

HAMMOND PARK PRIMARY SCHOOL ENROLMENT FORM



Student Details			
SURNAME		ENROLLING INTO YEAR (K-6)	
LEGAL SURNAME		PREFERRED START DATE	
FIRST NAME		PREFERRED NAME	
MIDDLE NAME		DATE OF BIRTH	
RESIDENTIAL ADDRESS		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			POSTCODE
TELEPHONE		MOBILE	
EMAIL ADDRESS			
RELATIONSHIP WITH PARENT/S			
Child lives with:			
Both Parents	<input type="checkbox"/>	Parent 1	<input type="checkbox"/>
Parent 2	<input type="checkbox"/>	Other Person Responsible	<input type="checkbox"/>
ACCESS RESTRICTION			
Is this student subject to Access Restriction? <i>(If YES, please attach supporting documentation)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Relationship to child
NAME OF SIBLINGS OR OTHER CHILDREN IN THE HOUSEHOLD ATTENDING THIS SCHOOL			
Sibling 1		Sibling 2	
		Sibling 3	

Student Details – Additional Information			
Nationality		Religion	
Does the student speak or understand another language that is spoken at home?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, what language(s) other than English does the student speak or understand?			
Is the student of Aboriginal or Torres Strait Islander origin? <i>(For students of both Aboriginal and Torres Strait Islander origin mark both 'YES' boxes)</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander		
PERMANENT/TEMPORARY RESIDENT			
In which country was the student born?	Australia <input type="checkbox"/>	Other country (please specify)	
Citizenship	Australia <input type="checkbox"/>	Other country (please specify)	
PERMANENT RESIDENT	<input type="checkbox"/>	TEMPORARY RESIDENT	<input type="checkbox"/>
Date Entered Australia		Date Entered Australia	
Visa Sub Class Number		Visa Sub Class Number	
Visa Expiry Date		Visa Expiry Date	
DEPARTMENT OF CHILD PROTECTION			
Is this student in the care of Department of Child Protection (DCP) Chief Executive Officer? If YES, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DCP Case Manager		DCP District	Phone
COURT ORDERS			
Is this student subject to any court orders in respect of their care, welfare and development? If YES, please specify and attach supporting documentation.	YES <input type="checkbox"/> NO <input type="checkbox"/>		

PREVIOUS SCHOOL	
Previous School/s	
How many year/s has your child attended an Australian school?	
Reason for change of school:	
PERMISSIONS	
Internet Permission	YES <input type="checkbox"/> NO <input type="checkbox"/>
Photo and Video Permission	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile Phone Permission	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please refer to information sheets relating to these permissions	

Parent/Responsible Person 1		Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO THE STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS (if different from student residential address)				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?		What is the level of the highest qualification you have completed?			
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>					
Please select the appropriate parental occupation group from the list provided (last page). 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, tick '8'.					
What is your occupation group?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>				
Occupation/Workplace		Location		Phone	
What language(s) do you speak at home?					

Parent/Responsible Person 2		Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO THE STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS (if different from student residential address)				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?		What is the level of the highest qualification you have completed?			
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>					
Please select the appropriate parental occupation group from the list provided (last page). 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, tick '8'.					
What is your occupation group?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>				
Occupation/Workplace		Location		Phone	
What language(s) do you speak at home?					

Additional Person's Contact Details				Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME		
RELATIONSHIP TO THE STUDENT						
MOBILE		HOME PHONE		WORK PHONE		
POSTAL ADDRESS (if different from student residential address)					POSTCODE	
EMAIL ADDRESS						
<i>Please advise the school if there are any other contacts you would like recorded</i>						

Student – Medical/Health
A separate form, the <i>Student Health Care Summary Form 1</i> , is also to be completed for all students prior to enrolment and needs to be updated if the student's health care needs change. It will be used by the school in the event of care being needed. <i>If the student has medical conditions or intensive health care needs you will also be asked by the school to complete the relevant Health Care Authorisations. Please provide details of any other information you would like noted about the student's health.</i>

MEDICAL CONDITION	
Does the student have a medical condition or intensive health care need? If YES, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Allergy – Anaphylaxis (Form 4)	<input type="checkbox"/> Seizure Disorder (eg epilepsy) (Form 7)
<input type="checkbox"/> Allergy (Form 5) – Other:	<input type="checkbox"/> Hearing condition (eg Otitis media)
<input type="checkbox"/> Asthma (Form 8)	<input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD)
<input type="checkbox"/> Diabetes (Form 6)	<input type="checkbox"/> Intensive Health Care Need (eg tube feeding)
<input type="checkbox"/> Diagnosed migraine/headaches	
<input type="checkbox"/> Other – please specify	

DISABILITY	
Does the student have a disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Severe Mental Disorder
<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Global Developmental Delay (prior to age 6)
<input type="checkbox"/> Specific Speech Language Impairment	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Other – please specify	
Please indicate if you have documentation regarding your child's disability. Copies of this documentation will be required for school records	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL PRACTICE	
Medical Practice	
Doctor's Name	Phone
Address	
Suburb	Postcode
Do you have Ambulance cover?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Permission to Administer First Aid?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DENTAL PRACTICE	
Dental Practice	Phone
Address	
Suburb	Postcode

I authorise for my child's information (not their name) to be included in the National Consistent Collection of Data (NCCD):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Signature

Name of person enrolling student	
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Signature		Date	
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If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

OFFICE USE ONLY

Entry Date: ____/____/____	Year: _____	Date Transfer Note Sent: ____/____/____
Previous School _____	Records Received YES <input type="checkbox"/>	NO <input type="checkbox"/>
Publications/Internet Permission Boxes Checked	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> • Birth certificate <input type="checkbox"/> • Immunisation certificate <input type="checkbox"/> • Proof of address <input type="checkbox"/> • Identity documents (if applicable) <input type="checkbox"/> • Court order (if applicable) <input type="checkbox"/> • Student Healthcare Summary Form 1 <input type="checkbox"/> • Medical Forms/Action Plan provided to parent <input type="checkbox"/> • Medical Forms/Action Plan returned by parent <input type="checkbox"/> • Medical details entered into Student Medical Data file <input type="checkbox"/> 		Date sighted ____/____/____
Form/Class: _____	House/Faction: Creo – Purple <input type="checkbox"/>	Exulto – Gold <input type="checkbox"/>
	Laurus – Orange <input type="checkbox"/>	Magnus – Bule <input type="checkbox"/>
EALD Stage: _____		
Enrolment form and documents checked by: _____		Date: ____/____/____
Entered on School Information System by: _____		Date: ____/____/____
Leave Date: ____/____/____	Destination: _____	Records Sent: YES <input type="checkbox"/>
		NO <input type="checkbox"/>

This enrolment form must be archived until the former student reaches 25 years of age then it must be transferred (with printouts from SIS) to the State Records Office.

Parent Occupation Groups

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 2 sections)

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