



**2011**



**CONFIDENTIAL STUDENT ENROLMENT FORM**

**Moe (Elizabeth Street) Primary School 4740**

<b>SECTION 1: Student Personal Details</b>			
Surname		Date of Enrolment	
First Given Name		Year level student enrolling in	
Second Given Name:		<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	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>SECTION 2: Family Details Parents/Guardians are referred to as Adult A and Adult B</b>			
PRIMARY FAMILY DETAILS ADULT A - Female		PRIMARY FAMILY DETAILS ADULT B - Male	
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
Occupation		Occupation	
Employer		Employer	
Country of Birth		Country of Birth	
Native language		Native language	
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
Language spoken at home		Language spoken at home	
Circle the family occupation code? Please refer to attached sheet. <div style="text-align: center; font-weight: bold; letter-spacing: 10px;">A   B   C   D</div>		To whom should correspondence be addressed?	<input type="checkbox"/> Both Adults <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B

Residential Address		Postal Address (if different to home address)	
Number & Street			
Town	Postcode		
Home Phone	Mobile		

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 to be contacted	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can the adult to be contacted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Contact number and days of work?		Work contact number and days of work?	
Mobile phone number		Mobile phone number	
What is the relationship of Adult A to the student?	<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?	<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		
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.
<b>Please provide details of two Emergency Contacts <u>other</u> than Primary Family:</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?		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 Koori, Torres Strait Islander, or from another indigenous background?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.7 Living arrangements of the student	<input type="checkbox"/> At home with BOTH Parents <input type="checkbox"/> With ONE Parent <input type="checkbox"/> AWAY from home <input type="checkbox"/> Independent	
What is the students <u>usual</u> mode of transportation to school?	<input type="checkbox"/> Bus <input type="checkbox"/> Driven by Car	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle
Distance from School (kilometres)		
Is the student to receive the approved Religious Education course?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION 5: School Information**

On what date was the student first enrolled at an Australian School?	
What was the student's previous school/ kindergarten?	
For how many years has the student attended school?	
Is the student an Integration Student?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this student a Full Time student	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 6: Restriction**

Does this student have an access restriction	<input type="checkbox"/> YES <input type="checkbox"/> NO
Access Type	
Restriction	
Restriction Activity	

**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	Details:	
<input type="checkbox"/> Allergies to medication	Details:	
<input type="checkbox"/> Disability	Details:	Disability ID:
<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:	

**Immunization: An immunization certificate must be presented**

Immunization Certificate Presented	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immunization Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO

**I hereby grant consent for my child to be checked for head lice at school when the need arises**

**Parent/Guardian Signature**

## SECTION 8: Web Page

The purpose of our school website is to promote the quality education that takes place at our school and to allow parents and the community another avenue through which to connect to our student's learning. As the school website is posted on the World Wide Web we seek your permission to include your child's **work** and/or **photographs** on our site.

I give permission for my child's <b>work</b> to appear on the Moe (Elizabeth Street) Primary School website	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I give permission for a <b>picture</b> of my child involved in school activities to appear on the Moe (Elizabeth Street) Primary School website or media coverage.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## SECTION 9: Privacy Notice

*I have read the privacy notice and understand it. I consent to have the information dealt with in the manner described.*

Signature of parent/guardian \_\_\_\_\_

## SECTION 10: Student Code of Conduct

We ask parents to support our 'Student Code of Conduct' policy as agreed by School Council. It would be appreciated if you could read the attached policy and sign the following to indicate your support. If you wish to discuss the policy with me please feel free to make an appointment.

Thank you

*I have read and agree to support the 'Student Code of Conduct' policy of Moe (Elizabeth Street) Primary School.*

Signature of parent/guardian \_\_\_\_\_

## SECTION 11: Consent Form

In the event of illness or injury to my child whilst at school, on excursion in the local area, 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

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

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

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.