Black Hill Primary School

601 Chisholm Street, Black Hill 3350
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black.hill.ps@edumail.vic.gov.au

STUDENT ENROLMENT INFORMATION	CASES21 STUDENT ID							
Enrolment Date: ___/___/____	Birth Certificate Sighted: YES ☐ NO ☐							
VSN _ _ _-_ _ _-_ _ _	Immunisation Certificate Sighted: YES ☐ NO ☐							

STUDENT DETAILS	
SURNAME:	
FIRST NAME:	
SECOND NAME:	
PREFERRED NAME:	
SEX: ☐ MALE ☐ FEMALE	BIRTH DATE: (DD/MM/YYYY) / /

ADULT A DETAILS		ADULT B DETAILS	
SEX: ☐ F ☐ M	TITLE: MR/MS/MRS/MISS	SEX: ☐ F ☐ M	TITLE: MR/MS/MRS/MISS
SURNAME		SURNAME	
FIRST NAME		FIRST NAME	
OCCUPATION		OCCUPATION	
EMPLOYER		EMPLOYER	
COUNTRY OF BIRTH		COUNTRY OF BIRTH	
LANGUAGE OTHER THAN ENGLISH: YES NO		LANGUAGE OTHER THAN ENGLISH: YES NO	
OTHER LANGUAGE:		OTHER LANGUAGE:	
INTERPRETER REQUIRED		INTERPRETER REQUIRED	
♦What is the highest year of school completed?		♦What is the highest year of school completed?	
	Year 12 or equivalent		Year 12 or equivalent
	Year 11 or equivalent		Year 11 or equivalent
	Year 10 or equivalent		Year 10 or equivalent
	Year 9 or equivalent or below		Year 9 or equivalent or below
♦What is the highest qualification level completed?		♦What is the highest qualification level completed?	
	Bachelor Degree or above		Bachelor Degree or above
	Advanced Diploma/Diploma		Advanced Diploma/Diploma
	Certificate I to IV (Including trade certificate0		Certificate I to IV (Including trade certificate)
	No non-school qualification		No non-school qualification
♦Parent A – currently employed	Yes/No	♦ Parent B – currently employed	Yes/No
If Yes	Current occupation	If Yes	Current occupation

RELATIONSHIP OF ADULT A TO STUDENT		RELATIONSHIP OF ADULT B TO STUDENT	
	Parent		Parent
	Step-Parent		Step-Parent
	Foster Parent		Foster Parent
	Relative		Relative
	Friend		Friend

THE STUDENT LIVES WITH ADULT A:		THE STUDENT LIVES WITH ADULT B:	
	Always		Always
	Mostly		Mostly
	Balanced		Balanced
	Occasionally		Occasionally
	Never		Never

ADULT A HOME ADDRESS		ADULT B HOME ADDRESS (Tick if same as Adult A ☐)	
No & Street:		No & Street:	
Suburb		Suburb	
State	Postcode	State	Postcode

ADULT A POSTAL ADDRESS		ADULT B POSTAL ADDRESS (Tick if same as Adult A ☐)	
Street/Box No:		Street/Box No:	
Suburb		Suburb	
State	Postcode	State	Postcode

Send Correspondence addressed to: Adult A Adult B Both Adults

ADULT A CONTACT INFORMATION	ADULT B CONTACT INFORMATION
HOME PHONE No:	HOME PHONE No:
MOBILE PHONE No:	MOBILE PHONE No:
BUSINESS HOURS PHONE No:	BUSINESS HOURS PHONE No:
Can we contact at work? YES NO	Can we contact at work? YES NO
EMAIL:	EMAIL:
Do you wish to receive newsletters and family statements via email? YES NO	Do you wish to receive newsletters and family statements via email? YES NO

STUDENT ALTERNATIVE LIVING ARRANGEMENTS:

Arranged by State/Out Of Home Care*

** State/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 living arrangements include living with relatives or friends, living with non-relative families (foster families) and residential care.*

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

	Name	Relationship to Student	Phone Number/s
1			
2			
3			
4			

FAMILY DOCTOR DETAILS

Doctor's Name:	PH:

Does the primary family have a current Ambulance Subscription? Yes No

Medicare No:

DEMOGRAPHIC DETAILS OF STUDENT

♦In which country was the student born? Australia Other – Please Specify:

What is the residential status of the student? Permanent Temporary

Basis of Australian Residency: Eligible for Passport Holds Passport Permanent Residency Visa

Date of Arrival in Australia: (dd/mm/yyyy) / / Visa Expiry Date: / / Visa Subclass:	
Does the student speak English? YES NO	♦Does the student speak a language other than English at home? No ☐ Yes ☐ If yes, please specify:
♦ ***Is the student of Aboriginal or Torres Strait Islander origin? (Please circle)***	
No Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal & Torres Strait Islander	
♦ Questions marked with this symbol are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.	
Usual mode of transport to school: Walking Bicycle School Bus Driven	
Distance to school in kilometres:	
WHERE OFFERED DO YOU WISH YOUR CHILD TO PARTICIPATE IN RELIGIOUS EDUCATION CLASSES? YES NO	

PRE-SCHOOL/ PREVIOUS SCHOOL DETAILS

Name of Pre-School/Previous School:
Date first enrolled in an Australian school:
Language of previous education?

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS: IS THE STUDENT AT RISK? YES NO
Is there an Access Alert for the student? YES/NO (If Yes, then complete the following questions)
Access Type: Court Order Family Law Order Restraining Order Other
***** Please provide a copy of any orders to the School. *****
Is there an Activity Alert for the student? NO YES - If Yes, please describe the activity restriction:

MEDICAL CONDITIONS DETAILS

Does the student suffer impairments in any of the following areas:

	Hearing		**Vision**
	Speech		**Mobility**

DOES THE STUDENT SUFFER FROM ASTHMA? YES NO

ASTHMA MEDICAL CONDITION DETAILS (Answer the following ONLY if the student suffers from Asthma)

Please indicate if your child suffers from any of the following symptoms: (Please circle all applicable)
Coughing Wheezing Difficulty Breathing Exhibits symptoms after exertion Tight Chest
Does the student take medication for asthma? YES NO
If Yes please provide an Asthma Management Plan to the School

ALLERGIES e.g. Anaphyllaxis

Does the student have any allergies? YES NO
If Yes, please specify: e.g. Nuts, shellfish, penicillin
Does the student require an Epipen? YES NO **If Yes please provide the school with a current Anaphyllaxis Action Plan from your doctor. Please provide Epipen.**

Name and dosage of other medication taken for allergies: e.g Claratyne

Is the medication taken as a preventative or in response to symptoms? **Preventative** **Response**

OTHER MEDICAL CONDITIONS

Does the student have any other medical conditions? **YES** **NO**

If Yes, please specify:

Symptoms:

Does the student take medication for the above medical condition?

Name and dosage of medication taken:

PERMISSIONS – See Parent Information Handbook for more information regarding the following permissions

HEAD LICE INSPECTION CONSENT:

I DO/DO NOT (please circle one) consent to the child named on this enrolment form to participate in the school's head lice inspection program during his/her time at this school unless otherwise notified.

Signature of Parent/Guardian:_____Date:____/____/____

MEDIA /ULTRANET PUBLICATIONS:

I DO/DO NOT (please circle one) give permission for photographs and other visual information regarding my child to be used by the school for promotion and other educational purposes: eg school newsletter, school website, newspaper, television and Internet.

Signature of Parent/Guardian: _____Date:____/____/____

MEDICAL CONSENT :

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:____/____/____

Comments: _____

I certify that the information contained within this form is true and correct.

Signature of Parent/Guardian: _____Date: ____/____/____