



Enrolment Form 2015

Dear Families,

Welcome to Rolling Hills Primary School. We are delighted that you are considering enrolling your child with us, or have already chosen to. We are very proud of our school and anticipate the relationships we develop and the experiences we share will be positive and mutually beneficial.

We will be in touch with you shortly regarding your enrolment and to provide information about our transition programs from Foundation to Level 6.

Once again, welcome to Rolling Hills. If we can be of any assistance, please feel free to contact me, or one of our office staff on 9726 4454. We would be more than happy to assist you.

Yours sincerely,

A handwritten signature in blue ink that reads "Terry Spottiswood".

Terry Spottiswood
Principal

Rolling Hills Primary School

52 Landscape Drv, Mooroolbark VIC 3138
P: (03) 9726 4454 | F: (03) 9726 2867

E: rolling.hills.ps@edumail.vic.gov.au
W: www.rollinghillsp.vic.edu.au



Please refer to the information below to assist you with completing the occupation section of the enrolment form. Your declaration of occupation directly affects our funding, so if you are currently unemployed, please indicate this at this time. Any information can be updated at a later date.

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.

Please select the appropriate letter from the following list of groups.

- If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please enter the occupation group letter of your last occupation
- If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS:

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)

LIVING ARRANGEMENTS EXPLANATORY NOTES

Student living arrangement information is one component of the Student Learning Needs (SLN) index.

(B) At home with TWO parents / guardians

Where student has regular access to two adults to support them with their education

(O) At home with ONE parent / guardian

Where student has regular access to one adult to support them with their education

(A) Arranged by State-Out of Home Care

Students to be entered in this category are those ***who have been subject to protective intervention by the Department of Human Services*** and live in one of the following 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. In Victoria, approximately 4000 children and young people live in out of home care. Students entered in this category are those that the Partnering Agreement: School Attendance and Engagement of Children and Young People in Out of Home Care has been developed to support.

In order to monitor the educational outcomes for this cohort, it is necessary to accurately record and maintain the attendance and achievement records of these students.

(H) HOMELESS Youth:

- ♦ Have parents who cannot exercise their parental responsibilities, **or**
- ♦ Finds it unreasonable to live at home because there is:
 - extreme family breakdown;
 - serious risk if they continue to live in the parental home;
 - consistent deprivation of basic necessities such as food, water, clothing, shelter, sleep etc.;
 - threat to health and wellbeing through drug or alcohol abuse, criminal or illegal activity or violence in the home; **or**
- ♦ Are a refugee or orphan not living with parents / guardians

(I) INDEPENDENT students (with extended family or arranged private board):

- ♦ Have to live away from home to study
- ♦ Are or has been married or has been living in a marriage-like relationship for at least 12 months, **or**
- ♦ Have a dependant child, **or**
- ♦ Have worked at least 30 hours per week for at least 18 months during the past 2 years

Information about the Enrolment Form. Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Rolling Hills Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Rolling Hills Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Rolling Hills Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Rolling Hills Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Rolling Hills Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available Rolling Hills Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Terry Spottiswood, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS

These are people that Rolling Hills Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided Rolling Hills Primary School.

STUDENT BACKGROUND INFORMATION

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Rolling Hills Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

RELIGIOUS AFFILIATION

If you want your child to receive religious instruction while at Rolling Hills Primary School please complete this section. The Department of Education & Early Childhood Development needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Rolling Hills Primary School.

IMMUNISATION STATUS

This assists Rolling Hills Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

VISA STATUS

This information is required to enable Rolling Hills Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Rolling Hills Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time at Rolling Hills Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY THE SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Rolling Hills Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

ROLLING HILLS PRIMARY SCHOOL



STUDENT ENROLMENT INFORMATION – 2015	Computer Generated Student ID						
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Title: (Miss Ms Mr)	Surname:
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) _____ / _____ / _____
Year Level	

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information.

OFFICE USE ONLY

Copy of Birth Certificate supplied <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization <input type="checkbox"/> Complete (C) <input type="checkbox"/> Not sighted (N)
Year Level	Home Group
House	Enrolment Date:

FAMILY DETAILS

List any other family members attending this school:

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Additional family forms (yellow) are attached at the end of this document for completion by parents not living with the child.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	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 (1101) <input type="checkbox"/> Other (specify) _____	
❖ Does Adult A speak a language other than English at home? (tick)	
<input type="checkbox"/> No, English only (N) <input type="checkbox"/> Yes (Y) (please specify):	
Is an interpreter required? (tick) <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N) <input type="checkbox"/> Sometimes (S)	
❖ 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 (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Not Stated (0) <input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1)	
❖ What is the highest qualification level Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above (7) <input type="checkbox"/> Advanced Diploma / Diploma (6) <input type="checkbox"/> Not Stated (0) <input type="checkbox"/> Certificate 1 to IV (including trade certificate) (5) <input type="checkbox"/> No non-school qualification (8)	
❖ What is the occupation group of Adult A? (Please tick the appropriate 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 paid work for the last 12 months, tick 'Not employed'.)	
<input type="checkbox"/> Group A (A) <input type="checkbox"/> Group B (B) <input type="checkbox"/> Group C (C) <input type="checkbox"/> Group D (D) <input type="checkbox"/> Not employed (N) <input type="checkbox"/> Unknown (U)	

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

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr.)
Surname:			First Name:
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult A born?	<input type="checkbox"/> Australia (1101)	<input type="checkbox"/> Other (specify)	_____
❖ Does Adult A speak a language other than English at home? (tick)			
<input type="checkbox"/> No, English only (N) <input type="checkbox"/> Yes (Y) (please specify):			
Is an interpreter required? (tick)			
<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N) <input type="checkbox"/> Sometimes (S)			
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one)			
<i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>			
<input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Not Stated (0)			
<input type="checkbox"/> Year 10 or equivalent (2) <input type="checkbox"/> Year 9 or equivalent or below (1)			
❖ What is the highest qualification level Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor Degree or above (7) <input type="checkbox"/> Advanced Diploma / Diploma (6) <input type="checkbox"/> Not Stated (0)			
<input type="checkbox"/> Certificate 1 to IV (including trade certificate (5)) <input type="checkbox"/> No non-school qualification (8)			
❖ What is the occupation group of Adult B? (Please tick the appropriate 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 paid work for the last 12 months, tick 'Not employed'.)			
<input type="checkbox"/> Group A (A) <input type="checkbox"/> Group B (B) <input type="checkbox"/> Group C (C) <input type="checkbox"/> Group D (D)			
<input type="checkbox"/> Not employed (N) <input type="checkbox"/> Unknown (U)			

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

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 information:		

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 Contact Information:		
Email:		

ADULT B CONTACT DETAILS:**Business Hours:**

Can we contact Adult B 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 information:		

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 Contact Information:		
Email:		

PRIMARY FAMILY HOME ADDRESS:

No. & Street:	
Suburb:	State:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

PRIMARY FAMILY MAILING ADDRESS:

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

No. & Street:	
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	Fax Number

Does the primary family have a current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Number:

PRIMARY FAMILY EMERGENCY CONTACTS:

	<i>Name</i>	<i>Relationship</i> (Neighbour, Relative, Friend or Other)	<i>Telephone Contact</i>	<i>Language Spoken</i> (If English Write "E") (1201)
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 (A)	<input type="checkbox"/> Mostly (M)	<input type="checkbox"/> Balanced (B)
<input type="checkbox"/> Occasionally (O)	<input type="checkbox"/> Never (N)	

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A (A)	<input type="checkbox"/> Adult B (B)	<input type="checkbox"/> Both Adults (C)	<input type="checkbox"/> Neither (N)
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia (1101)	<input type="checkbox"/> Other (please specify):
What is the Residential Status of the student: (tick)	<input type="checkbox"/> Permanent (P) <input type="checkbox"/> Temporary (T)
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport (E)	<input type="checkbox"/> Holds Australian Passport (A)
<input type="checkbox"/> Holds Permanent Residency Visa (P)	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____	
Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____	Visa Sub Class:
❖ Does the student speak a language other than English at home? (tick)	
<input type="checkbox"/> No, English only (N)	<input type="checkbox"/> Yes* (please specify):
❖ Is the student of Aboriginal or Torres Strait Islander origin? (Tick one)	
<input type="checkbox"/> No (N)	<input type="checkbox"/> Yes, Aboriginal (K) <input type="checkbox"/> Unknown (U)
<input type="checkbox"/> Yes, Torres Strait Islander (T)	<input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander (B)
What is the student's living arrangements? # (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians (B)	<input type="checkbox"/> At home with ONE Parent/ Guardian (0)
<input type="checkbox"/> Arranged by State-Out of Home Care (A)	

See attached note for a full explanation of Living Arrangement codes.

Melway Reference (M)	Distance to School in kilometres:
Usual mode of transport to school: (tick)	
<input type="checkbox"/> Walking (W)	<input type="checkbox"/> Bicycle (Y) <input type="checkbox"/> Train (T) <input type="checkbox"/> Driven (C) <input type="checkbox"/> Bus (P) <input type="checkbox"/> Other (O)
Student's Religion:	
Will the student participate in Religious Instruction classes? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / ____
Name of previous School or CURRENT Pre School	
What was the language of the student's previous education?	
Years of previous education:	
Language of previous education:	<input type="checkbox"/> English (1201) <input type="checkbox"/> Other _____
Is the student repeating a year? (tick)	<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)
Does the student require an Integration Aide? (tick)	<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	

STUDENT RESTRICTIONS DETAILS ACCESS RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes (Y)	<input type="checkbox"/> No (N)
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes If Yes, then complete the following questions (Y)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.) (N)
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:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

STUDENT MEDICAL AND IMMUNISATION DETAILS

Please complete, if a Medical Alert and/or Asthma condition exists.
 If NOT APPLICABLE continue with Student Immunisation Section only

Is there a Medical Alert for the student: ** (Complete information below detailing condition)	<input type="checkbox"/> Yes (Y)	<input type="checkbox"/> No (N)
Does the student have a Disability ID Number: (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
ID No.:		

**MEDICAL CONDITIONS/ ALERT

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

Does the student have any other medical condition (other than asthma)? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Symptoms:		
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 for the above medical conditions? (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: (tick)	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
Is a reminder required for the student to take their medication? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication is stored: (tick)	<input type="checkbox"/> with Student	<input type="checkbox"/> Fridge in Sick Bay <input type="checkbox"/> Elsewhere
What is the Poison Rating of the medication being taken?		

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions ONLY if the student suffers from any asthma medical conditions, otherwise complete Student Immunisation details only.

Does the student suffer from Asthma? ** (tick) Yes (Please complete Asthma Plan details below) No

Yes

Please indicate if the student suffers from any of the following symptoms: (tick) <ul style="list-style-type: none"> <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 the above symptoms please: (tick) <ul style="list-style-type: none"> 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:
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Has an Asthma Management Plan been provided to School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication for the above medical conditions? (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: (tick)	<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Is a reminder required for the student to take their medication? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication is stored: (tick)	<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
What is the Poison Rating of the medication being taken?		

MEDICAL DETAILS

Does the student suffer from any of the following impairments? (tick)	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

IMMUNISATION DETAILS OF STUDENT -

PLEASE COMPLETE AND PROVIDE THE SCHOOL WITH IMMUNIZATION FORM UPON ENROLMENT

What is the student's Immunisation Status: (tick)	<input type="checkbox"/> Complete Immunisation (C) *
	<input type="checkbox"/> Not Immunised (N)

- PLEASE PROVIDE COPY OF IMMUNISATION CERTIFICATE TO OFFICE (PROVIDED BY IMMUNISATION REGISTER).

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: (tick)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or Box No.:			
Suburb:	State:	Postcode:	
Telephone Number		Fax Number	
Student Medicare Number:			

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: ____ / ____ / ____

STUDENT EMERGENCY CONTACTS

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

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

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.

Signature of Parent/Guardian: Date: ____ / ____ / ____