

#  KOROROIT CREEK PRIMARY SCHOOL

|  |  |  |
| --- | --- | --- |
| **STUDENT ENROLMENT YEAR – 20\_\_\_\_\_**  | Computer Generated Student ID:  |   |

#  STUDENT DETAILS

##  PERSONAL DETAILS OF STUDENT

|  |  |  |
| --- | --- | --- |
| **Surname:**  |   |  **Title:** (Miss Ms, Mrs, Mx, Mr)  |
| **First Given Name:**  |   |  |
| **Second Given Name:**  |   |  |
| **Preferred Name** (if applicable):  |   |  |
| v**Gender**  |  ¨ Male ¨ Female  | ¨Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(fill in blank)  |  **Birth Date:** \_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_\_ (dd-mm-yyyy) |

 **PRIMARY FAMILY HOME ADDRESS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No. & Street: or PO Box details**  |   |  |  |
| **Suburb:**  |   |  |  |
| **State:**  |   | **Postcode:**  |   |  |
| **Telephone Number:**  |   | **Silent Number:** (tick)  | ¨ Yes  | ¨ No  |
| **Mobile Number:**  |   | **Fax Number:**  |   |  |

###  *OFFICE USE ONLY*

|  |  |  |
| --- | --- | --- |
| **Date Received:**  | **Date Entered:**  | **Date Checked:**  |
| **Date Confirmation Letter Sent:**  | **Enrolment Start Date:** |
| **Child’s Name and Birth Date proof sighted** (tick) ¨ Yes ¨ No  |
| **Year Level:** | **Home Group:** | **House:** |
| **Immunisation Certificate received?**: (tick) ¨ Complete ¨ Not sighted  |
|  **Is there a Medical Alert for the student?** (tick) ¨ Yes ¨ No  |
| **Does the student have a Disability ID Number?** (tick) ¨ No ¨ Yes **Disability ID No.**:  |
| **Has a Transition Statement been provided?:**  (tick) ¨ Yes ¨ No ¨ Pending For prep students only |

# FAMILY DETAILS

|  |
| --- |
| **List any siblings attending this school:**  |
|   |

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

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**DEPARTMENT OF EDUCATION AND TRAINING**

**ENROLMENT FORM PRIVACY COLLECTION NOTICE – INFORMATION FOR PARENTS**

The Enrolment Form asks you for personal and health information about your child, you and your family. This information is collected to enable our school to educate your child and support your child’s social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006,* to collectsome of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child’s doctor. If you do not provide all relevant health information, this may put your child’s health at risk.

Our school requires current, relevant information about all **parents, guardians and carers** so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

## Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal requirements including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless this is required or permitted by law. For more about information-sharing and privacy, see our school’s privacy policy at: <http://kororoitcreekps.responsive.classfocus.com.au/wp-content/uploads/sites/95/2015/09/Privacy-policy.pdf>

## Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if this is required or permitted by law.

## Student background information

The enrolment form requests information about country of birth, Aboriginal or Torres Strait Islander heritage, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

## Immunisation status

Your child’s immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

**Visa status**

Our school also requires this information to process your child’s enrolment.

## Updating your child’s personal and health information

Please inform our school if there are any updates to any of the personal or health information you provide on the Enrolment Form.

## Accessing your child’s records

Our school provides ordinary school communications and school reports to students and parents, guardians and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

## Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school may transfer the student’s personal and health information to that next school. This may include copies of student’s school records, including any health information. Transferring this information assists the next school to provide the best possible education and support to students.

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##  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 required. These additional forms are designed to cater for varying family circumstances.

 **ADULT A DETAILS (PRIMARY CARER): ADULT B DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender:**  | ¨ Male ¨ Female ¨\_\_\_\_\_\_\_\_\_\_\_(fill in blank) |  | **Gender:**  | ¨ Male ¨ Female¨\_\_\_\_\_\_\_\_\_\_(fill in blank) |
| **Title:** (Ms, Mrs, Mr, Mx, Dr etc)  |   | **Title:** (Ms, Mrs, Mr, Mx, Dr etc)  |   |
| **Legal Surname:**  |  | **Legal Surname:**  |  |
| **Legal First Name:**  |  | **Legal First Name:**  |  |
| **What is Adult A’s occupation?**  |   | **What is Adult B’s occupation?**  |   |
| **Who is Adult A’s employer?**  |  | **Who is Adult B’s employer?**  |  |
| **In which country was Adult A born?**  | **In which country was Adult B born?**  |
| ¨ **Australia**  ¨ **Other** (please specify)**:**  | ¨ **Australia**  ¨ **Other** (please specify)**:**  |
| v **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)  | v **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)  |
| * No, English only
* Yes (please specify):
 | * No, English only
* Yes (please specify):
 |
| **Please indicate any additional languages spoken by Adult A:**  |   | **Please indicate any additional languages spoken by Adult B:**  |   |
| **Is an interpreter required?** (tick)  | ¨ Yes ¨ No  | **Is an interpreter required?** (tick)  | ¨ Yes ¨ No  |
| v**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’.)*  | v**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’.)*  |
| * Year 12 or equivalent
* Year 11 or equivalent
* Year 10 or equivalent
* Year 9 or equivalent or below
 | * Year 12 or equivalent
* Year 11 or equivalent
* Year 10 or equivalent
* Year 9 or equivalent or below
 |
| v**What is the level of the *highest* qualification the Adult** **A has completed?** (tick one)  | v **What is the level of the *highest* qualification the** **Adult B has completed?** (tick one)  |
| * Bachelor degree or above
* Advanced diploma / Diploma
* Certificate I to IV (including trade certificate)
* No non-school qualification
 | * Bachelor degree or above
* Advanced diploma / Diploma
* Certificate I to IV (including trade certificate)
* No non-school qualification
 |
| v**What is the occupation group of Adult A?** Please select the appropriate parental occupation group from the attached list.  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.  | v**What is the occupation group of Adult B?** Please select the appropriate parental occupation group from the attached list.  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 paid work for the last 12 months, enter ‘N’.  |   |  If the person has not been in paid work for the last 12 months, enter ‘N’.  |   |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Main language spoken at home:**  |   | **Preferred language of notices:**  |   |  |
| **Are you interested in being involved in school group participation activities? (e.g. School Council, excursions)** (tick)  | ¨ Adult A ¨ Adult B ¨ Both  | ¨ Neither  |

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##  PRIMARY FAMILY CONTACT DETAILS

 **ADULT A CONTACT DETAILS: ADULT B CONTACT DETAILS:**

 ***Business Hours: Business Hours:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact Adult A at work?** (tick)  | ¨ Yes ¨ No  |  | **Can we contact Adult B at work?** (tick)  | ¨ Yes ¨ No  |
| **Is Adult A usually home during business hours?** (tick)  | ¨ Yes ¨ No  | **Is Adult B usually home during business hours?** (tick)  | ¨ Yes ¨ No  |
| **Work Telephone No:**  |   | **Work Telephone No:**  |   |
| **Other Work Contact information:**  |   | **Other Work Contact information:**  |   |

 ***After Hours: After Hours:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is Adult A usually home AFTER business hours?** (tick)  |  ¨ Yes ¨ No  |  | **Is Adult B usually home AFTER business hours?** (tick)  |  ¨ Yes  | ¨ No  |
| **Home Telephone No:**  |   | **Home Telephone No:**  |   |  |  |
| **Other After Hours** **Contact Information:**  |   | **Other After Hours** **Contact Information:**  |   |  |  |
| **Mobile No:**  |  | **Mobile No:**  |  |  |  |
| **SMS Notifications:**   | ¨ Yes¨ No | **SMS Notifications:**   | ¨ Yes | ¨ No |
| **Adult A’s preferred method of contact**: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)  | **Adult B’s preferred method of contact**: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)  |
|  ¨ Mail ¨ Email ¨ Phone  |  ¨ Mail ¨ Email ¨ Phone  |
| **Email address:**  |  | **Email address:**  |  |
| **Email Notifications:**   | ¨ Yes¨ No | **Email Notifications:**   | ¨ Yes¨ No |
| **Fax Number:**  |  | **Fax Number:**  |  |

 **PRIMARY FAMILY MAILING ADDRESS:**

 Write “As Above” if the same as Family Home Address

|  |  |
| --- | --- |
| **No. & Street or PO Box**  |   |
| **Suburb:**  |   |
| **State:**  |   | **Postcode:**  |   |

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 **PRIMARY FAMILY DOCTOR DETAILS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctor’s Name**  |   |  |  | **Individual or Group Practice**(tick)  |  | ¨ Individual  | ¨ Group  |
| **No. & Street or PO Box No.:**  |   |  |  |  |  |
| **Suburb:**  |   |  |  |  |  |
| **State:**  |   |  |  | **Postcode:**  |  |   |  |
| **Telephone Number**  |   |  |  | **Fax Number** |  |   |  |
| **Current Ambulance Subscription:** (tick)  | ¨ Yes  | ¨ No  | **Medicare Number:**  |   |  |

 **PRIMARY FAMILY EMERGENCY CONTACTS:**

Emergency contacts are only authorised to collect your child/children in the event we are unable to contact parents/guardians in an emergency. They are not automatically authorised to pick up your child during the year. Verbal or written permission is required by the child/children’s parents/guardian for any other early pick up each time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | ***Name***  | ***Relationship***  | ***Telephone Contact***  | ***Language Spoken***  |
|   |   | (Neighbour, Relative, Friend or Other)  |   | (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**  |   |  |  |
| **Suburb:**  |   |  |  |
| **State:**  |   |  | **Postcode:**  |   |
| **Billing Email**  | ¨ Adult A ¨ Adult B ¨ Other (please specify)  |

##  OTHER PRIMARY FAMILY DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship of Adult A to Student:** (tick one)  | * Parent
* Foster Parent
 | * Step-Parent
* Host Family
 | * Adoptive Parent
* Relative
 |
|  | ¨ Friend  | ¨ Self  |  ¨ Other |
| **Relationship of Adult B to Student:** (tick one)  | * Parent
* Foster Parent
 | * Step-Parent
* Host Family
 | * Adoptive Parent
* Relative
 |
|  | ¨ Friend  | ¨ Self  | ¨ Other  |

|  |  |  |
| --- | --- | --- |
| **The student lives with the Primary Family:** (tick one)  |  |  |
|  ¨ Always ¨ Mostly ¨ Balanced  | ¨ Occasionally  | ¨ Never  |
| **Send Correspondence addressed to:** (tick one)  | ¨ Adult A  | ¨ Adult B ¨ Both Adults ¨ Neither  |

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##  DEMOGRAPHIC DETAILS OF STUDENT

|  |
| --- |
| v **In which country was the student born?**  |
| ¨ Australia ¨ 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)**  | ¨ Permanent ¨ Temporary  |
| **Basis of Australian Residency:**  |
| * Eligible for Australian Passport ¨ Holds Australian Passport
* 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)  |   |
| v **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)  |
| ¨ No, English only ¨ Yes (please specify):  |
| **Does the student speak English?** (tick)  | ¨ Yes ¨ No  |
| vIs the student of Aboriginal or Torres Strait Islander origin?(tick one) |
| * No ¨ Yes, Aboriginal
* Yes, Torres Strait Islander ¨ Yes, Both Aboriginal & Torres Strait Islander

  |
| Is the student a young carer (providing support/care for other family member/s)?(tick one) |
| ¨ No ¨ Yes  |
| **What is the student’s living arrangements?** (tick one):  |
| * At home with TWO Parents/ Guardians ¨ State Arranged Out of Home Care # (See Note)
* At home with ONE Parent/ Guardian ¨ Homeless Youth
* Independent
 |

#- Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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:** (tick)  |  |
| ¨ Walking ¨ School Bus ¨ Train  |  ¨ Driven ¨ Taxi  |
| ¨ Bicycle ¨ Public Bus ¨ Tram  |  ¨ Self Driven ¨ Other  |
| If student drives themself to school:  | Car Reg. No.  |   |  | Distance to School in kilometres:  |   |

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

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##  SCHOOL DETAILS

|  |  |
| --- | --- |
| **Date of first enrolment in an Australian School:**  | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_  |
| **Name of previous School:** *(Including Kindergarten if Prep)* |   |
| **Years of previous education:**  |   | **What was the language of the student’s previous education?**  |   |
| **Does the student have a Victorian Student Number (VSN)?** ¨ Yes. ¨ Yes, but the VSN is unknown ¨ No, The student has never been Please specify: issued a VSN. ¨¨¨¨¨¨¨¨¨ |
| **Years of interruption to education:**  |   | **Is the student repeating a year?** (tick)  | ¨ Yes ¨ No  |
| **Will the student be attending this school full time?** (tick)  | ¨ Yes ¨ 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:**  | ¨ Yes ¨ No  |
| **Other school Name:**  |   | **Time fraction:**  | 0.  | **Enrolled:**  | ¨ Yes ¨ No  |

##  STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAIL

|  |  |
| --- | --- |
| **Is the student at risk?**  | ¨ Yes ¨ No  |
| **Is there an Access Alert for the student?** (tick)  | ¨ Yes (If Yes, then complete the ¨ No (If No, move to the immunisation following questions and present a / medical condition details questions.) current copy of the document to the school.)  |
| **Access Type:** (tick)  | ¨ Parenting Order ¨ Informal Carer Stat Dec  | ¨ Parenting Plan¨ DHHS Authorisation  |  Intervention Order ¨ Protection Order  Witness Protection Program Order |
|  | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Describe any Access Restriction:**  |   |  |
| **Is there an Activity Alert for the student?** (tick) If Yes, then describe the Activity Restriction:  | ¨ Yes   | ¨ No  |

|  |  |  |
| --- | --- | --- |
| ***OFFICE USE ONLY***Current custody document placed on student file?  | ¨ Yes  |  ¨ No  |

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

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##  STUDENT MEDICAL DETAILS

 **MEDICAL CONDITION DETAILS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does the student suffer from any of the following impairments?** (tick)  | *Hearing:*  | * Yes
* Yes
 | * No
* No
 | *Vision*  | * Yes
* Yes
 | * No
* No
 |
| *Speech:*  | *Mobility:*  |
| **Does the student suffer from Asthma?** (tick) If No, please go to the Other Medical Conditions section  | ¨ Yes  | ¨ 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)  |
| ¨ Cough  | Inform Doctor  | ¨ Yes  | ¨ No  |
| ¨ Difficulty Breathing  | Inform Emergency Contact  | ¨ Yes  | ¨ No  |
| ¨ Wheeze  | Administer Medication  | ¨ Yes  | ¨ No  |
| ¨ Exhibits symptoms after exertion  | Other Medical Action  | ¨ Yes  | ¨ No  |
| ¨ Tight Chest  | If yes, please specify:  |   |  |
| **Has an Asthma Management Plan been provided to School?**  | ¨ Yes  | ¨ No  |
| **Does the student take medication?** (tick)  | ¨ Yes ¨ No  | **Name of medication taken:**  |   |
| **Is the medication taken regularly by the student (preventive) or only in response to symptoms?** (tick)  | ¨ Preventative ¨ Response  |
| **Indicate the usual dosage of medication taken:**  |   | **Indicate how frequently the medication is taken:**  |   |
| **Medication is usually administered by:** (tick)  | ¨ Student ¨ Nurse ¨ Teacher ¨ Other  |
| **Medication is stored:** (tick)  | ¨ with Student ¨ with Nurse ¨ Fridge in Staff Room ¨ Elsewhere  |
| **Dosage time**  |   | **Reminder required?** (tick)  | ¨ Yes ¨ 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)  |  | ¨ Yes  | ¨ No  |
| If yes, please specify:  |   |  |
| Symptoms:  |   |  |  |  |
| **If my child displays any of the symptoms above please:** (tick)  |  |  |  |
| Inform Doctor  | ¨ Yes ¨ No  | Inform Emergency Contact |  | ¨ Yes | ¨ No  |
| Administer Medication  | ¨ Yes ¨ No  | Other Medical Action  |  | ¨ Yes  | ¨ No  |
|   | If yes, please specify:  |   |  |
| **Does the student take medication?** (tick)  | ¨ Yes ¨ No  | **Name of medication taken:**  |   |  |  |
| **Is the medication taken regularly by the student (preventive) or only in response to symptoms?** (tick)  | ¨ Preventative |  | ¨ Response  |
| **Indicate the usual dosage of medication taken:**  |   | **Indicate how frequently the medication is taken:**  |  |   |
| **Medication is usually administered by:** (tick)  | ¨ Student ¨ Nurse ¨ Teacher ¨ Other |
| **Medication is stored:** (tick)  | ¨with Student ¨Fridge in Staff Room ¨with Nurse ¨ Elsewhere   |   |
| **Dosage time**  |   | **Reminder required?** (tick)  | ¨ Yes ¨ No  | **Poison Rating**  |  |   |

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## STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s Name:**  |   |  |  |
| **Individual or Group Practice:** (tick)  |  | ¨ Individual  | ¨ Group  |
| **No. & Street or PO Box No.:**  |   |  |  |
| **Suburb:**  |   |  |  |
| **State:**  |   | **Postcode:**  |   |  |
| **Telephone Number**  |   | **Fax Number**  |   |  |
| **Student Medicare Number:**  |   |  |  |

## STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | ***Name***  | ***Relationship***  | ***Language Spoken***  | ***Telephone Contact***  |
|   |   | (Neighbour, Relative, Friend or Other)  | (If English Write “E”)  |   |
| 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_  |

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