



GLADSTONE PARK PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2010

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

OFFICE USE ONLY

Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	01/02/2010
Year Level	Home Group				
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student: (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number: (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	

FAMILY DETAILS

	List of any other family members attending Gladstone Park Primary School:	Year Level
1		
2		
3		
4		

❖ 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" - Alternative and Additional family forms are available from the school if this is required.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
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):	
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) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	<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	
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> • 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 to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
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):	
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) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	<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 A? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> • 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 to select from the attached occupation group list. • If the person has not been in <u>paid</u> 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

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:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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
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PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or 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:

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

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (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
Relationship of Adult B to Student: (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
The student lives with the Primary Family: (tick one)			
<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			

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<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: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID (Not required for exchange students)	
❖ 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"/> 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.

SCHOOL DETAILS

Date of first enrolment in an Australian School:	_____ / _____ / _____
Name of 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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
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
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

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)	<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		
If Yes, then describe the Activity Restriction:				

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	<i>Hearing:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Vision</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Speech:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Mobility:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

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"/> Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Difficulty Breathing		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Wheeze		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Exhibits symptoms after exertion		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Tight Chest		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student take medication? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:		
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response		
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:			
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating	

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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
If my child displays any of the symptoms above please: (tick)	
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:	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating

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

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

MEDICAL CONSENT

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: (cross out any unacceptable statement)

- 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: ____ / ____ / ____

LOCAL EXCURSION PERMISSION CONSENT

At various times throughout the year teachers may wish to take their class on a local excursion which will neither incur expense nor necessitate travelling by bus, e.g. visits to the shopping centre, nearby parklands or local sporting facilities

I give permission for my child to participate in local excursions and organised activities outside the school grounds for the duration of my child's schooling at Gladstone Park Primary School.

"I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary and to bear any costs involved".

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

HEAD LICE INSPECTION CONSENT

Throughout the year, the school will be arranging head lice inspections of students when it is felt necessary in a particular class, year level or even the entire school.

The management of head lice infestation works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The inspection of students will be conducted by a school staff member who has been trained by Hume City Council or Hume City Council nurses. The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices which do not place children's health at risk.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

I hereby give consent for my child to participate in the school's head lice inspection program for the duration of their schooling at Gladstone Park Primary School.

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

PERMISSION TO USE CHILDREN'S IMAGES FOR PUBLICATION

Dear Parents/Guardians,

To comply with the Information Privacy Act, we are seeking permission for the use of your child's images and/or work samples throughout their time at Gladstone Park Primary School. Your child's images and/or work samples may be used in one or all of the following publications:

- School newsletters
- School's website (your child will be identified by first name only)
- School's brochures
- Displays in the school
- Displays in the community
- Local, state and national newspapers

Consent may be withdrawn at anytime by contacting the Principal in writing.

Please tick **one** of the boxes below.

I have read the information above and **do give my permission** for my child's images and/or work samples to be used as stated above.

OR

I have read the information above and **do not give my permission** for my child's images and/or work samples to be used as stated above.

Student's Name: _____

(Please write first & family name.)

Name of parent/guardian: _____

(Print name)

Signed: _____

(Parent/Guardian)

Date: ___ / ___ / ___