



GLEN WAVERLEY PRIMARY SCHOOL

774 HIGH STREET ROAD, GLEN WAVERLEY, 3150

TELEPHONE: 9802 9938 FAX: 9886 1590

STUDENT ENROLMENT INFORMATION - 20 (Office Use Only)					Computer Generated Student ID			
Year Level		Home Group		House Group				
Enrolment Date:				POB Sighted		Imm. Cert. Sighted		

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT (PLEASE WRITE IN UNSHADED BOXES)

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)	____ / ____ / ____	

FAMILY DETAILS

List any other family members attending this school:	
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PRIMARY FAMILY DETAILS

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. As the School Start Bonus will be sent to the "Primary Carer" of Prep and Yr. 7 students, it is imperative that the **legal surname, first name and second name** are recorded.

ADULT A DETAILS (PRIMARY CARER):

Sex: (tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)	
Legal Surname:			Legal 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 <input type="checkbox"/> Other (please specify):				

Questions marked with an ❖ are asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information.

❖Does Adult A speak a language other than English at home? (tick)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes* (please specify): * If more than one language is spoken at home, indicate the one that is spoken most often
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖What is the highest year of primary or secondary school Adult A 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	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below
❖What is the highest qualification level Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> Certificate 1 to IV (including trade certificate)
<input type="checkbox"/> Advanced Diploma / Diploma	<input type="checkbox"/> No non-school qualification
❖What is the occupation group of Adult A? (Please see attached sheet)	

ADULT B DETAILS:

Sex: (tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)	
Legal Surname:		Legal First Name:	
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
❖Does Adult B speak a language other than English at home? (tick)			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes* (please specify): * If more than one language is spoken at home, indicate the one that is spoken most often		
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
❖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	<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below		
❖What is the highest qualification level Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> Certificate 1 to IV (including trade certificate)		
<input type="checkbox"/> Advanced Diploma / Diploma	<input type="checkbox"/> No non-school qualification		
❖What is the occupation group of Adult B? (Please see attached sheet)			

Main Family Language spoken at home:	
Would either Adult A or B be interested in helping out the school with School Council, excursions or similar activities? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
Work Telephone No:		Other Work Contact information:

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		Other Work Contact information:

PRIMARY FAMILY HOME ADDRESS:

No. & Street or P.O. Box details:			
Suburb:			
State:		Postcode:	
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 or P.O. Box details:			
Suburb:			
State:		Postcode:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name:			
No. & Street or P.O. Box:			
Suburb:			
Postcode:		Telephone 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 OTHER THAN PARENTS

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

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

❖ In which country was the student born?			
<input type="checkbox"/> Australia			
<input type="checkbox"/> Other (please specify):			
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)		____ / ____ / ____	
What is the Residential Status of the student: (tick)		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency: (tick)			
<input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa			
Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____	Visa Sub Class:	
Visa Statistical Code: (Required for some sub-classes)			
❖ Does the student speak a language other than English at home? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
* If more than one language is spoken at home, indicate the one that is spoken most often			
Does the student speak English? (tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander			
What is the student's living arrangements? (tick one):			
<input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian			
<input type="checkbox"/> Arranged by State-Out of Home Care <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Independent			

Usual mode of transport to school: (tick)						
<input type="checkbox"/> Walking	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Driven	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Tram	Distance to School in kilometres:
Student's Religion:						
Do you wish your child to receive Christian Religious Instruction? (tick)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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International Student ID (Not required for exchange students)	
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SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / ____		
Name of previous School:			
Language of the student's previous education?			
Years of previous education:			
Years of interruption to education:			
Is the student repeating a year? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student require an Integration Aide? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school?			

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

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

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Is there a Medical Alert for the student: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a Disability ID Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ID No.:		

STUDENT MEDICAL AND IMMUNISATION DETAILS

IMMUNISATION DETAILS OF STUDENT

What is the student's Immunisation Status: (tick)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not Immunised
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MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	<i>Hearing:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Vision:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Speech:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Mobility:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? ** (tick)					<input type="checkbox"/> Yes	<input type="checkbox"/> No

** If No, please go to the Other Medical Conditions section.

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)	If my child displays any of the above symptoms please: (tick)	
<input type="checkbox"/> Cough	Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze	Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion	Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest	If yes, please specify:	
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"/> Student <input type="checkbox"/> Teacher	<input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
What is the Poison Rating of the medication being taken?		

OTHER MEDICAL CONDITIONS

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

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify condition and 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"/> 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"/> Student	<input type="checkbox"/> Teacher	<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere	
What is the Poison Rating of the medication being taken?					



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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.

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.
- I consent to my child receiving the appropriate headlice inspection, as necessary.

Signature of Parent/Guardian:

We/I certify that the information contained within this form is correct.

Signature of Parent/Guardian: Date: / /

Signature of Parent/Guardian: 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)

