



Roebuck
PRIMARY SCHOOL

ROEBUCK PRIMARY SCHOOL ENROLMENT FORM

STUDENT DETAILS

Surname _____ Address _____

Legal Surname _____

1st Name _____ Date of Birth _____

2nd Name _____/...../..... Postcode _____

Preferred Name _____ Sex: Male Phone _____

Year Level _____ Female Mobile _____

Student lives with:

Both Parents Other

Parent/Guardian/Carer 1

Parent/Guardian/Carer 2 Name Relationship to student

Independent minor

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Only persons listed as emergency contacts have the authority to collect the student from the school during school hours. Please attach on a separate sheet any additional emergency contacts.

STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality (optional): _____ Country of Birth: _____

Religion: _____

Student's First Language: _____

Is the student's descent:Aboriginal YES NO

.....Torres Strait Islander (TSI) YES NO

.....Both Aboriginal and TSI YES NO

Does the student mainly speak English at home? YES NO

Does the student speak a language other than English at home? NO, English only YES, other please specify language (If more than one language, indicate the one that is spoken most often): _____

Australian Citizenship/Permanent Resident: YES NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Visa Sub-class No Expiry Date: _____

CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES NO
If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? YES NO

If YES, please specify the name of CPFS Case Manager, their CPFS District and contact phone number.

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _____ First Name: _____ Surname: _____ Mobile _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student

Fees and charges billing: YES NO If no, who is responsible: _____

Residential Address (if different to student): _____

Postal Address: _____

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____ Telephone (Work): _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English YES, other - please specify:
(If more than one language, indicate the one that is spoken most often) _____

'P' Number _____ (If you are a member of the Department of Education's Connect Community)

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

Parent/Guardian 2 Details

Title: _____ First Name: _____ Surname: _____ Mobile _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Residential Address (if different to student): _____

Postal Address (if different to Parent/Guardian 1): _____

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____ Telephone (Work): _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English YES, other - please specify:
(If more than one language, indicate the one that is spoken most often) _____

'P' Number _____ (If you are a member of the Department of Education's Connect Community)

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

STUDENT DETAILS – MEDICAL / HEALTH

Does the student have a disability? YES NO

If YES, please specify the disability/s: _____

Please indicate where you have documentation about the student's disability in any of the following areas. Copies of this documentation will be required for school records

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need? YES NO

If YES, please specify,

- | | |
|---|---|
| <input type="checkbox"/> Allergy - Anaphylaxis | <input type="checkbox"/> Hearing condition (e.g. otitis media) |
| <input type="checkbox"/> Allergy - Other _____ | <input type="checkbox"/> Mental health or behavioural (e.g. depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (e.g. tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) | |

NOTE: If indicated above that the student has a disability, medical condition or intensive health care need, additional form/s will be provided by the school.

Medical Practice (Name and Address): _____

Doctor's Name: _____ Telephone: _____

I give permission for the school to seek medical attention for this student as required, from the above medical centre YES NO

I give permission for the school to administer first aid when necessary YES NO

Dental Surgery Practice (if applicable, name and address): _____

Dentist's Name: _____ Telephone: _____

I give permission for the school to contact the above dentist for emergency dental care YES NO

Medicare No: _____ Valid to: ____ / _____

Health Care Card (if applicable): YES NO. If Yes, please provide no. _____ Expiry Date: _____

Do you have ambulance cover? YES NO
(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____
(independent minors and those aged 18 years or older may sign on their own behalf)

OFFICE USE ONLY
Enrolment entered: ____ / ____ / _____ (date) by: _____ (signature)

Faction: _____

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

All parents across Australia, no matter which school their child attends, are to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background.

Providing this information is directly related to school funding and not providing this information will impact on our school. Schools are funded under the following four criteria

- I. Enrolments
- II. Location
- III. Disability
- IV. Aboriginality

Included in I. is the parent occupation group. Providing accurate information to this section is important as it impacts on school funding.

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p><i>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</i></p> <p><i>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</i></p> <p><i>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</i></p> <p><i>Defence Forces Commissioned Officer.</i></p> <p><i>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</i></p> <p><i>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</i></p> <p><i>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</i></p> <p><i>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</i></p>	<p><i>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</i></p> <p><i>Specialist manager [finance/engineering/production / personnel/ industrial relations/ sales/marketing].</i></p> <p><i>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</i></p> <p><i>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</i></p> <p><i>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</i></p> <p><i>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</i></p> <p><i>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</i></p> <p><i>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</i></p> <p><i>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</i></p> <p><i>Defence Forces senior Non-Commissioned Officer.</i></p>	<p><i>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</i></p> <p><i>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</i></p> <p><i>Skilled office, sales and service staff</i></p> <p><i>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</i></p> <p><i>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</i></p> <p><i>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</i></p>	<p><i>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</i></p> <p><i>Office assistants, sales assistants and other assistants</i></p> <p><i>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</i></p> <p><i>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</i></p> <p><i>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</i></p> <p><i>Labourers and related workers</i></p> <p><i>Defence Forces ranks below senior NCO not included in other groups.</i></p> <p><i>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</i></p> <p><i>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</i></p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.