

PINGELLY PRIMARY SCHOOL ENROLMENT FORM



Student Details					
SURNAME		ENROLLING INTO YEAR (K-6)			
LEGAL SURNAME		PREFERRED START DATE			
FIRST NAME		PREFERRED NAME			
MIDDLE NAME		DATE OF BIRTH			
RESIDENTIAL ADDRESS		GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
			POSTCODE		
TELEPHONE		MOBILE			
EMAIL ADDRESS					
RELATIONSHIP WITH PARENT/S					
Child lives with:					
Both Parents	<input type="checkbox"/>	Parent 1	<input type="checkbox"/>		
Parent 2	<input type="checkbox"/>	Other Person Responsible	<input type="checkbox"/>		
ACCESS RESTRICTION					
Is this student subject to Access Restriction? <i>(If YES, please attach supporting documentation)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Relationship to child	
NAME OF SIBLINGS OR OTHER CHILDREN IN THE HOUSEHOLD ATTENDING THIS SCHOOL					
Sibling 1		Sibling 2		Sibling 3	
INTERPRETER REQUIRED:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Parent/Carer (Responsible Person 1)			Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO THE STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS <i>(if different from student residential address)</i>				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?			What is the level of the highest qualification you have completed?		
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>					
Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'.					
What is your occupation group?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Occupation/Workplace		Location		Phone	
Do you speak a language other than English	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mainly Speak English at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes to another language, which language?					

Parent/Carer (Responsible Person 2)				Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME		
RELATIONSHIP TO THE STUDENT						
MOBILE		HOME PHONE		WORK PHONE		
POSTAL ADDRESS (if different from student residential address)					POSTCODE	
EMAIL ADDRESS						
What is the highest year of primary or secondary school you have completed?				What is the level of the highest qualification you have completed?		
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>			
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>			
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>			
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>			
<i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i>						
Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not CURRENTLY in paid work, tick '8'.						
What is your occupation group?	1 <input type="checkbox"/>		2 <input type="checkbox"/>		3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
Occupation/Workplace		Location		Phone		
Do you speak a language other than English	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mainly Speak English at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes to another language, which language?						

Additional Person's Contact Details				Emergency Contact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
TITLE		SURNAME		FIRST NAME		
RELATIONSHIP TO THE STUDENT						
MOBILE		HOME PHONE		WORK PHONE		
POSTAL ADDRESS (if different from student residential address)					POSTCODE	
EMAIL ADDRESS						
<i>Please advise the school if there are any other contacts you would like recorded</i>						

Student Details – Additional Information			
Nationality		Religion	
Does the student mainly speak English at home?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If NO, Language Other Than English (LOTE) spoken at home:			
Is the student of Aboriginal or Torres Strait Islander origin? (For students of both Aboriginal and Torres Strait Islander origin mark both 'YES' boxes)		<input type="checkbox"/> NO <input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander	
PERMANENT/TEMPORARY RESIDENT			
In which country was the student born?	Australia <input type="checkbox"/> or	Other country (please specify)	
Citizenship	Australia <input type="checkbox"/> or	Other country (please specify)	
PERMANENT RESIDENT	<input type="checkbox"/>	TEMPORARY RESIDENT	<input type="checkbox"/>
Date Arrived in Australia		Date Arrived in Australia	
Visa Grant No		Visa Grant No	
Visa Sub Class No		Visa Sub Class No	
Visa Sub Class Expiry Date		Visa Sub Class Expiry Date	
Passport No		Passport No	
DEPARTMENT OF CHILD PROTECTION			

Is this student in the care of Department of Child Protection (DCP) Chief Executive Officer? If YES, please specify:		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
DCP Case Manager		DCP District		Phone	
COURT ORDERS					
Is this student subject to any court orders in respect of their care, welfare and development? If YES, please specify and attached supporting documentation.		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
PREVIOUS SCHOOL					
Previous School/s					
How many year/s has your child attended an Australian school?					
Reason for change of school:					
PERMISSIONS – By ticking these boxes, you and your child agree to abide by the School’s Policies, included in the Information Pack.					
Internet Permission	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A FULL version of these policies is available on the website or on request from the office. (I give consent for my child to see the Chaplain on a referral or application basis)		
Photo and Video Permission	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Mobile Phone Permission	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
School Chaplain Consent	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Student Details – Medical/Health					
Medicare Card No _____			Exp date _____		
Health Care Card No _____			Exp date _____		
MEDICAL CONDITION					
Does the student have a medical condition or intensive health care need? If YES, please specify:			YES <input type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/>	Allergy – Anaphylaxis (Form 4)	<input type="checkbox"/>	Seizure Disorder (eg epilepsy) (Form 7)		
<input type="checkbox"/>	Allergy (Form 5) – Other:	<input type="checkbox"/>	Hearing condition (eg Otitis media)		
<input type="checkbox"/>	Asthma (Form 8)	<input type="checkbox"/>	Mental health or behavioural (eg depression, ADD/ADHD)		
<input type="checkbox"/>	Diabetes (Form 6)	<input type="checkbox"/>	Intensive Health Care Need (eg tube feeding)		
<input type="checkbox"/>	Diagnosed migraine/headaches				
<input type="checkbox"/>	Other – please specify				
DISABILITY					
Does the student have a disability?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/>	Autism Spectrum Disorder		<input type="checkbox"/>	Severe Mental Disorder	
<input type="checkbox"/>	Deaf or Hard of Hearing		<input type="checkbox"/>	Global Developmental Delay (prior to age 6)	
<input type="checkbox"/>	Specific Speech Language Impairment		<input type="checkbox"/>	Vision Impairment	
<input type="checkbox"/>	Intellectual Disability		<input type="checkbox"/>	Physical Disability	
<input type="checkbox"/>	Other – please specify				
Please indicate if you have documentation regarding your child’s disability. Copies of this documentation will be required for school records			YES <input type="checkbox"/> NO <input type="checkbox"/>		
MEDICAL PRACTICE					
Medical Practice					
Doctor’s Name		Phone			
Address					
Suburb		Postcode			
Do you have Ambulance cover?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Permission to call Doctor		YES <input type="checkbox"/>		NO <input type="checkbox"/>	

Permission to administer First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DENTAL PRACTICE		
Dental Practice		Phone
Address		
Suburb		Postcode

I authorise for my child's information (not their name) to be included in the National Consistent Collection of Data (NCCD):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I agree to fully support the School's uniform policy:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I agree to head lice checks	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Signature			
Name of person enrolling student			
Relationship to student			
Signature		Date	

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

OFFICE USE ONLY			
Medical Forms Required: YES <input type="checkbox"/>	NO <input type="checkbox"/>	Form No's: _____	Principal Authorised: _____
Court Papers Supplied: YES <input type="checkbox"/>	NO <input type="checkbox"/>	Principal Instructions: _____	
Entry Date: ____/____/____	Year: _____	Room No: _____	Date Transfer Note Sent: ____/____/____
Previous School _____	Records Received YES <input type="checkbox"/> NO <input type="checkbox"/>		
Publications/Internet Permission Boxes Checked	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date sighted ____/____/____
• Birth certificate			<input type="checkbox"/>
• Immunisation certificate			<input type="checkbox"/>
• Proof of address			<input type="checkbox"/>
• Passport (if applicable)			<input type="checkbox"/>
• Visa (if applicable)			<input type="checkbox"/>
• Court order (if applicable)			<input type="checkbox"/>
Copy to: Teacher <input type="checkbox"/>	AP <input type="checkbox"/>	Library <input type="checkbox"/>	ESL (if applicable) <input type="checkbox"/>
			Faction Allocation <input type="checkbox"/>
Entered on School Information System by: _____	Date: ____/____/____		
Leave Date: ____/____/____	Destination: _____	Records Sent: YES <input type="checkbox"/>	NO <input type="checkbox"/>
This enrolment form must be archived until the former student reaches 25 years of age then it must be transferred (with printouts from SIS) to the State Records Office.			