

# BELL PRIMARY SCHOOL No. 4309

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:	
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## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Mr)
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 HOME ADDRESS:

No. & Street: or Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number (Adult A):	Fax Number:
Email Address:	

### OFFICE USE ONLY

Birth Date proof sighted (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group		
Immunisation Certificate Status?: (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted
Is there a Medical Alert for the student: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student have a Disability ID Number: (tick)	<input type="checkbox"/> No <input type="checkbox"/> 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" - Alternative and Additional family forms are available from the school if this is required.

As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

## ADULT A DETAILS (PRIMARY CARER):

## ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> 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?		
<input type="checkbox"/> Australia <input type="checkbox"/> 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)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)		
<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 (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in paid work for the last 12 months, enter 'N'.</li> </ul>		

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> 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?		
<input type="checkbox"/> Australia <input type="checkbox"/> 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)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)		
<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 (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in paid work for the last 12 months, enter 'N'.</li> </ul>		

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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)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

# PRIMARY FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

### Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

### After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## ADULT B CONTACT DETAILS:

### Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

### After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## 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)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or Box No.:				
Suburb:				
State:			Postcode:	
Telephone Number			Fax Number	
Current Ambulance Subscription: (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:

## PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A / ADULT B)

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

## OTHER PRIMARY FAMILY DETAILS

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

<b>❖ In which country was the student born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	_____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy)		____ / ____ / ____
<b>What is the Residential Status of the student:</b> (tick)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
<b>Basis of Australian Residency:</b>		
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa		
<b>Visa Sub Class:</b>	<b>Visa Expiry Date:</b> (dd-mm-yyyy)	____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes)		
<b>International Student ID</b> (Not required for exchange students)		
<b>❖ Does the student speak a language other than English at home?</b> (tick)		
( If more than one language is spoken at home, indicate the one that is spoken most often)		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):	
<b>Does the student speak English?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (tick one)		
<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	
<b>What is the student's living arrangements?</b> (tick one):		
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)	
<input type="checkbox"/> At home with ONE Parent/ Guardian		

# 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.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school:</b> (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
				Distance to School in kilometres:

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## SCHOOL DETAILS

<b>Date of first enrolment in an Australian School:</b>	____ / ____ / ____			
<b>Name of previous School, Preschool, Day Care Centre:</b>				
<b>Years of previous education:</b>	<b>What was the language of the student's previous education?</b>			
<b>Years of interruption to education:</b>	<b>Is the student repeating a year?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will the student be attending this school full time?</b> (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)				
<b>Other school Name:</b>	<b>Time fraction:</b>	0.	<b>Enrolled:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other school Name:</b>	<b>Time fraction:</b>	0.	<b>Enrolled:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions
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Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# STUDENT RESTRICTIONS DETAILS

## ACCESS RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction and attach a copy:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

## OFFICE USE ONLY

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

**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

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

# BELL PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE PROGRAM (BELL PS OSHC)

Person responsible for the OSHC Account	
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## PERSONS COLLECTING CHILDREN FROM THE PROGRAM (OTHER THAN MOTHER, FATHER, GUARDIAN)

Surname		Given Name	
Relationship		Home Phone	
Mobile		Work Phone	
Address			
Surname		Given Name	
Relationship		Home Phone	
Mobile		Work Phone	
Address			

I give permission to the staff at BELL PS OSHC to release my child to my nominee as above. I also give permission for the staff at BELL PS OSHC to release my child to a person other than those listed above after I/we communicate with staff via the phone.

Signature		Date	
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My child has special welfare needs and BELL PS OSHC have permission to obtain further information from the Welfare Co-Ordinator of Bell Primary School.

Signature		Date	
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### **Special Custody Arrangements** *(Bell PS OSHC needs to be provided with a copy of court orders/papers)*

Have papers been provided.  
*(Leave blank if not applicable)*

Yes

No

## CUSTOMER REFERENCE NUMBERS – CRN

Parents / Guardian CRN	
Parent Date of Birth (Necessary requirement for CCB)	
1 <sup>st</sup> Child's CRN	NAME: _____ CRN: _____
2 <sup>nd</sup> Child's CRN	NAME: _____ CRN: _____
3 <sup>rd</sup> Child's CRN	NAME: _____ CRN: _____

- I have completed a ***Claim for Child Care Benefit to reduce your fees form*** and forwarded same to the Family Assistance Office of Centrelink.
- I have read the *Information for Parents* document and I agree to the conditions contained therein.

Signature of Parent/Guardian:		Date	
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## PARENT/ GUARDIAN STATEMENT

I/ we give permission for my child or children to attend Bell Primary Outside School Hours Care Program operated by Bell Primary School Council.

Sign Here:	
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I/we authorise the staff to provide First Aid to my child.

I/ we authorise the staff, in the event of any illness or accident, to obtain on my behalf any such medical assistance my child may require.

I/ we agree to pay all such expenses incurred in which my child/ children may require including an ambulance.

Sign Here:	
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I/ we give permission for my child/ children to watch PG films

Sign Here:	
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I/ we give permission for the staff to take photos of your child/children. These photos will only be displayed in the school /Bell OSHC.

Sign Here:	
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# ATTENDANCE FORM

Please tick the day/s your child will be attending Before School and/or After School Care.

## AFTER SCHOOL CARE

Week starting \_\_\_\_\_ Weekly / Fortnightly/ Casual  
(Please circle)

Child's name	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					

## BEFORE SCHOOL CARE

Week starting \_\_\_\_\_ Weekly / Fortnightly/ Casual  
(Please circle)

Child's name	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					

I agree to provide any changes to these times to the Bell Primary School OSHC program.

Sign Here:	
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Any other information that might be relevant to helping the staff at Bell PS OSHC better look after your child/children.

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