

# MICKLEHAM PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 20\_\_

Computer Generated Student ID: \_\_\_\_\_

*Please Note: The following must be presented with this enrolment before it can be accepted:*

- Copy of Birth Certificate
- Immunisation History Statement (from Medicare or call 1800 653 809)
- Proof of permanent address (see office staff for more details)

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname: _____		Title: (Miss, Ms, Mrs, Mx, Mr)				
First Given Name: _____						
Second Given Name: _____						
Preferred Name (if applicable): _____						
❖ Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)	Birth Date: (dd-mm-yyyy)	___ / ___ / ___

### 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	

## 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):

## ADULT B DETAILS:

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <span style="float: right;">fill in blank</span>
<b>Title:</b> (Ms, Mrs, Mr, Mx, 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 <input type="checkbox"/> Yes (please specify): <b>Please indicate how often any additional languages are spoken by Adult A:</b> <input type="checkbox"/> Always <input type="checkbox"/> Sometimes
<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 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>OFFICE USE ONLY: TO BE COMPLETED AT INTERVIEW.</b> ❖ <b>What is the occupation group of Adult A?</b>

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <span style="float: right;">fill in blank</span>
<b>Title:</b> (Ms, Mrs, Mr, Mx, 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 <input type="checkbox"/> Yes (please specify): <b>Please indicate how often any additional languages are spoken by Adult B:</b> <input type="checkbox"/> Always <input type="checkbox"/> Sometimes
<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 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>OFFICE USE ONLY: TO BE COMPLETED AT INTERVIEW.</b> ❖ <b>What is the occupation group of Adult B?</b>

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# PRIMARY FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

### Business Hours:

Can we contact Adult A during business hours? (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
Home Telephone No:		
Work Telephone No:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Adult A's preferred method of contact:</b> (tick one only) (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		

## ADULT B CONTACT DETAILS:

### Business Hours:

Can we contact Adult B during business hours? (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
Home Telephone No:		
Work Telephone No:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address:		
Email notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Adult B's preferred method of contact:</b> (tick one only) (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		

## 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 (APART FROM PRIMARY CARERS):

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

## OTHER PRIMARY FAMILY DETAILS

<b>Relationship of Adult A to Student:</b> (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
<b>Relationship of Adult B to Student:</b> (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
<b>The student lives with the Primary Family:</b> (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally
<input type="checkbox"/> Never			
<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			

## 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>OFFICE USE ONLY:</b>	
<b>Does the student speak English?</b> (tick)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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 <input type="checkbox"/> Yes, What language is spoken at home? _____	
<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.

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## SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Name of previous Kindergarten (if no previous school):	
Years of previous education:	What was the language of the student's previous education?
Years of interruption to education:	
Is the student repeating a year? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
What year did they repeat? :	
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
Did the student have an Integration Aide at previous school? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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 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.)
Access Type: (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
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:	

<b>OFFICE USE ONLY:</b>
Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No

# 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)					<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<b>*If yes, please go to Asthma Medical Condition details below</b>						
Does the student suffer from Anaphylaxis? (tick)				<input type="checkbox"/> Yes**	<input type="checkbox"/> No	
<b>**If yes, have you supplied an Epipen <u>and</u> Action Plan to the school? (tick)</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No	***

\*\*\*If you have answered no, an Epipen and Anaphylaxis Action Plan must be given to the school before your child commences.

## 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 <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	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:
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take any medication for Asthma? (tick)		
<input type="checkbox"/> Yes (If yes, please complete a Medication Authority Form available from the office) <input type="checkbox"/> No		

Asthma medication and a SPACER must be given to school before your child commences.

Please note: It is a DET requirement that all Asthma and Anaphylaxis Management Plans need to be updated and provide to the school on an ANNUAL basis. Preferably, at the beginning of each year.

## 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/allergies? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any medical, allergies or physical concerns e.g. diabetes, cerebral palsy, blood conditions etc:		
Symptoms:		
If my child displays any of the symptoms above please: (tick)		
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inform Emergency Contact	<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 any medication for the above medical condition/allergy? (tick)		
<input type="checkbox"/> Yes (If yes, please complete a Medication Authority Form available from the office) <input type="checkbox"/> No		

# PARENT/GUARDIAN AUTHORISATION AND CONSENT

Your permission is for the duration of your child's time at Mickleham Primary School or unless notified otherwise

1. 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:
    - a. Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
    - b. Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Yes  
 No
  
  2. I consent to my child's photograph (individual or small group) to be used in publications or broadcasts related to school activities e.g. school newsletter, school website, notice board (surname will not be used in any publication).
- Yes  
 No

## EXPECTATIONS OF PARENTS

At Mickleham Primary School your child's safety, wellbeing and right to the best education possible are considered our top priority. In order to achieve these things, we require the support of parents and guardians and ask that they commit to certain expectations regarding their child/children's education. We believe as a community of learners, if we support each other our students will have the best opportunities to achieve. Please read the following statements carefully and sign below to confirm your commitment to fulfil these expectations.

- The school day at Mickleham Primary School starts at 8.55am and finishes at 3.30pm. Students are expected to be at school and in class by 8.55am and remain until 3.30pm. Being even a little late or leaving a little early, will mean they miss out on important information and learning required to perform at their best during the day.
- The school grounds are staffed between 8.40am and 3.45pm each day. Outside of these times, there are no staff on duty and children must not be left by parents. We have an Outside of School Hours Care Program, run by Big Childcare, which is available should your child need care before 8.40am or after 3.45pm. We expect all families to enrol in this program, regardless of whether they plan to use the service or not. In this way, the service can then be used if it is required in an emergency. You will not be charged, unless you actually use the service. Any child who arrives before the allocated time or has not been picked up by 3.45 will be sent to the OSHC Program and parents will be charged the appropriate fee by Big Childcare.
- It is a legal requirement that all children attend school unless they are ill. Family holidays should be scheduled within school holiday periods. If holidays must be taken outside these times, parents are required to make an appointment with the Principal or Assistant Principal to seek approval and discuss homework to be undertaken during the holiday period. A further appointment will be necessary on return to school to determine any further educational requirements.
- Should your child be absent from school, you are required to notify the office (via Compass) by 9.30am on the day of the absence.
- All responses to communications, permission forms and payments are to be returned to school **no later than the due date** as specified on any original note. Failure to do this may mean your child misses out on an excursion or event, as no late payments will be accepted.
- Notes and money are to be sent to your child's classroom, not to the office.
- Mickleham Primary School has a compulsory school uniform. It is expected that all children will be in the correct uniform every day. A note will be required if a child is out of uniform on a single day for an extenuating circumstance.
- All parents are expected to support the school with regard to all academic and behavioural aspects of their child's education.
- In the event of an emergency and if it is safe to do so, it is possible that parents will be asked to collect their children from a designated area. In this case, only a child's parents or legal guardians will be able to collect their child.

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.

I certify that the information contained within this form is correct and I confirm that I have read and understood the expectations as outlined above. I agree to abide by these expectations, to ensure my child receives every opportunity to learn, for the duration of their time at Mickleham Primary School.

Adult A: Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult B: Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

<b>Child's Name and Birth Date proof sighted</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Enrolment Date:</b>	
<b>Year Level</b>		<b>Home Group</b>		<b>House</b>	
<b>Immunisation Certificate received?:</b> (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
<b>Is there a Medical Alert for the student?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Does the student have a Disability ID Number?</b> (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Disability ID No.:</b>	
<b>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?</b> (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	
<b>OSHC Form Completed</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No		



