COHUNA SECONDARY COLLEGE

STUDENT ENROLMENT INFORMATION – 2019	Computer Generated Student ID:	

STUDENT DETAILS
PERSONAL DETAILS OF STUDENT

Surname:		**Title:** (Miss Ms, Mrs Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ **Sex** (tick):	☐ Male ☐ Female	**Birth Date:** (dd-mm-yyyy)	_____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

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

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Child's Name and Birth Date proof sighted (tick)				☐ Yes	☐ No	**Enrolment Date:**			
Year Level		**Home Group**		**Timetabling Group**		**House**		**Campus**	
Student Email Address:									
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.**:			

FAMILY DETAILS

List any other family members attending this school:

❖ 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". 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):

Sex (tick):	☐ Male ☐ Female
Title: (Ms, Mrs, Mr, Dr etc)	
Legal Surname:	
Legal First Name:	
What is Adult A's occupation?	
Who is Adult A's employer?	
In which country was Adult A born?	
☐ **Australia** ☐ **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)	
☐ No, English only	
☐ Yes (please specify):	
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick)	☐ Yes ☐ No
❖**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'.)*	
☐ Year 12 or equivalent	
☐ Year 11 or equivalent	
☐ Year 10 or equivalent	
☐ Year 9 or equivalent or below	
❖**What is the level of the *highest* qualification the Adult A has completed?** (tick one)	
☐ Bachelor degree or above	
☐ Advanced diploma / Diploma	
☐ Certificate I to IV (including trade certificate)	
☐ No non-school qualification	
❖**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. • If the person has not been in paid work for the last 12 months, enter 'N'.	

ADULT B DETAILS:

Sex (tick):	☐ Male ☐ Female
Title: (Ms, Mrs, Mr, Dr etc)	
Legal Surname:	
Legal First Name:	
What is Adult B's occupation?	
Who is Adult B's employer?	
In which country was Adult B born?	
☐ **Australia** ☐ **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)	
☐ No, English only	
☐ Yes (please specify):	
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick)	☐ Yes ☐ No
❖**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	
❖ **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	
❖**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'.	

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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) (tick)	☐ Adult A ☐ Adult B ☐ Both ☐ Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	☐ Yes	☐ No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile 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.) ☐ Mail ☐ Email ☐ Phone ☐ Facsimile		
Email address:		
Email Notifications:	☐ Yes	☐ No
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (tick)	☐ Yes	☐ No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	☐ Yes	☐ No
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 ☐ Facsimile		
Email address:		
Email Notifications:	☐ Yes	☐ No
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

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

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

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:

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

DEMOGRAPHIC DETAILS OF STUDENT

❖ **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)			
❖ **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	
❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one)			
☐ No	☐ Yes, Aboriginal		
☐ Yes, Torres Strait Islander	☐ Yes, Both Aboriginal & Torres Strait Islander		
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			

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: (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:	

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

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?**	
Does the student have a Victorian Student Number (VSN)?			
☐ Yes. Please specify: ☐☐☐☐☐☐☐☐☐	☐ Yes, but the VSN is unknown	☐ No. The student has never been 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

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

-
-

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Has the documentation been provided and retained on school records?	☐ Yes	☐ No
Have the conditions been met to complete the enrolment?	☐ Yes	☐ No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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

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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: _____ / _____ / _____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	*Hearing:*	☐ Yes	☐ No	*Vision*	☐ Yes	☐ No
	Speech:	☐ Yes	☐ No	*Mobility:*	☐ Yes	☐ No
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	☐with Nurse	☐ Fridge in Staff Room ☐ Elsewhere
Dosage time	**Reminder required?** (tick)	☐ Yes ☐ No	**Poison Rating**

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:			

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: _____ / _____ / _____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

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:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

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)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *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)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worke*r (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor