

VERMONT PRIMARY SCHOOL ENROLMENT FORM

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID: _____
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname: _____	Title: (Miss, Ms, Mr) _____
First Given Name: _____	Second Given Name: _____
Preferred Name: (if applicable) _____	❖ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Birth Date: / /
List other family members enrolled at the school:	Proof of birthdate must be provided

PRIMARY FAMILY DETAILS: "THE FAMILY OR PARENT THE STUDENT MOSTLY LIVES WITH". IF MUM AND DAD LIVE IN SEPARATE HOUSES PLEASE COMPLETE THE ADDITIONAL AND ALTERNATIVE FAMILY FORMS. ADULT A AND B BELOW ARE FOR THE CARERS RESIDING AT THE SAME HOUSE, THE STUDENT MOSTLY LIVES WITH .

ADULT A DETAILS (PRIMARY CARER):

Relationship to Student: _____

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr) _____
Surname: _____	
First Name: _____	
What is Adult A's occupation? _____	
Who is Adult A's employer? _____	
In which country was Adult A born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
❖ Does Adult A speak a language other than English at home? (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): _____	
❖ What is the highest year of primary or secondary school Adult A has completed? (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	
❖ What is the level of the highest qualification the Adult A has completed? (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	

ADULT B DETAILS:

Relationship to Student: _____

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr) _____
Surname: _____	
First Name: _____	
What is Adult B's occupation? _____	
Who is Adult B's employer? _____	
In which country was Adult B born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
❖ Does Adult B speak a language other than English at home? (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): _____	
❖ What is the highest year of primary or secondary school Adult B has completed? (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	
❖ What is the level of the highest qualification the Adult B has completed? (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	

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
Contactable Telephone No:		
Other After Hours Contact Information:		
Email address: please write clearly		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contactable Telephone No:		
Other After Hours Contact Information:		
Email address: please write clearly		

PRIMARY FAMILY LIVING ARRANGEMENTS

The student lives with the Primary Family: (tick one) If Mostly, Balanced, Occasionally or Never is ticked, please complete the Alternative Family Section with details of the second family	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither	

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:			

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:

Other than Adult A or Adult B

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

DEMOGRAPHIC DETAILS OF STUDENT

Section A

❖ In which country was the student born?			
<input type="checkbox"/> Australia (skip to section B)	<input type="checkbox"/> Other (please specify):	_____	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)		____ / ____ / ____	
What is the Residential Status of the student? (tick)		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Basis of Australian Residency:	<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport	<input type="checkbox"/> Holds Permanent Residency Visa
Visa Sub Class:	Visa Expiry Date:	Visa Statistical Code: (Required for some sub-classes)	

Section B

❖ Does the student speak a language other than English at home? (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): _____
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (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
What is the student's living arrangements? (tick one):	<input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian
Student's Religion:	
Usual mode of transport to school: (tick)	<input type="checkbox"/> Walking <input type="checkbox"/> Bus <input type="checkbox"/> Driven <input type="checkbox"/> Bicycle <input type="checkbox"/> Other: _____

PREVIOUS SCHOOL OR KINDERGARTEN DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School or Kindergarten:	
Years of previous education:	What was the language of the student's previous education?
Is the student a repeat student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student an Integration student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending school full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I give the school permission to speak with previous Educational Institutions: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please attach a copy of any previous school year reports or relevant information you may have.

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"/> Court Order	<input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining 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
Details: For example, Christmas celebrations, sport		

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student have any Medical Conditions? (If Yes, please list)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Condition / Allergy / Diagnosis	Symptoms and further Information		

CERTAIN CONDITIONS SUCH AS ASTHMA OR ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED

MEDICAL CONDITION DETAILS CONTINUED:

Does the student have 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
Has your child had Assessments eg. Speech Pathology, Psychology, Hearing, Eyesight					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a copies of the reports to the school						

SCHOOL CONSENT

CONSENT TO PUBLISH WORK AND IMAGES	
<p>Students work, images or photos may be published on the internet or in electronic or print media for the purposes of promoting the school and celebrating achievements. Please read additional information provided regarding the publishing of work and images. I consent to the use of my child’s work and images to be used in a range of ways including, but not limited to the school newsletter, displays within the school, local newspapers, school website, the school app and the school magazine.</p>	
<p>Student’s Name: _____ Grade: _____</p>	
<p><input type="checkbox"/> I / We give permission to publish work, images or photos</p>	
<p><input type="checkbox"/> I / We do not give permission to publish work, images or photos</p>	
<p>Signature of Parent / Guardian: _____ Date: ____/____/____</p>	

ACCIDENT CONSENT
<p>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 impractical to contact me to: (cross out any unacceptable statement)</p> <ul style="list-style-type: none"> consent to my children 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
<p>Signature of Parent / Guardian: _____ Date: ____/____/____</p>

LOCAL WALKING EXCURSION CONSENT
<p>Students in Year 3 to 6 have access to the local Vermont Football Oval and playground equipment during Lunch Recess. This area is supervised by 2 teachers at all times the students are accessing the area. In addition to this, from time to time the children in Foundation to Year 6, under supervision of their teacher, are taken out of the school grounds for a local walking excursion to look at points of interest, for example, environmental studies walk, exploring real life mathematics or walking to The Dell. Parents / Guardians will be notified in advance of all such excursions and the option to opt out will be provided.</p>
<p>Signature of Parent / Guardian: _____ Date: ____/____/____</p>

HEAD LICE
<p>Head lice often appear in schools. To help control the spread of Head Lice, we ask that you give permission when necessary for your child to have their hair inspected by medical officers designated by School Council.</p> <p>This consent form will be valid for the duration of my child’s attendance at Vermont Primary School. Should the need arise, I give my permission for my child to have his/her hair inspected for Head Lice.</p>
<p>Signature of Parent / Guardian: _____ Date: ____/____/____</p>

SIGNATORY

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, however, 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.

Signature of Parent/Guardian: _____ Date: ____/____/____

I have enclosed the following documents (if applicable)

- Proof of Birth Date (Birth Certificate, Passport)
- Immunisation Status Certificate
- Proof of Address (minimum of 3 documents)
- Copy of students residency Visa (if applicable)
- Previous reports completed by support services such as speech therapy, educational psychologist, that will help the school cater for your child's needs.

I am required to complete the following documents for my child: (the school will be in contact)

- Allergy Management Plan
- Anaphylaxis Management Plan
- Asthma Management Plan
- Details of medical conditions requiring medication – Medication Authority Form
- Other medical conditions, name: _____

ALTERNATE FAMILY DETAILS

This form is to be completed if the student's parents are separated and the student no longer lives with both parents. This form is to be completed by the parent who **does not** live at the Student's **main** address. (ie: Alternate Family)

ADULT A DETAILS (PRIMARY CARER):

Relationship to Student: _____

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr)	
Surname:			
First Name:			
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
❖ Does Adult A speak a language other than English at home? (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):		
❖ What is the highest year of primary or secondary school Adult A has completed? (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		
❖ What is the level of the highest qualification the Adult A has completed? (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		

ADULT B DETAILS:

Relationship to Student: _____

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr)	
Surname:			
First Name:			
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
❖ Does Adult B speak a language other than English at home? (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):		
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
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<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification		

ALTERNATE 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:		

ALTERNATE FAMILY MAILING ADDRESS: WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS

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

ALTERNATE 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:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contactable Telephone No:		
Other After Hours Contact Information:		
Email address: please write clearly		

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 B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contactable Telephone No:		
Other After Hours Contact Information:		
Email address: please write clearly		

ALTERNATE FAMILY EMERGENCY CONTACTS:

Other than Adult A or Adult B

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

SIGNATORY

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

Signature of Parent/Guardian: _____ Date: ____/____/____

