



STUDENT ENROLMENT FORM 2019

Year	19	20	21	22	23	24	25
Level							
Home Group							

Computer Generated Student ID Number						

Vic. Student Number						

STUDENT PERSONAL AND ENROLMENT DETAILS

Surname						
First Given Name		List below other Family members attending this school:				
Second Given Name						
Preferred Name if different from first given name						
Gender	M / F	Birth Date : <u>NOTE</u> Proof of birth date must be sighted by the school			/ /	

OFFICE USE ONLY:	Proof of Birth Date		Immunisation Certificate		Start Date At KVPS		House	
------------------	---------------------	--	--------------------------	--	--------------------	--	-------	--

STUDENT PUBLICITY PERMISSION: Yes No (Tick appropriate box)
 E.g. School Webpage, Facebook, Newsletter, Local Radio, Local Newspapers, Department of Education Publications, Sentral

FAMILY HOME ADDRESS DETAILS

Number and Street			
Suburb		Postcode	
Telephone No.		Silent Number Y or N	

PRIMARY FAMILY DETAILS:

Note: The 'Primary' family is: 'The responsible family or parent for the student'

MOTHER:			FATHER:		
Title		Choose from: Ms, Mrs, Miss, Dr, Hon	Title		Choose from: Mr, Dr, Rev, Hon, Sir
Surname			Surname		
First Name			First Name		
Relationship to Student:			Relationship to Student:		
[Parent, Step-Parent, Adoptive Parent, Foster Parent, Legal Guardian]			[Parent, Step-Parent, Adoptive Parent, Foster Parent, Legal Guardian]		
Adult A Email:			Adult B Email:		
Correspondence to :			Living with Primary family:		
A = Adult A, B = Adult B, C = Both Adults			A= always, M= mostly, B= balanced, O = Occasionally, N = never		

MOTHER: Contact Details			FATHER: Contact Details		
Contact at work Y or N			Contact at work Y or N		
Business Hours			Business Hours		
Usually Home Y or N			Usually Home Y or N		
Telephone and other contact information			Telephone and other contact information		

FAMILY MAILING ADDRESS DETAILS – Leave blank if same as Home Address			
Number and Street or Box Number			
Suburb		Postcode	

FAMILY DOCTOR DETAILS					
Doctor's Name				Individual or Group Practice. (I or G)	
Building Details					
Number and Street Name					
Suburb		Postcode			
Telephone No.		Ambulance Subscriber Y or N		Medicare Number	

EMERGENCY CONTACTS				
**** OTHER THAN PARENTS / GUARDIANS **** (THIS SECTION MUST BE COMPLETED)				
	Name	Relationship [Neighbour, Relative, Friend or Other]	Telephone Contacts	Language Spoken
1				
2				
3				
4				

DEMOGRAPHIC DETAILS							
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)			Date of Arrival OR Date of Return to Aust. (if applicable)	___ / ___ / ___		
Residential Status P=Permanent, T=Temporary If T, the next 3 boxes must be completed		Visa Sub class	Visa statistical Code (if applicable)		Visa Expiry Date	___ / ___ / ___	
Does the student speak English? <input type="checkbox"/> Y or <input type="checkbox"/> N		Does the student speak a language other than English, at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Please specify:		Basis of Australian Residency: <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa			
Indigenous Background: No, or Yes: K= Aboriginal, T= Torres Strait Islander, B=Both, U= Unknown							
Living Arrangement: B=with Both parents, O= with One parent A= away from home (foster family).				Melway Reference			
Usual mode of Transport to School: W= walking, Y= cycle, C= driven			Distance to school in Kilometres eg. 1.5		Religion		

Date of First Australian School		Actual Time Fraction	
Name of Previous School		SGB Time Fraction	
Name of Previous Kinder and Kinder Group			
Years of Previous Education eg '95 - '99 = 5 years		Other School Name	
Language of Previous Education		Time Fraction	
Years of Interruption to Education		Enrolled Y or N	
Repeating Year Y or N			
Integration Student Y or N			

RESTRICTIONS

Is there an Access Alert? Y or No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access Alert Type: (tick)	<input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Note: A copy of this order MUST be given to the school. 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:	

KILBERRY VALLEY GENERAL
PERMISSION REQUESTS

Consent to conduct head lice inspections
Permission to cover the duration of the student's attendance at Kilberry Valley PS (tick)

YES NO

I GIVE PERMISSION FOR MY CHILD TO WALK ON A CLASS EXCURSION IN THE LOCAL AREA OF HAMPTON PARK. I AUTHORISE THE TEACHER IN CHARGE TO SEEK MEDICAL ATTENTION IF NECESSARY.

SIGNED.....
(PARENT /GUARDIAN)

DATE.....
THIS AUTHORITY WILL REMAIN IN PLACE FOR THE DURATION YOUR CHILD IS ENROLLED AT KILBERRY VALLEY

MEDICAL / IMMUNISATION DETAILS

Medical Alert : Y or N		Details	
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:			
<ul style="list-style-type: none"> ▪ 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: _____	

Integration Student Disability ID Number		Immunisation Status. C = Complete, P = Partial, N = Not Immunised NOTE: Immunisation certificate MUST be given to the school If immunisation is complete do NOT complete the questions below. Y = Immunised, N = Not immunised, U = Unknown	
Hearing Impairment Y or N		Hepatitis B	
Speech Impairment Y or N		Diphtheria	Pertussis [Whooping Cough]
Vision Impairment Y or N		Haemophilus influenzae Type B	Poliomyelitis
Mobility Impairment Y or N		MMR	Tetanus

MEDICAL CONDITIONS

1. Medical Condition - ASTHMA				
Further Detail:				
Symptoms	Cough Y or N	Difficulty Breathing Y or N	On display of symptoms:	
	Wheeze Y or N	Symptoms After Exertion Y or N		Inform doctor Y or N
	Tight Chest Y or N			Inform emergency contact Y or N

Asthma Management Plan:		Administer medication Y or N (If 'yes' please complete other side of form)	
		Other medical action Y or N	
Medication	*** If medication is to be taken during school hours please complete a separate medical form and return to the office as soon as possible.		

MEDICAL CONDITIONS			
2. Medical Condition			
Further Detail:			
Symptoms:	On display of symptoms:		
	Inform doctor Y or N		
	Inform emergency contact Y or N		
	Administer medication Y or N		
	Other medical action Y or N		
Medication		Dosage	
Frequency		Administer by nurse / staff member	

If parents will not be collecting children from school please complete the following

After School Care – Name of Centre			Phone Number		
Days Attending After School Care Please Tick	Mon	Tues	Wed	Thurs	Fri

Who will regularly collect your child from school – (other than parents)	Phone Number

- ◆ Please ensure that all sections of this form have been completed and signed where necessary, and that all relevant documentation is attached, so that we can enrol your child correctly.

Signature (s) of Parents / Guardians:

Mother: _____ **Dated** ___ / ___ / ___ 201___

Father: _____ **Dated** ___ / ___ / ___ 201___

THANK YOU FOR TAKING THE TIME TO FILL IN THIS ENROLMENT FORM FOR KILBERRY VALLEY PRIMARY SCHOOL
The details are confidential but are required to enable staff to properly enrol your child at our school

STUDENT NAME: _____

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required

ADULT A DETAILS (PRIMARY CARER): FEMALE

Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal 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):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖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 <i>highest</i> 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		
❖What is the occupation group of Adult A? 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. If the person has not been in paid work for the last 12months, enter 'N'		

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

STUDENT NAME: _____

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required

ADULT B DETAILS (PRIMARY CARER): MALE

Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal 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):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ 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		
❖ What is the occupation group of Adult B? 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. If the person has not been in paid work for the last 12 months, enter 'N'		

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