

OAKLEIGH PRIMARY SCHOOL - 1601

CONFIDENTIAL STUDENT ENROLMENT FORM

Information provided on this form is confidential.
Please complete and return to the General Office.

Information for three families may be completed for each student. Adults are referred to as Adult A and Adult B. The PRIMARY FAMILY is the nominated or responsible family or parent of the student.

- An ALTERNATE FAMILY is a second family associated with the Student. (Section 11)
- An ADDITIONAL FAMILY is a third family associated with the Student. (Section 12)

SECTION 1 STUDENT DETAILS

STUDENT ID:

Q.1 Student Personal Details

Surname:

First given Name:

Second given Name:

Preferred Name:

Gender:

Date of Birth:

NEW STUDENTS : ATTACH COPY OF BIRTH CERTIFICATE

Home Telephone Number:

Silent Y/N

Street number & Name:

Suburb & Postcode:

Name(s) of other siblings
at this school

Q2. Enrolment Details

Into which year level is the student enrolling?

Date the student first enrolled at an Australian School?

For how many years has the student attended school?

What was the student's previous school/kindergarten?

Is the student an Integration Student?

SECTION 2 DEMOGRAPHIC DETAILS

Q3:

In what Country was the student born?

If the student was born in Australia, go to Question 4

If not, please continue.

When did the student arrive in Australia?

Is the Residential Status Permanent or Temporary?

If the status is Permanent go to question 4

If the status is Temporary:

What is the student's Visa Sub Class?

What is the Statistical code?

What is the Visa Expiry Date?

Q4: Is the student from an Indigenous background?

If no, continue go to question 5.

If the answer is Yes, please continue

Is the student Koorie, Torres Strait Islander, or other indigenous?

Does the student speak English?

What Language is spoken at home?

Q5: Who does the student live with?

BOTH Parents, at home

With ONE parent

AWAY from home

HOMELESS youth

INDEPENDENT

Q6: Travel and Transport Information

What is the students home Map reference. eg. Melway

What is the distance to the school?

Q7: What is the students usual mode of transport to school?

Walk		Bicycle	
Train		Public Bus	
Driven		Tram	
Taxi			

Q8: Religious Education Information

Is the student to receive Religious Education?

Please indicate Denomination

Office Use Only:

Date form completed	
Has proof of date of birth been presented?	
Has an immunisation certificate been presented?	
Student's Home group	
Student's House group	
What is the family occupation code?	
What is the student's actual time fraction?	
Registration Number:	

SECTION 3 FAMILY DETAILS

Information for three families may be completed for each student. Adults are referred to as Adult A and Adult B.

PRIMARY Family Details

Adult A

Adult B

	Title & Surname	
	First Name	
	Street number & Name	
	Suburb & Postcode	
	Gender	
	Occupation	
	Employer	
	Country of Birth	
	Native Language	
	Main Language Spoken at Home	
	Other Language	
	Is an Interpreter required?	
	Highest Level of Secondary Education	
	Highest Level of Tertiary Education	

Q9: What is the relationship to the student?

Adult A

Adult B

	Parent	
	Adoptive Parent	
	Relative	
	Step Parent	
	Foster Parent	
	Friend	
	Other	

Q10: When does the student live with:

Adult A

Adult B

	Always	
	Balance	
	Mostly	
	Occasionally	
	Never	

Q11: To whom should correspondence be addressed?

Both Adults		Neither	
Adult A		Adult B	

If the student lives with the Primary Family please go to Question 12

If the student has an Alternate or Additional Family, please go to Section 11 or 12

SECTION 4 CONTACT DETAILS FOR ADULTS A & B

Q12: During business hours, how are Adults A & B to be contacted?

<p>Adult A (Phone Number)</p> <table border="1" style="width: 100%; height: 80px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p>Is the adult to be contacted at work? Is the adult usually at home during school hours? Are there any other contact phone numbers? Mobile phone number</p>	<p>Adult B (Phone Number)</p> <table border="1" style="width: 100%; height: 80px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

Q13: After business hours

<p>Adult A</p> <table border="1" style="width: 100%; height: 60px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<p>Is the Adult usually at home after school hours? Are there any other contact phone numbers? Mobile phone number</p>	<p>Adult B</p> <table border="1" style="width: 100%; height: 60px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

Q14: Where is correspondence to be addressed?

Mail to home address	
Specify other e.g. Post Office Box	

SECTION 5 STUDENT RESTRICTIONS - CUSTODY/GUARDIANSHIP

Q15: Are there any access restrictions that apply to this student?

*If No, go to Question 16
If Yes, please continue*

Access Type	
Access Restriction	
Activity Restriction	
Attach a copy of the Family Court documents	

SECTION 6 MEDICAL DETAILS

Q16: Does the student have a disability?

*If No, go to Question 18
If Yes, please continue*

Q17: What type of impairment does the student have?

Hearing		Speech	
Vision		Mobility	

Immunisation Details

Q18: What is the Immunisation status of the student?

Complete	
Partial	
Not Immunised	

Q19: Has the student been fully, partially, or not immunised against the following?

Diphtheria	
MMR	
Haemophilus Influenza	
Pertussis (Whooping Cough)	
Poliomyelitis	
Tetanus	
Hepatitis B	

NEW STUDENTS : ATTACH COPY OF IMMUNISATION CERTIFICATE

SECTION 7 ASTHMA

Q20: Does the student suffer from Asthma?

*If No, go to Question 26
If Yes, please continue*

Please provide details of condition

Cough	
Difficulty breathing	
Symptoms after exertion	
Tight chest	
Wheezing	

Q21: Is any medication required?

*If No, go to Question 26
If Yes, please continue*

Q22: What medication is to be administered?

Q23: Who is to administer the medication?

Q24: What is the dosage and frequency of medication to be administered?

Q25: Where is the medication to be stored?

**IF YOUR CHILD SUFFERS FROM ASTHMA, PLEASE CONTACT THE
OFFICE TO OBTAIN AN "ASTHMA MANAGEMENT PLAN"
– this will be kept on file at the school.**

SECTION 8 MEDICAL CONDITION

Q26: Does the student have any other medical conditions?

If No, go to Question 37

If Yes, please continue

Please provide details of medical condition

Q27: What are the symptoms of this condition?

Q28: When symptoms are displayed should the doctor be called?

Q29: Should the Emergency Contact be informed?

Q30: Should medication be administered?

Q31: Should any other medical action be taken? Please provide details.

Q32: What medication is to be administered?

Q33: Who is to administer the medication?

Q34: When and how is the medication to be administered?

Q35: Where is the medication to be stored?

Q36: What is the poison rating of the medication?

SECTION 9 STUDENT EMERGENCY CONTACT DETAILS

Q37:

Name of Doctor	
Address	
Phone Number	
Are you an Ambulance subscriber?	Yes / No
What is the student's Medicare Number?	

Q38: *Please provide details of Emergency Contacts other than Primary, Alternate or Additional Family:* Up to two names may be given.

Name	
Relationship to student	
Phone Number	
Is the contact English speaking?	
Name	
Relationship to student	
Phone Number	
Is the contact English speaking?	

SECTION 10 – CONSENT FORM

In the event of illness or injury to my child whilst at school, on 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:

- 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: _____ Dated ___ / ___ /20__
(Primary Family)

Signature of Parent/Guardian: _____ Dated ___ / ___ /20__
(Primary Family)

Thank you for taking the time to complete this Student Information Form.
The details are confidential.

SECTION 12 ADDITIONAL FAMILY DETAILS

Adult A

Adult B

Title & Surname
 First Name
 Street number & Name
 Suburb & Postcode
 Gender
 Occupation
 Employer
 Country of Birth
 Native Language
 Other Language
 Language Spoken at Home
 Is an Interpreter required?

What is the relationship to the student?

Adult A

Adult B

Parent
 Adoptive Parent
 Relative
 Step Parent
 Foster Parent
 Friend
 Other

When does the student live with Additional Adult A or Adult B?

Adult A

Adult B

Always
 Balance
 Mostly
 Occasionally
 Never

To whom should correspondence be addressed?

Both Adults		Neither	
Adult A		Adult B	