

BENALLA P-12 COLLEGE



STUDENT ENROLMENT FORM – 2017

Computer Generated Student ID: _____

STUDENT DETAILS

Legal Surname:			Title: (Miss, Mr)	
Legal First Name:				
Legal Second Name:				
Preferred Name: (if applicable)				
Birth Date: (dd-mm-yyyy) (Copy of Birth Certificate must be attached)	____ / ____ / ____	❖ Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Mobile Number:				

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

Home Address:

No. & Street:			
Suburb:			
State:		Postcode:	
Telephone Number:		Silent Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:		Fax Number:	

OFFICE USE ONLY

Child's Name and Birth Date proof sighted? (Copy of Birth Certificate must be attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level		Home Group		House
Student Email Address:				
Immunisation Certificate received? (Copy must be attached)	<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? For Foundation students only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other family members attending Benalla P-12 College:

Primary Family Details

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

Adult A Details (Primary Carer):

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr etc)		
Legal Surname:		
Legal First Name:		
Adult A's occupation?		
Adult A's employer?		
❖ If Adult A has not been in <u>paid work</u> for the last 12 months, enter 'N'.		
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.)		
<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (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?		
<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:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr etc)		
Legal Surname:		
Legal First Name:		
Adult B's occupation?		
Adult B's employer?		
❖ If Adult B has not been in <u>paid work</u> for the last 12 months, enter 'N'.		
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.)		
<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (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 B has completed?		
<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		

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Main language spoken at home:		Preferred language of notices:	
Are you interested in being involved in school group participation activities? (eg. School Council, excursions)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both <input type="checkbox"/> Neither

Primary Family Contact Details

Adult A Contact Details:

Business Hours:

Can we contact Adult A at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

Adult B Contact Details:

Business Hours:

Can we contact Adult B at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

Primary Family Mailing Address:

Write "As Above" if the same as Family Home Address

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

Primary Family Doctor Details:

Doctor's Name		Individual or Group Practice:	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street: or PO Box Details:				
Suburb:				
State:		Postcode:		
Telephone Number		Fax Number		
Current Ambulance Subscription:	<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				

Primary Family Billing Address:

Write "As Above" if the same as Family Home Address

No. & Street: or PO Box Details:			
Suburb:			
State:		Postcode:	
Billing Email:	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)

Other Primary Family Details

Relationship of Adult A to Student:	<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
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student:	<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
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary 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:	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults
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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:		____ / ____ / ____	
What is the Residential Status of the student?		<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)		_____	
International Student ID : (Not required for exchange students)		_____	
❖ Does the student 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) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____ Does the student speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ Is the student of Aboriginal or Torres Strait Islander origin? <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? <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.

Beginning of journey to school:		Map Type		Melway / VicRoads / Country Fire Authority / Other	
Map Number	_____	X Reference	_____	Y Reference	_____
Usual mode of transport to school: <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Train <input type="checkbox"/> Driven <input type="checkbox"/> Taxi <input type="checkbox"/> Bicycle <input type="checkbox"/> Public Bus <input type="checkbox"/> Tram <input type="checkbox"/> Self Driven <input type="checkbox"/> Other					
If student drives themselves to school:		Car Reg.No.	_____	Distance to School in km:	_____

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School Details

Pre-School Details	<input type="checkbox"/> 4 year old Kindergarten <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year <input type="checkbox"/> 3 year old Kindergarten <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year <input type="checkbox"/> PEEP (8 or more sessions) <input type="checkbox"/> PEEP (one year or more)		
Foundation Year Level Only	Has a Transition Statement been provided from your child's Early Childhood Educator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of first enrolment in an Australian School:	____ / ____ / ____		
Name and address of previous School:			
Years of previous education:		What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Years of interruption to education:		Is the student repeating a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time?			<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

Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions • •

<p>Headlice Check for Primary Students</p> <p>Students enrolled at Benalla P-12 College from Foundation to Year 6 will be subject to a headlice check on a regular basis and if found to have headlice will be treated accordingly.</p> <p>If you DO NOT give permission for the school to check your child's hair and treat them accordingly please tick. <input type="checkbox"/> No</p>
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Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Access Restriction Details

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? <i>(Copy of current documentation must be attached)</i>	<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:	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Other
Describe any Access Restriction:		

Student Activity Alert Details

Is there an Activity Alert for the student? (i.e.: can't do PE because of physical injury)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

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Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: ____ / ____ / ____

Student Medical Details

Immunisation Certificate Attached? – Must be provided before child can commence school.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from any of the following impairments?	<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? If No, please go to the Other Medical Conditions section				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Asthma Medical Condition Details:

ONLY to be completed if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms:		If my child displays any of these symptoms please:			
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Tight Chest		If yes, please specify:			
Has an Asthma Management Plan been provided to School?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication?	<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?		<input type="checkbox"/> Preventative		<input type="checkbox"/> Response	
Usual dosage of medication taken:		How frequently is the medication is taken?			
Medication administered by:	<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other	
Medication is stored:	<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?	<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?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:					
Symptoms:					
If my child displays any of the symptoms above please:					
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?	<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?		<input type="checkbox"/> Preventative		<input type="checkbox"/> Response	
Usual dosage of medication taken:		How frequently is the medication is taken?			
Medication administered by:	<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other	
Medication is stored:	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

Student Doctor Details

ONLY to be completed if **THIS** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:			
Individual or Group Practice:	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Student Medicare Number:			

Student Emergency Contacts

ONLY be completed if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

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

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, but 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: ____ / ____ / ____

BENALLA P-12 COLLEGE



MEDIA PERMISSION

During your child's enrolment at Benalla P-12 College there may be occasions when the school would like to publish your child's name and or photograph in school publications or other media releases eg. photos in the school magazine, sports teams in the local print media, school website, facebook (the school's facebook site has authorised items only uploaded), video or photos etc in school promotion video footage for presentation purposes. For this we require your permission. Please complete, sign and date the form below and return it to school when completing the Enrolment Form.

B O'Brien

Barbara O'Brien
Principal

MEDIA PERMISSION FORM

STUDENT NAME: _____ **YEAR LEVEL:** _____

I give permission for my son's/daughter's name and/or photograph to be used in school and media publications during his/her time of enrolment at Benalla P-12 College.

 **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** ___ / ___ / ___



SCHOOL PRIVACY NOTICE

Please read this notice before completing the Enrolment Form.

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that Benalla P-12 College can register the student and allocate staff and resources to provide for their educational and support needs. All staff at Benalla P-12 College and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Benalla P-12 College can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. Benalla P-12 College depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

Benalla P-12 College requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Benalla P-12 College. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Barbara O'Brien, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Benalla P-12 College may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Benalla P-12 College.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Benalla P-12 College receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation Status

This assists Benalla P-12 College in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

VISA Status

This information is required to enable Benalla P-12 College to process your child's enrolment.

Updating Your Child's Records

Please let Benalla P-12 College know if any information needs to be changed by sending updated information to the school office. Please contact the school on (03) 5761 2777 or by email benallap.12@edumail.vic.gov.au to update any information. During the student's time with Benalla P-12 College we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access To Student Records Held By The School

In most circumstances you and/or the student (for older students) can access records about the student that are held by Benalla P-12 College. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Benalla P-12 College can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Benalla P-12 College Privacy Policy is available on www.benallap-12college.vic.edu.au