



MYRNIONG PRIMARY SCHOOL

Computer Generated Student ID

CONFIDENTIAL STUDENT ENROLMENT FORM - 2021

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1. STUDENT PERSONAL DETAILS

Surname:					Title	
First Given Name		Second Given Name				
Preferred Name (if applicable)		❖ Sex	M / F	Birth Date	/	/
List Any Other Family Members Attending This School:						
OFFICE USE ONLY						
Birth Date Proof Sighted	Y / N	Enrolment Date	/	/	Status	Active / Inactive / Future
Year Level		Home Group			House	

2. PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "The family or parent the student mostly lives with"

ADULT A (Primary Carer):			ADULT B:		
Gender	M / F	Title	Gender	M / F	Title
Surname			Surname		
First Name			First Name		
Current Occupation			Current Occupation		
Employer			Employer		
❖ Country of Birth			❖ Country of Birth		
❖ Language other than English Spoken at home <small>(If more than one language, indicate the one that is spoken most often.)</small>			❖ Language other than English Spoken at home <small>(If more than one language, indicate the one that is spoken most often.)</small>		
What is the highest year of primary or secondary school completed? <small>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</small>			What is the highest year of primary or secondary school completed? <small>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</small>		
What is the highest qualification completed?			What is the highest qualification completed?		
What is the occupation group? <small>If 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 the person's last occupation. <small>If the person has not been in paid work in the last 12 months, enter "N".</small></small>			What is the occupation group? <small>If 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 the person's last occupation. <small>If the person has not been in paid work in the last 12 months, enter "N".</small></small>		
Relationship To Student			Relationship To Student		

2. PRIMARY FAMILY DETAILS (Cont'd)

ADULT A: Contact Details		ADULT B: Contact Details	
Can we contact you at work?	Y / N	Can we contact you at work?	Y / N
Work phone number		Work phone number	
Preferred method of contact	Mail / Email / Mobile	Preferred method of contact	Mail / Email / Mobile
E-Mail Address		E-Mail Address	
Mobile Number		Mobile Number	
Family Home Address Details			
Postcode		No. & Street	
Suburb			State
Telephone Number		Silent Number	Y / N
		Fax Number	

Family Mailing Address Details – Write “As Above” if the same as Family Home Address			
Postcode		Box Number	
Suburb			State

Family Doctor / Medical Care Details			
Name and Address of Individual or Group Practice			Individual or Group Practice I / G
Doctor's Name		Telephone Number	
Pension/Healthcare Care Number			
Ambulance Subscriber	Y / N	Medicare Number	

Emergency Contacts other than Parent				
	Name	Relationship [Neighbour, Relative, Friend or Other]	Telephone/Mobile Contact Numbers	Language Spoken If not English
1				
2				
3				
Emergency contacts will be used only if parents are not contactable.				

Primary Family Details			
The Student Lives With the Primary Family:	Always, Mostly, Balanced, Occasionally, Never	Send Correspondence Addressed to:	A = Adult A C = Both Adults B = Adult B N = Neither

3. DEMOGRAPHIC DETAILS

❖ Country of Birth			
If Country of Birth is NOT Australia then advise:		Date of Arrival in Australia OR Date of Return to Australia	
Residential Status	P / T	P = Permanent, T = Temporary. IF T, the next line must be completed	
❖ Visa Sub Class	Visa Statistical Code [Not required for some sub-classes]	Visa Expiry Date	/ /
❖ Student Speaks English	Y / N	❖ Indigenous Background	N = No Indigenous Background, K = Aboriginal, T = Torres Strait Islander, B = Both Aboriginal & Torres Strait Islander
** Living Arrangement		** B = At home with TWO Parents/Guardians, O = At home with ONE Parent/Guardian, A = Arranged by State-Out of Home Care, H = Homeless Youth, I = Independent	
Usual Mode of Transport	W = Walking, Y = Bicycle, B = School Bus, P = Public Bus, T = Train, M = Tram, C = Driven, S = Self Driven, X = Taxi or O = Other	Distance to School In Kilometres	
Religion	General Notes		

4. SCHOOL DETAILS

Date Of First Enrolment in an Australian School	/ /	Previous School / Kindergarten	
Repeating Year	Y / N	Integration Required	Y / N
		Full Time Student	Y / N
Time fraction for Part Time Student, i.e. 0.8 = 4 days			
❖ Does your student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. the student has never been issued a VSN			
Please specify:			
<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"/> <input type="checkbox"/>			

5. RESTRICTIONS

Is There An Access Alert?	Y / N	If Y, then complete the Access Type and Access Restriction sections If N move to medical / immunisation details section below
Access Type		Court Order, Family Law Order, Restraining Order or Other
Access Restriction [Description]		
Is There An Activity Alert?	Y / N	If Y, then describe the Activity Restriction in below
Activity Restriction: [If Any]		

6. MEDICAL / IMMUNISATION DETAILS

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:

- 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 _____

❖ Medical Alert	Y / N				
❖ Disability	Y / N	Immunisation Certificate Sighted by School (circle)	Y / N / NA		
❖ Disability ID Number		Immunisation Status	Complete Immunisation / Partial Immunisation / Not Immunised		
❖ Hearing Impairment	Y / N	Legend: Y = Immunised, N = Not Immunised, U = Unknown			
❖ Speech Impairment	Y / N	Diphtheria	Y / N / U	Poliomyelitis	Y / N / U
❖ Vision Impairment	Y / N	Haemophilus Influenza type B	Y / N / U	Tetanus	Y / N / U
❖ Mobility Impairment	Y / N	MMR	Y / N / U	Hepatitis B	Y / N / U
		Pertussis (Whooping Cough)	Y / N / U		

This box should ONLY be filled out if THIS student has a Doctor and/or Medicare number different to the Primary Family.

Student Doctor Details/ Student Medicare Number	
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7. MEDICAL CONDITIONS

1/ ASTHMA Medical Condition Details										
Further Detail:										
Symptoms:	Cough	Y / N	Difficulty Breathing	Y / N	Wheeze	Y / N	Symptoms After Exertion	Y / N	Tight Chest	Y / N
If my child displays any of the above symptoms please:										
Inform Doctor?	Y / N	Inform Emergency Contact			Y / N	Administer Medication			Y / N	
Other Medical Action		Y / N	If Y please advise the action required							
Asthma Management Plan:										
Medication					Is Medication preventative (taken regularly) or in response to symptoms			Preventative / Response		
Dosage					Frequency					
Medication is Administered By	Student, Nurse, Teacher, Other				Location Stored		Student, Nurse, Fridge in Staff Room, Elsewhere			
Dosage time					Reminder Required?		Y / N	Poison Rating		

2/ ANY OTHER Medical Condition Details										
Medical Condition										
Further Detail:										
Symptoms										
If my child displays any of the above symptoms please:										
Inform Doctor	Y / N	Inform Emergency Contact			Y / N	Administer Medication			Y / N	
Other Medical Action		Y / N	If Y please advise the action required							
Medication					Is Medication preventative (taken regularly) or in response to symptoms			Preventative / Response		
Dosage					Frequency					
Medication is Administered By	Student, Nurse, Teacher, Other				Location Stored		Student, Nurse, Fridge in Staff Room, Elsewhere			
Dosage Time					Reminder Required		Y / N	Poison Rating		

8. FINANCE DETAILS.

Youth Allowance	Y / N	Healthcare/ Pension Card	Y / N – Card No:	Y / N	Attracts SGB Funds	Y / N
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ENROLMENT SUPPLEMENTARY QUESTION

<p>Why did you choose Myrning Primary for your child?</p> <p>You may tick more than one</p> <p><input type="checkbox"/> friends going</p> <p><input type="checkbox"/> safe environment</p> <p><input type="checkbox"/> closest secondary school</p> <p><input type="checkbox"/> recommended by Grade teacher or Principal</p> <p><input type="checkbox"/> sibling/s attending</p>		<p><input type="checkbox"/> learning programs</p> <p><input type="checkbox"/> firm discipline</p> <p><input type="checkbox"/> uniform policy</p> <p><input type="checkbox"/> recommended by neighbour/friend</p> <p><input type="checkbox"/> other (please explain) _____</p>	
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<p>Thank you for taking the time to complete this Student Information form. Under new DE&T privacy legislation this information will only be used for school administration purposes. The details are confidential, but are required to enable staff to properly enrol your child at our school.</p>	
Signature(s) of Parents/Guardians:	_____ Dated ____ / ____ / 20 ____
	_____ Dated ____ / ____ / 20 ____