



Office use only							
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CONFIDENTIAL STUDENT ENROLMENT FORM Traralgon Primary School – Stockdale Road

SECTION 1: STUDENT PERSONAL DETAILS

Title & Surname		Date of Enrolment	
First Given Name		Into which year level is the student enrolling	
Second Given Name			Office Use
Preferred Name		Home Group	
❖ Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	House Group	
Date of Birth		Copy of Birth Certificate (Please present to School Office with this Enrolment Form)	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2: FAMILY DETAILS - Parents/Guardians are referred to as Adult A & Adult B

*NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with."
Alternative and Additional family forms are available from the school if this is required*

PRIMARY FAMILY DETAILS ADULT A –Primary Carer		PRIMARY FAMILY DETAILS ADULT B (Only fill out if Adult B Lives with you)	
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	
Residential Address		Postal Address (if different to home address)	
Number & Street		Postal Address	
Town & Post Code		Town & Post Code	
Phone		Mobile Phone	
To whom should correspondence be addressed?		<input type="checkbox"/> Both Adults <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	
Email Address			
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 adult A be contacted at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Can adult B be contacted at work?	<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	

Contact details for Adult A cont.		Contact Details for Adult B cont.	
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
❖ Does Adult A speak another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify	❖ Does Adult B speak another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify
Is an interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is an interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
❖ Highest year of primary or secondary school completed. <i>(for persons who have never attended school, mark Year 9)</i>	<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	❖ Highest year of primary or secondary school completed. <i>(for persons who have never attended school, mark Year 9)</i>	<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
❖ Level of highest qualification completed	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma or Diploma <input type="checkbox"/> Certificate I to IV <i>(including trade cert)</i> <input type="checkbox"/> No non-school qualification	❖ Level of highest qualification completed	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma or Diploma <input type="checkbox"/> Certificate I to IV <i>(including trade cert)</i> <input type="checkbox"/> No non-school qualification
❖ Occupation Group Letter	Group <input type="checkbox"/> <i>(see attached list)</i>	❖ Occupation Group Letter	Group <input type="checkbox"/> <i>(see attached list)</i>

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.	

Please provide details of two Emergency Contact other than Primary Family

Contact 1:	
Name	
Relationship to student	
Phone Number	
Contact 2:	
Name	
Relationship to student	
Phone Number	

SECTION 4: Demographic Details	
❖ In what country was the student born?	
❖ If not Australia , when did the student arrive in Australia?	
❖ Residential status	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
❖ If temporary what is the student's Visa Sub-Class?	
❖ Visa Expiry Date	
❖ Does the student speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Does the student speak another language other than English at home? <i>Indicate the language that is mostly spoken</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – please specify
❖ Is the student Koori, Torres Strait Islander or from another indigenous back-ground	<input type="checkbox"/> Yes <input type="checkbox"/> Koori <input type="checkbox"/> Other - Please specify <input type="checkbox"/> No
❖ Living arrangement of the student	<input type="checkbox"/> At home with BOTH parents/Guardians <input type="checkbox"/> With ONE Parent/Guardian <input type="checkbox"/> Away from home <input type="checkbox"/> Independent
❖ Living arrangement of the student continued	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasional <input type="checkbox"/> Never
What is the students usual mode of transportation	<input type="checkbox"/> Bus <input type="checkbox"/> Driven by Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk
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/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 the student a full time student?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, what is the time fraction the student will be attending School? (i.e. 0.8 = 4days, 0.2 = 1day)	
Does the student have a Victorian Student Number (VSN)?	<input type="checkbox"/> YES, please specify <input type="checkbox"/> YES, but the VSN is unknown <input type="checkbox"/> NO. The student has never been issued a VSN

List other family members attending this school

SECTION 6: RESTRICTION	
Does the student have an access restriction?	<input type="checkbox"/> YES - If Yes, please a copy of provide documents. <input type="checkbox"/> NO
Access Type	
Restriction	Restriction Activity

SECTION 7: MEDICAL DETAILS	
<input type="checkbox"/> Asthma	If YES please complete an Asthma Management Plan
<input type="checkbox"/> Major Illness	If YES please complete a 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

SECTION 8: PRIVACY POLICY	
<i>I have read the privacy notice and understand it. I consent to have the information dealt with in the manner described.</i>	
Signature of Parent/Guardian _____	

SECTION 9: CONSENT FORM	
<p>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;</p> <ul style="list-style-type: none"> • 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 _____	

Please note all questions marked with “❖” are asked as a requirement of the Commonwealth Government.

All schools across Australia are required to collect the same information.