

**Application for
ENROLMENT**

Department of Education



STUDENT DETAILS

Family Name

First Given Name

Other Given Names

Preferred Given Name

Gender

Male Female

Date of Birth (dd/mm/yyyy)

 / /

In which country was the student born?

Australia

Other (please specify)

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

No (English only)

Yes (please specify)

Year Level of intended enrolment (Grade)

Is the student independent? See "Information for Parents" on the website.

Yes

Previous school attended

STUDENT RESIDENTIAL ADDRESS

Street Number and Name

Suburb

Postcode

State

Country

STUDENT CONTACTS (where applicable)

Order* Silent# Home phone

Work phone

Mobile phone

Email address (use both lines if necessary)

* Order: Number the first column of boxes in order of contact preference (1 to 4) where applicable. (eg: if the student's mobile phone is the preferred contact, mark the Order box with "1".)

Silent: Tick the corresponding Silent Number box if applicable.

INDIGENOUS STATUS

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

INTERNATIONAL STUDENT

Is the Student an Australian or New Zealand citizen? If NO, provide VISA No and an Authority to Enrol Form

Yes

No (add Visa No.)

EVIDENCE OF IDENTITY

For students under 18 – one type of identity document is required.

Type of document provided

Document reference number

For students over 18 – three types of identity documents are required.

Type of document provided

Document reference number

DETAILS OF ENROLMENT

Year of enrolment

Commencement date if not start of school year

 /

OFFICE USE ONLY

Sighted by

Date

 /

SIBLING DETAILS

Full Name of any sibling currently or previously enrolled in a Department of Education school.

Sibling Date of Birth (dd/mm/yyyy)

 /

Sibling's school attended

DOCTOR OR CLINIC INFORMATION

Doctor or Clinic Name

Address

Suburb

Phone

VACCINATIONS INFORMATION

Has your child been vaccinated?

<input type="checkbox"/> Yes – Evidence provided	<input type="checkbox"/> No – Conscientious Objection. Stat. Declaration required. See your school
--	--

Usual vaccinations up to 5 years of age (tick those given)

<input type="checkbox"/> Hepatitis B Vaccine (HEB)	<input type="checkbox"/> Measles, Mumps & Rubella (MMR)
<input type="checkbox"/> Combined Diphtheria Tetanus Pertussis (DTP)	<input type="checkbox"/> Meningococcal Group C (MEN)
<input type="checkbox"/> Poliomyelitis Oral or Injectable (OPV)	<input type="checkbox"/> Varicella (Chickenpox) (VZV)
<input type="checkbox"/> Haemophilus Influenzae Type B (HIB)	<input type="checkbox"/> Pneumococcal (PCV)

Additional vaccinations (tick those given)

<input type="checkbox"/> Diphtheria and Tetanus (CDT)	<input type="checkbox"/> Human Papilloma Virus
<input type="checkbox"/> Influenza (FLU)	<input type="checkbox"/> Rotavirus

CONSENT FOR MINOR EXCURSION PARTICIPATION

(See details in the **Enrolment Application – Information for Parents and Guardians**)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

CONSENT TO PUBLICATIONS

(See the **Personal Information Protection** details in the **Enrolment Application – Information for Parents and Guardians**.)

Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and enable parents and others to be informed about the school's work. Since photographs on websites are available to the whole world, Department of Education guidelines aim to ensure students' safety by requiring staff not to link students' family names to their photographs. If you later wish to withdraw consent, please inform the school in writing.

- I give consent for **photographs** that include the student to be published in school or senior secondary school print publications such as year books and newsletters, school or senior secondary schools social media/internet sites and in other electronic publications. Yes No
- I give consent for **photographs** that include the student to be published in other Department of Education publications, such as social media/websites, reports and brochures. Yes No
- I give consent for samples of **work by the student** to be published in school or senior secondary school print publications such as year books and newsletters, school or senior secondary school social media/internet sites and in other electronic publications. Yes No
- Consent to the media** – I give consent for the student to be photographed, filmed or interviewed, and their given name and surname to be published by **newspapers, radio and television** in stories about education and school activities. The media may also publish the name of the school or college the student attends. Yes No

AUTHORISING SIGNATURE

Which best describes you?

<input type="checkbox"/> Enrolling parent or guardian
<input type="checkbox"/> Independent / adult student self-enrolling

To sign this form you must be either an independent or adult student or the enrolling parent as detailed in the "Information for Parents and Guardians". Enrolment is not complete until you have provided evidence of the student's date of birth and identity, and any other evidence requested, and the school or college accepts the enrolment.

Signature – I certify that the information provided in this form is correct

Date of signature (dd/mm/yyyy)

MEDICAL CONDITION INFORMATION

Does the student have any medical conditions you think we should know about?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – please give details
-----------------------------	--

Please attach additional details if required

ALLERGY / ANAPHYLAXIS INFORMATION

Does this student have an allergy? Yes No

He/she is allergic to

Has the allergy involved hospitalisation? Yes No

Can it be life threatening? Yes No

Has the allergy been called anaphylaxis? Yes No

Has the student been prescribed an EpiPen? Yes No

MOBILITY INFORMATION

Does the student have mobility issues?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – please give details
-----------------------------	--

Does the student use a wheelchair or other mobility aid?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – please give details
-----------------------------	--

Student(s) Name

See **Enrolment Application – Information for Parents and Guardians.**

DETAILS OF ENROLLING PARENT (Main Contact)

Relationship to this student (eg Father or Mother)

Family Name

Given Names

Preferred Name – optional

Title

Gender

 M F

Date of Birth (dd/mm/yyyy)

 / /

Preferred priority for contacting in emergency (e.g. 1, 2, 3, 4)

Tick if this person is to be billed for all fees for the student

Residential Address – Street Number and Name

Suburb

State

Country

Postcode

Mail Address – if not the same as Residential Address

Suburb

State

Country

Postcode

Mail Label (eg Mr and Mrs D Smith)

Order Silent Home phone

Work phone

Mobile phone

Email address

Does the parent speak a language other than English at home?

No (English only)

Yes (please specify)

Continues over page ▼

DETAILS OF OTHER CONTACT (2)

Relationship to this student (eg Father or Mother)

Family Name

Given Names

Preferred Name – optional

Title

Gender

 M F

Date of Birth (dd/mm/yyyy)

 / /

Preferred priority for contacting in emergency (e.g. 1, 2, 3, 4)

Tick if the student resides with this person

Tick if this person wishes to receive communications separately

Tick if this person is to be billed for all fees for the student

Residential Address – Street Number and Name

Suburb

State

Country

Postcode

Mail Address – if not the same as Residential Address

Suburb

State

Country

Postcode

Mail Label (eg Mr and Mrs D Smith)

Order Silent Home phone

Work phone

Mobile phone

Email address

Does the contact speak a language other than English at home?

No (English only)

Yes (please specify)

Continues over page ▼

EDUCATION DETAILS FOR ENROLLING PARENT (1)

The Dept of Education is required to collect the following information on behalf of the Australian Government (see **Information for Parents and Guardians**).

Occupation Group Number (1, 2, 3, 4 or 8)

Highest year of primary or secondary school completed (tick box)

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

Level of highest qualification completed (tick box)

- Bachelor degree or above Certificate I – IV (inc. trade certificate)
 Advanced Diploma/Diploma No non-school qualification

EDUCATION DETAILS FOR OTHER CONTACT (2)

The Dept of Education is required to collect the following information on behalf of the Australian Government (see **Information for Parents and Guardians**).

Occupation Group Number (1, 2, 3, 4 or 8)

Highest year of primary or secondary school completed (tick box)

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

Level of highest qualification completed (tick box)

- Bachelor degree or above Certificate I – IV (inc. trade certificate)
 Advanced Diploma/Diploma No non-school qualification

DETAILS OF OTHER CONTACT (3)

Relationship to this student (eg Grandmother)

Family Name

Given Names

Preferred Name – optional

Title

Gender

M F

Date of Birth (dd/mm/yyyy)

 / /

Preferred priority for contacting in emergency (e.g. 1, 2, 3, 4)

Tick if this person wishes to receive communication separately

Residential Address – Street Number and Name

Suburb

State

Country

Postcode

Mail Address – if not the same as Residential Address

Suburb

State

Country

Postcode

Mail Label (eg Mr and Mrs D Smith)

Order Silent Home phone

Work phone

Mobile phone

Email address

DETAILS OF OTHER CONTACT (4)

Relationship to this student (eg Aunt or Uncle)

Family Name

Given Names

Preferred Name – optional

Title

Gender

M F

Date of Birth (dd/mm/yyyy)

 / /

Preferred priority for contacting in emergency (e.g. 1, 2, 3, 4)

Tick if this person wishes to receive communication separately

Residential Address – Street Number and Name

Suburb

State

Country

Postcode

Mail Address – if not the same as Residential Address

Suburb

State

Country

Postcode

Mail Label (eg Mr and Mrs D Smith)

Order Silent Home phone

Work phone

Mobile phone

Email address

Student(s) Name

School Name

PART A – LEGAL ORDERS

Legal Order Type

Residency

Restraining

Child Protection

Contact

Special Issue

Copy of Court Order Supplied

Yes

No

Full Name of any Person (other than the student) to whom the Legal Order applies

Order Start Date

Order Expiry or Review Date

Details of Order and other information relevant to the school

PART B – INDEPENDENT STUDENT

Date student became independent

Type of evidence supplied

Evidence of Centrelink Payment

Rental or Utility Document together with Guidance Officer or Social Worker letter

Document signed by Parent or Guardian saying student is independent

Notice of Assessment as eligible for independent rates for Youth Allowance, AusStudy or AbStudy

Date evidence sighted by School

PART C – STUDENT IN OUT OF HOME CARE

Start Date

Other relevant information or comment

Review Date

PART D – STUDENT TRANSPORT

Bus Route

Direction

To school

From school

Both directions

Travelling Days

Monday

Tuesday

Wednesday

Thursday

Friday