



enrolment application

NAME:	(Office Use Only)
	YEAR LEVEL:
	HOUSE:

*Denotes areas on the form that must be completed.

*Surname: _____

*Legal Surname (if different from above): _____

*1st Name: _____

*2nd Name: _____

Preferred Name: _____

*Date of Birth: _____

*Sex: Male Female

Email Address: _____

Year Group you wish to enter: _____

House Group (School use only): _____

Curriculum Council NO (School Use Only): _____

*Address _____

Street: _____

Town/Suburb: _____

Postcode: _____

*Phone _____

Mobile _____

Fax _____

*Student Car Registration (if applicable) _____

Parent/Guardian/Carer Details

Child lives with:

Both Parents

Parent/Guardian/Carer 1

Parent/Guardian/Carer 2

Neither Parents

Emergency Contact

*Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency.

Parent/Guardian/Carer 1

Parent/Guardian/Carer 2

Other Contacts

Please indicate which Parent/Guardian/Carer is responsible for the following information: Please tick one box only.

School Accounts P/G/C 1 P/G/C 2

Newsletters/Correspondence P/G/C 1 P/G/C 2

Parent/Guardian/Carer 1 Details – Person who will be emergency Number 1 and receive SMS communication regarding absenteeism.

Title: Mr/Mrs/Ms/Dr

Surname:

First Name:

Relationship Mother/Father/Other (specify):

Gender: Male/Female

Work Phone:

Mobile Number:

Address (If different from student address):

Postcode

Phone:

Email Address:

Do you mainly speak English at home? Yes No

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

NO, English only

YES, other – please specify:

Parent/Guardian/Carer 2 Details – Person who will be emergency number 2.

Title: Mr/Mrs/Ms/Dr

Surname:

First Name:

Relationship Mother/Father/Other (specify):

Gender: Male/Female

Work Phone:

Mobile Number:

Address (If different from student address):

Postcode

Phone:

Email Address:

Do you mainly speak English at home? Yes No

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

NO, English only

YES, other – please specify:

Other Contact(s) Details

Title: Mr/Mrs/Ms/Dr

Surname:

First Name:

Relationship Mother/Father/Other (specify)

Gender: Male/Female

Work Phone:

Home Phone:

Mobile:

Address:

Postcode:

Parent/Guardian 1 and 2 Additional Information

The School is required to collect the following information by the Australian Government.

Please select the appropriate parental occupation group from the list provided on the back page. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

What is the occupation group of the Parent/Guardian 1

1 2 3 4 8

What is the occupation group of the Parent/Guardian 2

1 2 3 4 8

What is the highest year of primary or secondary school you have completed? (If you did not attend school, mark 'Year 9 or equivalent or below')

Mark one box only in each column	Parent/ Guardian 1	Parent/ Guardian 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

What is the level of the highest qualification you have completed?

Mark one box only in each column	Parent/ Guardian 1	Parent/ Guardian 2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

Names of Brothers and Sisters attending this school.

*Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer. YES NO
If YES, please specify the name of the DCD Case Manager, their DCD District and their contact phone number.

*Is this student subject to any court orders in respect of their care, welfare and development?

YES NO If YES, please specify and attach supporting documentation.

Student Details – Additional Information

What is the students Religion:

First Language Spoken at Home:

Indigenous Status: Is the student of Aboriginal or Torres Strait Islander origin? (For students of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes).

NO YES, Aboriginal YES, Torres Strait Islander

Does the student **mainly speak English at home**?

YES NO

Does the student **speak a language other than English at home**? (If more than one language, indicate the one that is spoken most often.)

NO, English only

YES, other – please specify:

Has the student ever been **excluded or suspended** from another school? YES NO

Out of School intake area YES NO

Are there **Access Restrictions**? YES NO

Health Care Card YES NO

Does the student have a disability? YES NO

If YES, please specify:

** Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records.*

Autism Spectrum Disorder Severe Mental Disorder

Deaf and Hard of Hearing Physical Disability

Intellectual Disability Vision Impairment

Global Developmental Delay (prior to age 6)

Specific Speech Language Impairment

*Permanent Resident YES NO

*Citizenship: Australian Other – please specify:

In Receipt of Allowance:

Secondary Assistance Youth Allowance

Abstudy Assistance for Isolated Children (AIC)

Please provide the following details:

*Date entered Australia: / /

*Visa Sub-class No.

Birth Certificate/Passport Provided YES NO

Movement History:

*Previous School: _____ or _____

*If previously enrolled in Home Education, specify the Education District:

Movement Reason? (if applicable):

How long at Previous School?:

Student Details – Medical/Health

Does the student have a medical condition or intensive health care need? YES NO

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

Allergy-Anaphylaxis Seizure Disorder (eg epilepsy)
 Allergy-Other Asthma
 Diabetes Intensive Health Care Need (eg tube feeding)
 Diagnosed migraine/headaches Hearing condition (eg otitis media)
 Mental health or behavioural (eg depression, ADD/ADHD)

Other

Medical Practice (Name and Address)

Doctors Name:

Phone:

Please provide any details of any other information you would like noted.

In which country was the student born? Australia

Other, please specify:

PUBLIC TRANSPORT AUTHORITY

STUDENT TRAVEL PERMIT

Parent/Legal Guardian Consent for Release of Student Details

I _____ give

(parent full name)

permission for

(student full name)

student details to be released to the PTA for the purposes of issuing a Student Smart Rider Card.

photograph to be taken by the school and released to the PTA for the purposes of issuing a Student SmartRider card for school purposes.

Signature:

Date:

Signature of Student

Policies

I understand that completion of the enrolment process implies **acceptance of and adherence** to the school policy including the daily wearing of the school uniform.

I understand the schools information technology policy prohibits inappropriate use of the internet and that students who contravene this policy will be denied access to the school's computer system.

I understand and have signed the Governor Stirling Senior High School Policies Permission Form relating to Uniforms, Mobile Phones, Video and Film, Privacy and Security, Computer Use, Drug Use and Behaviour.

Signed by

Student:

Parent:

Date:

Signature of Parents/Guardians residing with student:
I understand that if an ambulance is required for my child the **cost will be my responsibility.**

The Education Act requires the provision of FULL and ACCURATE disclosure of information at the time of enrolment. Failure to do so may lead to the cancellation of the enrolment.

I declare that the information provided on this form is true.

Parent/Guardian 1:

Parent/Guardian 2:

Date

Alternatively, name of person enrolling student (if not parent or guardian)

Name:

Relationship to student:

Signature:

Date:

Parental Occupation Groups: (relates to questions in Parent/Guardian 1 & Parent/Guardian 2 sections)

GROUP 1	Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.	Tradesmen/women, clerks and skilled office, sales and service staff	machinery and other machinery operators
Senior management in large business organisation, government administration & defence, and qualified professionals	Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing]	Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.	Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]
Senior executive/ manager/ department head in industry, commerce, media or other large organisation	Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]	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]	Office assistants, sales assistants and other assistants
Public service manager (section head or above), regional director, health/education/police/ fire services administrator	Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]	Skilled office, sales and service staff	Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]	Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]	Office [secretary, personal assistant, desktop publishing operator, switchboard operator]	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]
Defence Forces Commissioned Officer	Associate professionals generally have diploma/technical qualifications and support managers and professionals	Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]	Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
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.	Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]	Labourers and related workers
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.	Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]	GROUP 4	Defence Forces ranks below senior NCO not included in other groups
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]	Defence Forces senior Non-Commissioned Officer.	Machine operators, hospitality staff, assistants, labourers and related workers	Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Air/sea transport [aircraft/ships Captain/officer/pilot, flight officer, flying instructor, air traffic controller]	GROUP 3	Drivers, mobile plant, production/processing	Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]
GROUP 2			
Other business managers, arts/media/sportspersons and associate professionals			

Office Use

- Birth Certificate or Current Passport Sighted
- Proof of Residency sighted
- Policy Permission Form completed
- Curriculum Council Number
- All data entered on Integris by (please initial)

Start Date _____/_____/_____

- Accounts notified of enrolment
- Photo taken for Smart Card
- Computer Logon activated