

MERNDA PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION 20_____

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

🏠 Surname:			Title: (Miss Ms Mr)
🏠 First Given Name:			
🏠 Second Given Name:			
🏠 Preferred Name (if applicable):			
❖ 🏠 Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	🏠 Birth Date: (dd-mm-yyyy) _____ / _____ / _____

FAMILY DETAILS

List any other family members attending this school:

OFFICE USE ONLY

Authority to Publish:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Consent Form Completed <input type="checkbox"/> Yes		Medicare Number supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Immunisation Certificate received?:		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the student have a Disability ID Number?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Current custody document placed on student file?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
ICT document placed on student file?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: It is a legal requirement by DEECD the original Birth Certificate & Immunisation Certificate are supplied for staff to copy.

❖ This question is 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". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances. As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

ADULT B DETAILS:

Sex (tick): <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.) (tick) <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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
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. • 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'.

Sex (tick): <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.) (tick) <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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
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. • 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'.

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Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<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:

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:		
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:		
Mobile No:		
Email Address:		

PRIMARY FAMILY HOME ADDRESS:

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

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name:	Name of Practice:		
No. & Street or PO Box No.:			
Suburb:			
State:	Postcode:		
Telephone Number	Fax Number		
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	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: (tick one)	<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: (tick one)	<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: (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally
<input type="checkbox"/> Never			

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? (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: (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? (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, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<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"/> 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	
Usual mode of transport to school:	
Student's Religion:	

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SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Years of previous 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"/>	
Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of interruption to education:
Does the student require an Integration Aide: (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 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student attend preschool or kindergarten? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) – Name of preschool or kindergarten:	

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
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:		
Are there an Activity Restrictions for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

STUDENT MEDICAL DETAILS

Does the student suffer from any of the following impairments? (tick)	<i>Hearing:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Vision</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Speech:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Mobility:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Medical Alert for your Child? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Anaphylaxis? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
Has an Anaphylaxis Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
Has an Allergy Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have any other medical condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
If my child displays any of the symptoms above please: (tick)		
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:		
Does the student take medication? (tick) <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? (tick)		<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:		

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)	If my child displays any of these symptoms please: (tick)
<input type="checkbox"/> Cough	Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze	Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion	Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest	If yes, please specify:
Has an Asthma Management Plan been provided to School? (tick)	
Is the Asthma Chronic <input type="checkbox"/> Yes or Seasonal <input type="checkbox"/> Yes	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Asthma Medication to be stored in? (tick) <input type="checkbox"/> Classroom <input type="checkbox"/> First Aid Room	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:

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)