

# FLINDERS PEAK SECONDARY COLLEGE

## Student Enrolment Information

Information provided on this form is confidential. Please complete and return to the General Office.



### OFFICE USE ONLY

Enrolment Date: ..... Status - Active  Inactive  Future   
 Computer Generated Student ID 

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 Year Level ..... Home Group .....

### Student Personal Details

Surname	
First Given Name	
Second Given Name	
Preferred Name	
❖ Gender (M = Male, F = Female)	
Date of Birth	

### List any other family members attending this school


### Primary Family Details

<b>ADULT A:</b>	Gender	
	Title	
	Surname	
	First Name	
	Occupation	
	Employer	
	Country of Birth	
	❖ Is English the language spoken at home?	
	❖ If not, specify language spoken at home	
	Interpreter Required (Yes or No)	
Relationship to Student: (Parent, Step Parent, Adoptive Parent, Foster Parent, Relative, Friend, Self or Other)		
❖ What is the highest year of primary or secondary school Adult A has completed?		
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 <input type="checkbox"/>		
❖ What is the highest qualification level Adult A has completed?		
Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> None <input type="checkbox"/>		

<b>ADULT B:</b>	Gender	
	Title	
	Surname	
	First Name	
	Occupation	
	Employer	
	Country of Birth	
	❖ Is English the language spoken at home?	
	❖ If not, specify language spoken at home	
	Interpreter Required (Yes or No)	
Relationship to Student: (Parent, Step Parent, Adoptive Parent, Foster Parent, Relative, Friend, Self or Other)		
❖ What is the highest year of primary or secondary school Adult B has completed?		
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 <input type="checkbox"/>		
❖ What is the highest qualification level Adult B has completed?		
Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> None <input type="checkbox"/>		

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

❖ Family occupation code (See attached information)	
Willing to volunteer to help at school – A = Adult A, B = Adult B, C = Both, N = Neither,	

**Primary Family Details - Contact Details:**

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**ADULT A:**

<b>Business Hours:</b>	Contact at Work (Yes or No)	
	Usually Home (Yes or No)	
<b>After Hours:</b>	Phone and Other Contact Information	Mobile :
	Usually Home (Yes or No)	
	Phone and Other Contact Information	Mobile :

**ADULT B:**

<b>Business Hours:</b>	Contact at Work (Yes or No)	
	Usually Home (Yes or No)	
<b>After Hours:</b>	Phone and Other Contact Information	Mobile :
	Usually Home (Yes or No)	
	Phone and Other Contact Information	Mobile :

**Primary Family Details – Family Home Address Details:**

Address	
Suburb, State & Postcode	
Telephone Number	
Silent Number (Yes or No)	
Mobile phone number	
Fax number	

**Primary Family Details – Family Mailing Address Details:** (Leave Blank if the same as Family Home Address)

Address	
Suburb, State & Postcode	

**Primary Family Details – Medical Details:**

Doctor's Name	
Medical Centre Name	
Address	
Telephone Number	
Ambulance Subscriber (Yes or No)	
Medicare Number	

**Primary Family Details – Emergency Contacts (Other than Adult A and Adult B)**

<b>1.</b>	Name	
	Relationship To Student (Relative, Neighbour, Friend or Other)	
	Telephone Number (Business Hours)	Mobile :
	Language Spoken	
<b>2.</b>	Name	
	Relationship To Student (Relative, Neighbour, Friend or Other)	
	Telephone Number (Business Hours)	Mobile :
	Language Spoken	
<b>3.</b>	Name	
	Relationship To Student (Relative, Neighbour, Friend or Other)	
	Telephone Number (Business Hours)	Mobile :
	Language Spoken	
<b>4.</b>	Name	

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Relationship To Student (Relative, Neighbour, Friend or Other)	
Telephone Number (Business Hours)	Mobile :
Language Spoken	

**Living Arrangements**

Living with Primary Family - A = Always, M = Mostly, B = Balanced, O = Occasionally, N = Never	
B = Lives at home with both parents, O = Lives at home with one parent, A = Lives away from home, H = Homeless youth, I = Independent	
Correspondence to – A = Adult A, B = Adult B, C = Both Adults, N = Neither	

**Demographic Details – Student Details**

<b>❖Country Of Birth</b>	<b>If not Australia, date of arrival in Australia</b>
Residential status (Permanent or Temporary)	
Visa expiry date	
Speaks English (Yes or No)	
<b>❖What language is spoken at home?</b>	
<b>❖Indigenous Background (Koorie, Torres Strait Islander, Both or Neither)</b>	

**Travel and Transport Information:**

Map Type (Melway, VicRoads, Country Fire Authority, Other)	Map Number
Horizontal Reference (Ref. X Axis = Across)	Vertical Reference (Ref. Y Axis = Down)
What is the distance to school in kilometers (Eg 5.5km)?	
Usual Mode Of Transport (Walking, Bicycle, School Bus, Public Bus, Driven, Self Driven, Taxi, Other)	

**Religious Details:**

Religion	
General Notes	

**Educational History:**

Date Of First Australian School	
Number of years of previous education	
Previous School	
Integration (Yes or No)	

**Student Restrictions**

**Access Restriction**

Is there an access alert (Yes or No)?	
<b>A copy of the Family Court Documents must be attached to the enrolment form.</b>	
Access Restriction (Description): (Court Order, Family Law Order, Restraining Order or Other)	

**Activity Restriction**

Is there any activity restriction? Give details	
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Does the student have a disability?)	
Disability ID Number	
Hearing Impairment (Yes or No)	
Speech Impairment (Yes or No)	
Vision Impairment (Yes or No)	
Mobility Impairment (Yes or No)	

**Medical Conditions – Student Details**

<b>Does the student suffer from <u>asthma</u>?</b>						
What are the symptoms of this condition? (Yes or No)	Cough		Wheeze		Tight Chest	
	Difficulty Breathing		Symptoms After Exertion			
Asthma Management Plan						

**On display of symptom of asthma:**

Inform Doctor (Yes or No)	
Inform Emergency Contacts (Yes or No)	
Administer Medication (Yes or No)	
Other Medical Action (Yes or No)	
Medication (Yes or No) & Type Of Medication	
Dosage & Frequency	
Administer By	

<b>Does the student have any other medical condition?</b>	
Full Details	
What are the symptoms of this condition?	
Inform Doctor (Yes or No)	
Inform Emergency Contacts (Yes or No)	
Administer Medication (Yes or No)	
Other Medical Action (Yes or No)	
Medication (Yes or No) & Type Of Medication	
Dosage & Frequency	
Administer By	
Dosage Time	
Reminder Required (Yes or No)	

**Student Personal Details – Student Doctor Details**

***This section should only be completed if this student has a doctor other than the family doctor.***

Doctor's Name	
Medical Centre Name	
Address	
Suburb, State & Postcode	
Telephone Number	
Fax Number	
Ambulance Subscriber (Yes or No)	
Medicare Number	

**Student Emergency Contacts**

***This section should only be completed if this student has emergency contacts other than the family emergency contacts.***

1.	Name	
	Relationship To Student (Relative, Neighbour, Friend or Other)	
	Language Spoken	
	Telephone Number (Business Hours)	

Does student receive Youth Allowance - Yes / No	or Abstudy Allowance? - Yes / No
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