

MORWELL PARK PRIMARY SCHOOL

STUDENT ENROLMENT FORM Private and Confidential	SURNAME								
	STUDENT NUMBER								

STUDENT PERSONAL AND ENROLMENT DETAILS This section must be completed to facilitate the entry to school.										
SURNAME								Miss / Mr		
Given Names										
Preferred Name if not same as given.						Complete only if different to given name				
Gender - M or F		Birth Date			NOTE: Proof of birthdate must be sighted					
Enrolment Date				Proof of Date of Birth Sighted			Y or N			
Siblings at School										
Year Level		Home Group		Authority to Publish Form		Y or N		CSEF		Y or N
Transition Statement Provided by Early Childhood Educator OR Parent (Prep Chn only)								Yes / No / Pending		

FAMILY CONTACT DETAILS This section to be completed to record normal (non-Emergency) contact details.									
ADULT A					ADULT B				
Business Hours Only					Business Hours Only				
Contact at Work Yes / No		Ph No			Contact at Work Yes / No		Ph No		
Usually at home (During school hours) Yes or No					Usually at home (During school hours) Yes or No				
					Name				
After Hours Only					After Hours Only				
Contact Method Preferred: M - Mail, E - Email, F - Fax					Contact Method Preferred: M - Mail, E - Email, F - Fax				
E-Mail Address (below)					E-Mail Address (below)				
Home Address					Home Address				

DEMOGRAPHIC DETAILS									
Country of Birth									
Born Overseas (Yes or No)				Date of Arrival in Aust. or date of return.					
Residential Status (P-Permanent, T-Temporary. If Temp fill out next 2 boxes)						Visa Sub Class			
Visa Statistical Code (Not required for some sub-classes)						Visa Expiry Date			
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)									
No, English only			Yes, please specify...						
Indigenous Status K – Aboriginal, T – Torres Strait Islander, B – Both Aboriginal & Torres Strait Islander, N - Neither									
Living Arrangements B-At home with both parents, O-At home with one parent, A-Away from home, H-Homeless Youth, I-Independent)									

PRIMARY FAMILY DETAILS (NOTE: The single nominated or responsible family or parent for the student)										
ADULT A					ADULT B					
					Relationship to Student – Parent, Step Parent, Relative, Friend, Other.					
					Living with: A-Always, M-Mostly, O-Occasionally, N-Never					
					Send Correspondence to: Adult A/B or Both					
Gender (M/F)		Title (Ms, Miss, Mrs, etc)		Send Reports (y/n)		Gender (M/F)		Title (Ms, Miss, Mrs, etc)	Send Reports (y/n)	
					Legal Surname					
					Legal First Name					
					Occupation					
					Employer					
					Country of Birth					
		No, English only	Does the mother/guardian or father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)					No, English only		
		Yes, please specify						Yes, please specify		
		Interpreter required						Interpreter required		
		Year 12 or equivalent.	What is the <i>highest</i> year of primary or secondary school the parent/guardian has completed? Tick one box only in each column, Adult A & B. (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)					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		
		Bachelor degree or above	What is the <i>highest</i> level of qualification completed by the parent/guardian has? Tick one box only in each column, Adult A & B.					Bachelor degree or above		
		Advanced diploma/Diploma						Advanced diploma/Diploma		
		Certificate I to IV (including trade cert)						Certificate I to IV (including trade cert)		
		No non-school qualification						No non-school qualification		
		What is the occupation of the parent/guardian?								
		<ul style="list-style-type: none"> If person is not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in <u>paid</u> work in the last 12 months, enter 'N'. 								
		Are you available to assist with group activities? Yes or No								

SCHOOL DETAILS									
Year Level		PSD Student (yes/no)		PSD No.					
Date of first Aust. School		SGB Time Fraction		Rep Yr Y or N					
Previous School/s									
VSN						Yes, but unknown.		No, never been issued.	

PART TIME STUDENT DETAILS OFFICE USE ONLY			
Other School Name	SGB Fraction	Actual Time Fraction	Enrolled at this school

RESTRICTIONS (NOTE: Only use this section if a restriction or access alert exists for this particular child)			
Is there an Access Alert for this child? Y or N		<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan
		<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Auth
		<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
		<input type="checkbox"/> Witness Protection	<input type="checkbox"/> Other
Document/s Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Access Restriction (Description)		
Activity Restriction (If any)			

MEDICAL AND IMMUNISATION DETAILS			
Medical Alert	Y or N	Hearing Impairment	Y or N
Immunisation History Statement provided:	Y or N	Speech Impairment	Y or N
Immunization Certificate Status –	Complete / Not Sighted	Vision Impairment	Y or N
Pediculosis (Head Lice) Check Consent Form signed.	Y or N	Mobility Impairment	Y or N

ASTHMA DETAILS Does the child suffer from Asthma? (Yes/No) If YES please indicate symptoms below.				
Cough	Y or N	If my child displays any symptoms please:	Other Action if required.	
Difficulty Breathing	Y or N	Inform Dr		Y or N
Wheezing	Y or N	Inform Parent or Em Contact		Y or N
Symptoms after Exertion	Y or N	Administer Medication		Y or N
Tight Chest	Y or N	Asthma Mgmt Plan provided		Y or N

OTHER MEDICAL CONDITION			
Medical Condition			
Further Details			
Symptoms			ON DISPLAY OF SYMPTOMS
	Inform Doctor	Yes or No	
	Inform Emergency Contact	Yes or No	
	Administer Medication	Yes or No	
	Other Medical Action	Yes or No	
Medications			
Administer By	Dosage		
Fequency	Location Stored		
Dosage Time	Reminder Required	Yes or No	Poison Rating

EMERGENCY CONTACT DETAILS NOTE: These details are applicable for all family members.

Doctors Name		Doctors Phone	
Doctors Address			
Ambulance Subscriber Yes or No		Accident Declaration Sighted	Yes or No
Medicare Number			
Contact Name	Relationship to Student	Contact Numbers	

MEDICAL CONSENT FORM

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorize the Principal or teacher-in-charge of my child, where the Principal or the teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

- 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 _____ Dated ____/____/202__

LOCAL EXCURSION CONSENT FORM

I give permission for my child to attend excursions in the Latrobe Shire, travelling to and from the venue by foot or by bus. I understand that I will be notified of such excursions in the weekly newsletter.

SIGNATORIES

Thankyou for taking the time to complete this Student Information form. The details are confidential, but are required to enable staff to properly enrol your child at our school.

Signature of Parent/Guardian _____ Dated ____/____/202__

Signature of Parent/Guardian _____ Dated ____/____/202__

SEESAW

- Information and connection details provided.

NEWSLETTERS

- Please provide a paper copy of the newsletter as I am not able to access the website or SEESAW.
 Please send the newsletter by email to _____