

YEAR

DATE RECEIVED

DATE ENTERED

HEALTH PLAN REQUIRED



OFFICE USE ONLY

ORIGINAL BIRTH CERTIFICATE  
 PROOF OF ADDRESS 1  
 PROOF OF ADDRESS 2  
 IMMUNISATION RECORD  
 CITIZEN/VISA (if applicable)

# STUDENT ENROLMENT FORM

**The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student's enrolment is complete once this form is submitted to the school with the necessary documentation.**

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <https://get.adobe.com/reader/>.

## SCHOOL NAME

**School name** Mount Lawley Primary School

**Year Level entering**

## STUDENT DETAILS

**Student surname**

**Legal surname (if different)**

**Previous Surname (if applicable)**

**1st Name**

**2nd Name**

**3rd Name**

**Preferred Name**

**Date of birth (dd/mm/yy)**

**Gender**  Male  Female  Other

**Residential Address**

**Post Code**

**Start Date**

**Student's Religion**

*(if applicable)*

**Is the student to be withdrawn from religious instructions or activities?**

YES  NO

**Is the student of Aboriginal or Torres Straight Islander origin?**

No  Yes, Aboriginal  Yes, Torres Straight Islander (TSI)  Yes, both Aboriginal and TSI

**Does the student speak a language other than English at home?**

No, English only  Yes, Aboriginal English  Yes, other language - please specify

*(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)*

**What was the first language spoken at home?**

**Does the student mainly speak English at home?**

Yes  No

# EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

- Up to date     Not up to date     The student has an Immunisation Certificate issued by the Chief Health Officer

# SIBLING DETAILS

Full Name/s of siblings attending this school

  

Student lives with

Both Parents

Parent/Carer 1

Parent/Carer 2

Independent minor

Adult Student

Other, please specify

Name

Relationship to student

Name

Relationship to student

Name

Relationship to student

Name

Relationship to student

Name

Relationship to student

# RESIDENCY STATUS

Nationality (optional)

Country of Birth

Is the student an Australian citizen?

Yes

No

If No, Is the student a permanent resident of Australia?

No

Yes - If Yes, VISA Sub Class Number

Is the student a temporary resident of Australia?

Yes

No

If Yes, Date of Arrival in Australia

VISA Sub Class Number

VISA Expiry Date (if applicable)

## PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

## DISABILITY

Does the student have a disability?

Yes

No

If Yes, please specify

Please tick if you can provide documentation about *(The school will request copies of this information)*

Autism

Physical Disability

Deaf or Hard of Hearing

Severe Mental Disorder

Global Developmental Delay (prior to age 6)

Specific Speech and/or Language Impairment

Intellectual Disability

Vision Impairment

Other, please specify

## CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

Yes

No

If Yes, please specify and attach supporting documentation

Does the family or student have a Health Care Card?

Yes

No

If Yes, please provide card number

Expiry Date

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

No

Yes - If Yes, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name

Contact Number

Does the student receive any of the following allowances? (Check the boxes that apply)

Secondary Assistance

Youth Allowance

Assistance for Isolated Children (AIC)

Abstudy

# PARENT / CARER 1 DETAILS

<b>Title</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>		
<b>Relationship to the student</b>	<input type="text"/>		
<b>Date of birth (dd/mm/yy)</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
<b>Postal address</b> <i>(if different from student residential address)</i>	<input type="text"/>		
	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Mobile Number</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>		
<b>Parent responsible for Fees and Billing</b>	<input type="text"/>		

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

## Does Parent/Carer 2 speak a language other than English at home?

- No, English only  YES, other - please specify

*(If more than one language, indicate the one that is spoken most often)*

## What is the highest year of school Parent/Carer 2 has completed?

- Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent or below

*(If you did not attend school, mark 'Year 9 or equivalent or below')*

## What is the level of the highest qualification Parent/Carer 2 has completed?

- Bachelor degree or above  Advanced diploma/Diploma  
 Certificate I to IV (including trade certificate)  No non-school qualification

## What is the occupation group for Parent/Carer 2?

- 1.** Senior Management in large business organisation, government administration & defence, and qualified professionals
- 2.** Other business managers, arts/media/sportsperson & associate professionals
- 3.** Tradesmen/women, clerks and skilled office, sales & service staff
- 4.** Machine operators, hospitality staff, assistants, labourers and related workers
- 8.** Unemployed, Retired, Student

*(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8'.)*

# PARENT / CARER 2 DETAILS

<b>Title</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>		
<b>Relationship to the student</b>	<input type="text"/>		
<b>Date of birth (dd/mm/yy)</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
<b>Postal address</b> <i>(if different from student residential address)</i>	<input type="text"/>		
	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Mobile Number</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>		
<b>Parent responsible for Fees and Billing</b>	<input type="text"/>		

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- 4.** Machine operators, hospitality staff, assistants, labourers and related workers
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*(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8'.)*

## OTHER FAMILY DETAILS

If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

## OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency)

### CONTACT 1:

<b>Title</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>		
<b>Relationship to the student</b>	<input type="text"/>		
<b>Postal address</b> <small>(if different from student residential address)</small>	<input type="text"/>		
	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Mobile Number</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>		

### CONTACT 2:

<b>Title</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>		
<b>Relationship to the student</b>	<input type="text"/>		
<b>Postal address</b> <small>(if different from student residential address)</small>	<input type="text"/>		
	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Mobile Number</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>		

# PRIVACY AND DECLARATION

**Please tick to confirm:**

I understand:

- that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- I have provided all documentation available to me.

**Name of person enrolling student**

**Title**  **First Name**

**Surname**

**Relationship to the student**

**Signature**  **Date**  /  /

*(Independent minors and those aged 18 years or older may sign on their own behalf)*

- If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

# PARENT OCCUPATION GROUPS

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager / department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/ education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> 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.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author]. or media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p><b>Clerks</b> [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].</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [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].</p>	<p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/ data entry/business machine operator, receptionist, office assistant].</p> <p><b>Sales</b> [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].</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.



# STUDENT HEALTH CARE SUMMARY

## SECTION A

**Student's name**

**Year**

**Date of birth (dd/mm/yy)**

 /  / 

**Gender**

Male

Female

Other

**Residential Address**

**Postcode**

## FAMILY CONTACT DETAILS

**Name**

**Relationship to student**

**Address**

**Postcode**

**Telephone (Mobile)**

**Telephone (Work)**

**Telephone (Home)**

**Name**

**Relationship to student**

**Address**

**Postcode**

**Telephone (Mobile)**

**Telephone (Work)**

**Telephone (Home)**

**Name**

**Relationship to student**

**Address**

**Postcode**

**Telephone (Mobile)**

**Telephone (Work)**

**Telephone (Home)**

## MEDICAL DETAILS

Medical practice

Doctor

Telephone

Do you have ambulance insurance?  No  Yes If yes, specify insurance provider

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency? eg. allergy to penicillin.

Medicare Card number

Medicare Card Individual Reference Number (IRN)

Expiry date (mm/yy)

## ADMINISTRATION OF MEDICATION

Written authorisation must be provided to the Front Office for staff to administer any form of medication at school.

**Long term medication** – Request an Administration of Medication form to complete and return to the Front Office.

**Short term medication** – Request an Administration of Medication form to complete and return to the Front Office.

Note: All medication required must be supplied by parents/carers along with a copy of the pharmacy label for scripted medication.

## INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information?  Yes  No

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

**NO** - Sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

Signature

Date

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

**YES** - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

## SECTION B

### Please indicate your child's condition(s) which **REQUIRE THE SUPPORT OF SCHOOL STAFF.**

(In response to the information below, you will be given further forms for specific health conditions to complete)

#### Health conditions (Check the box that applies)

- Severe Allergy/Anaphylaxis
- Minor and Moderate Allergies
- Diabetes
- Seizures
- Asthma
- Activities of Daily Living
- Other Conditions or Needs (Please specify below)

#### Will school staff require specific training to support your child?

- YES       NO
- YES       NO
- YES       NO
- YES       NO
- YES       NO
- YES       NO
- YES       NO

#### Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

- NO       YES *If yes, advise the Principal*

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

## SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

**I give permission for my child's medical details and photo to be on view for staff.**       YES       NO

If yes, please attach photo to the relevant health care plan(s).

## SECTION D - MEDIC ALERT INFORMATION

**Does your child have a Medic Alert bracelet or pendant?**       NO       YES *If yes, provide details below*

**Parent/Carer Signature**

**Date**

[ ] [ ] / [ ] [ ] / [ ] [ ]

**Parent/Carer Name**

- If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

### **ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.**

*Note: Where appropriate students should be encouraged to participate in their health care planning.*

# CONSENT FORM

At Caversham Valley Primary School, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

## MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see Appendix F of the Student's online policy.

## INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the Student's online policy.

## VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

Name of student  Year/Class/Room

Name of person signing the consent form

Title  First Name  Second Name  Surname

Please indicate relationship to the student (e.g. parent/guardian/responsible person)