



Watsonia North Primary School

FOR OFFICE USE ONLY:

YEAR LEVEL	PREP	ONE	TWO	THREE	FOUR	FIVE	SIX	YEAR OF ENROLMENT	
ENROLMENT DATE								HOME GROUP	

PLEASE PRINT CLEARLY:

Student Details

Personal Details of Student

Surname:			
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 Details

List any other students attending this school:

Adult A: Mother's/Female Guardian Details

Legal Surname:				Title: (Miss, Ms, Dr)	
Legal First Name:					
In which country was Adult A born?	<input type="checkbox"/> Australia	OTHER (please specify):			
❖ Does Adult A speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):			
❖ What is the occupation of Adult A?	If the person has not been in paid work for the last 12 months, enter 'N':				
❖ What is the highest year of primary or secondary school Adult A has completed?	<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 (include trade cert)	<input type="checkbox"/> No non-school qualification	

Adult B: Father's/Male Guardian Details

Legal Surname:				Title: (Mr, Dr)	
Legal First Name:					
In which country was Adult B born?	<input type="checkbox"/> Australia	OTHER (please specify):			
❖ Does Adult B speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):			
❖ What is the occupation of Adult B?	If the person has not been in paid work for the last 12 months, enter 'N':				
❖ What is the highest year of primary or secondary school Adult B has completed?	<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 (include trade cert)	<input type="checkbox"/> No non-school qualification	

❖ 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

Number & Street Name:			
Suburb:		Postcode:	
Home Telephone Number:		Silent No:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult A Contact Details

Mother's/Female Guardian

Employer's Name:			
Work Number:		Can Adult A be contacted at work?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number if different from above:		Mobile:	

Adult B Contact Details

Father's/Male Guardian

Employer's Name:			
Work Number:		Can Adult B be contacted at work?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone Number if different from above:		Mobile:	

Primary Family Emergency Contacts:

Please do not use Adult A and Adult B as Emergency Contacts as we already have these details

	Name:	Relationship:	Mobile:	Home/Work No:
1				
2				
3				

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
Relationship of Adult A to Student (tick one):				
<input type="checkbox"/> Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Adoptive Parent
<input type="checkbox"/> Relative	<input type="checkbox"/> Other			

Student Access or Activity Restrictions Details

Please provide a copy to the school of the current Custody documents if applicable

Is the student at risk:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Access Alert for the student?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access Type:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Is there an Activity Alert for the student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there current Custody documents?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any Access Restrictions:			
Describe the Activity Restriction:			

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 (please 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:	/ /
Visa Statistical Code:		International Student ID:	
❖ Does the student speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
What is the Main language spoken at home?			
❖ 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? (tick one)			
<input type="checkbox"/> At home with TWO Parents/Guardians	<input type="checkbox"/> At home with ONE Parent/Guardian		
<input type="checkbox"/> State Arranged Out of Home Care	<input type="checkbox"/> Homeless Youth/Independent		

Previous School/Pre-School Details (if applicable)

Date of first enrolment in an Australian School:	/	/	
Name of Previous School OR name of Pre-School:			
Student's Victorian Student Number (VSN) if known?			

Student Medical Details

Does the student suffer from any of the following impairments?			
Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility: <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
Immunisation Certificate Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not Provided
Does the student have a Disability ID Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability ID 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:	
<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight chest
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:	

Other Medical Conditions

Does the student have any other medical conditions?	<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:	

Doctor's Details

Doctor's Name	
Address of Doctor's Surgery:	
Phone Number of Doctor:	
Ambulance Subscriber:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medicare Number: _____

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 Adult A (parent/guardian) Date

.....
Signature of Adult B (parent/guardian) Date

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

.....
Signature of Adult A (parent/guardian) Date

.....
Signature of Adult B (parent/guardian) Date

I give staff at Watsonia North Primary School permission to contact the previous school (if relevant) to obtain information relevant to my child's schooling.

.....
Signature of Parent/Guardian

THE FOLLOWING DOCUMENTS MUST BE SUPPLIED ON ENROLMENT (LEGAL REQUIREMENT):

- **School Entry Immunisation Certificate:**
Please note that it is a LEGAL REQUIREMENT to provide a school entry immunisation certificate.
- **Proof of Birth:**
Either passport or full birth certificate is acceptable.

ENROLMENT: IMPORTANT NOTICE

Due to its success, Watsonia North is a very popular school to enrol children. Consequently, to avoid overcrowding, an enrolment limit of 500 students has been agreed between our School Council and the Department of Education and Early Childhood Development (DEECD). Priority for enrolment is therefore given to children where Watsonia North Primary School is the nearest school to the families' place of residence. Families who do not qualify under this guideline may be given a place, but are advised to contact Tina King (Principal) to discuss enrolment availability.

Please note that the following documentation must be provided on enrolment for proof of residency (not required if you have other children enrolled):
Driver's Licence | Current Utilities account, such as Electricity, Gas or Telephone bill | Lease Agreement

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 school.

I hope you will find that your association with Watsonia North Primary School and the wider school community is one that will enrich your family during your time here. Tina King, Principal