

# AMPHITHEATRE PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID:
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## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs Mr)	
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) _____ / _____ / _____
Student Mobile Number:			

### PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

### OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
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"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

## FAMILY DETAILS

List any other family members attending this school:

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

### ADULT A DETAILS (PRIMARY CARER):

<b>Sex (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
<b>❖ What is the level of the highest qualification the Adult A has completed?</b> (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
<b>❖ What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

### ADULT B DETAILS:

<b>Sex (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
<b>❖ What is the level of the highest qualification the Adult B has completed?</b> (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
<b>❖ What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

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<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

# 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
Is Adult A usually home during business hours? (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
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

### After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

### After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

## PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	



**PRIMARY FAMILY DOCTOR DETAILS:**

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

**PRIMARY FAMILY EMERGENCY CONTACTS:**

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

**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)
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<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
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<b>Send Correspondence addressed to:</b> (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

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy) _____ / _____ / _____	
<b>What is the Residential Status of the student?</b> (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b> _____	<b>Visa Expiry Date:</b> (dd-mm-yyyy) _____ / _____ / _____
<b>Visa Statistical Code:</b> (Required for some sub-classes) _____	
<b>International Student ID :</b> (Not required for exchange students) _____	
<b>❖ Does the student speak a language other than English at home?</b> (tick) ( If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
<b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
<b>What is the student's living arrangements?</b> (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school:</b> (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	



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## SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School: _____	
Years of previous education: _____	What was the language of the student's previous education? _____
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education: _____	Is the student repeating a year? (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? (i.e. 0.8 = 4 days/week)	
Other school Name: _____	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name: _____	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions
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## OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<b>Is the student at risk?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is there an Access Alert for the student?</b> (tick)		<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)		<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
<b>Access Type:</b> (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:				

### OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## STUDENT MEDICAL DETAILS

### MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 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 these 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? (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
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

### 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:			
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? (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
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere



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<b>Dosage time</b>	<b>Reminder required? (tick)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Poison Rating</b>
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## STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Medicare Number:</b>	

## STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				