAL DETAILS

Does the student suffer from any Medical Conditions? (If Yes, please list) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Condition/Allergy	Symptoms and further information
LIFE THREATENING ALLERGIES OR CONDITIONS SUCH AS ASTHMA OR NUT ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED	
Does the student suffer from any of the following impairments? (tick)	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT CONSENT FORM

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: ____ / ____ / ____

Print Name: _____

HEAD LICE INSPECTION CONSENT FORM

From time to time the staff may arrange Head Lice Inspections. The person conducting the inspection will check through your child's hair to see if any lice or eggs are present. In cases where head lice are found, parents/guardians will be required to come and collect their child for treatment. I consent to my child participating in the School's Head Lice Inspection Program for the duration of his/her schooling at Sunbury West Primary School.

If your circumstances change please contact the school to update this information.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

CONSENT TO PUBLISH STUDENT WORK & STUDENT IMAGES

I give permission for my child's **work or image** to be published on the Internet or in the electronic or print media for the duration of his/her schooling at Sunbury West Primary School.

If your circumstances change please contact the school to update this information.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

SIGNATORY

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.

I certify that the information contained within this form is correct, and that it is my responsibility to contact the school should anything change.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level			Home Group	
Immunisation Certificate Status?: (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
Authority to Publish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head Lice Check Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation letter sent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date letter sent	

PARENTAL OCCUPATION GROUP CODES

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)