Dear Parents,

Thank you for enquiring about enrolling your child at Bimbadeen Heights Primary School.

Before returning the enrolment forms to the school office, please ensure the following checklist is adhered to.

It is a government requirement that all students present both the birth and immunisation certificates on entry to school.

Thank you for your assistance with this.

Leigh Johansen
Principal

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**ENROLMENT CHECKLIST**

Have you provided the following documents/information?

- A copy of the Birth Certificate or Passport
- The Immunisation Certificate
- A copy of the Visa (if applicable)
- Completed emergency contact details (other than yourself)
- Completed the medical Condition/s details (if applicable). A separate form will be available when your child commences school to record more information
- Completed an Anaphylactic Plan (if applicable)
- Signed and dated both the consent and signatory sections

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06/05/14
CONFIDENTIAL STUDENT INFORMATION FORM

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

### STUDENT PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Title:</th>
<th>Family Name:</th>
<th>Computer Generated Student Id. Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Name:</td>
<td></td>
<td>Names of other siblings at this school:-</td>
</tr>
<tr>
<td>Preferred Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>Male (M) or Female (F)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td><em><strong>/</strong>/</em>__</td>
<td>(Proof of birth must be presented)</td>
</tr>
</tbody>
</table>

### PRIMARY PARENT/GUARDIAN'S DETAILS AND CONTACT INFORMATION

#### Parent/Guardian A

<table>
<thead>
<tr>
<th>Mrs/Ms:</th>
<th>Family Name:</th>
<th>Relationship to Student:</th>
<th>Country of Birth:</th>
<th>Current Occupation:</th>
<th>Employer's Name:</th>
<th>Telephone Number:</th>
<th>Can be contacted at work?</th>
<th>Personal Mobile Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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).

- [ ] No, English only
- [ ] Yes (please specify)

Please indicate any additional languages spoken by Adult A.

#### Parent/Guardian B

<table>
<thead>
<tr>
<th>Mr:</th>
<th>Family Name:</th>
<th>Relationship to Student:</th>
<th>Country of Birth:</th>
<th>Current Occupation:</th>
<th>Employer's Name:</th>
<th>Telephone Number:</th>
<th>Can be contacted at work?</th>
<th>Personal Mobile Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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).

- [ ] No, English only
- [ ] Yes (please specify)

Please indicate any additional languages spoken by Adult B.

#### Would either Parent/Guardian be willing to join in School Activities? A [ ] B [ ] Both [ ] Neither [ ]

Home Telephone Number: ____________________________ Is this a silent number? _______ Y/N

Email: ____________________________

Residential Address: Number & Street: ____________ Suburb: ____________ Post Code: ____________ State: ____________

Postal Address (if different): Number & Street: ____________ Suburb: ____________ Post Code: ____________ State: ____________

Are there any custody restrictions applicable to this student? _______ Y/N (If YES, please present a copy of these documents to the office)

Custody documents sighted? _______ Y/N

Restrictions: ____________________________
**STUDENT MEDICAL DETAILS**

Name of Student's Doctor: ____________________________
Suburb: ____________________________
Telephone: ____________________________ Ambulance Subscriber: _____ Y/N
Medicare Number: ____________________________

**EMERGENCY CONTACT INFORMATION**

*Other than a parent or guardian*

<table>
<thead>
<tr>
<th>First Emergency Contact</th>
<th>Second Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________</td>
<td>Name: __________________</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>Relationship to student:</td>
</tr>
<tr>
<td>Telephone No: __________________</td>
<td>Tel No: __________________</td>
</tr>
</tbody>
</table>

**ALTERNATIVE PARENT/GUARDIAN’S DETAILS AND CONTACT INFORMATION**

*TO BE COMPLETED IF EITHER PARENT LIVES APART FROM THE STUDENT*

Mrs/Ms: _____ Family Name: __________________
First Name: __________________
Relationship to Student: __________________
Telephone Number: __________________

Mr/ _____ Family Name: __________________
First Name: __________________
Relationship to Student: __________________
Telephone Number: __________________

Residential Address
Number & Street: __________________
Suburb: __________________
Postcode: __________ State: __________

Postal Address (if different)
Number & Street: __________________
Suburb: __________________
Postcode: __________ State: __________

**DEMOGRAPHIC DETAILS**

*In which country was the student born?*  
☐ Australia  ☐ Other (please specify): __________________________

*Date of arrival to Australia: __________________*  
*Visa Sub Class: _____________________

*Residential status: _______ (P)ermanent/(T)emporary*  
*Eligible for Australian Passport? _____ Y/N*

*Does the student speak a language other than English at home?*  
☐ No, English only  ☐ Yes (please specify): __________________________

*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

**LIVING ARRANGEMENTS**

*Where is the student living?* *(Please tick appropriate box)*

☐ At home with TWO parents/guardians?  ☐ At home with ONE parent/guardian?  ☐

☐ Away from home (living in foster home or other state residential care)?  ☐

To whom should correspondence be addressed?  ☐ Both  ☐ Adult A  ☐ Adult B

**Home Location Details**

Melway grid reference: __________________

Normal method of travel to school: __________________
(Walk/Car/Bus/Cycle) Distance to school: _______kms.

**Religious Education**

Is the student to receive Religious Education? _____ Y/N

Previous school/Pre-school group (e.g. Blue Group etc.)
STUDENT MEDICAL INFORMATION

Name of Student’s Doctor: _________________________ Suburb: _____________________________

Telephone: _______________________ Ambulance Subscriber: _____ Y/N Medicare Number: ____________

Is there a Medical Alert for the student? ____ Y/N Brief Description: _______________________________

Does your child suffer from Asthma? _______________________________________________________

What medication does your child usually take for asthma at home? _______________________________

What medication does your child usually carry for asthma at school? _____________________________

Have you filled in an Asthma Management Plan? ______ Y/N

What are your child’s normal symptoms when they have asthma?  (Please tick appropriate box)

☐ Coughing  ☐ Difficulty in breathing  ☐ Wheezing  ☐ Symptoms with exercise  ☐

☐ Tightness in chest ☐ Other symptoms: _____________________________________________

Major Illnesses or Impairments? ___ Y/N Please describe: _______________________________________

Please indicate the type of impairment:

☐ Impaired Hearing  ☐ Impaired Speech  ☐

☐ Impaired Vision  ☐ Mobility Impaired  ☐

Allergies: ________________________________ ________________________________

Medications: ________________________________ ________________________________

Allergies to medications: ________________________________ ________________________________

OFFICE USE ONLY

Immunisation Certificate presented? Y/N _____

☐ Complete  ☐ Incomplete  ☐ Not Sighted

Birth Certificate presented? Y/N ____________

☐ Confirmation Letter Sent _____

☐ Receipt letter sent _____

CONSENT TO MEDICAL ATTENTION

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 teacher in charge, 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. I give permission for my child to be inspected for Head Lice.

Signature of Parent/Guardian ______________________ ________ Date_______________________

SIGNATORIES

Thank you for taking the time to fill in this student information form. The details are confidential but are
required to enable staff to properly enrol your child at our school.

Signature of Parents/Guardians: ___________________ ___________________________

Date / / Date / /
Student Information Form

PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form
Please Read This Notice Before Completing The Enrolment Form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Bimbadeen Heights Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Bimbadeen Heights Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Bimbadeen Heights Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child’s doctor. Bimbadeen Heights Primary School depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

Bimbadeen Heights Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Bimbadeen Heights Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Leigh Johansen, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS
These are people that Bimbadeen Heights Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Bimbadeen Heights Primary School.

STUDENT BACKGROUND INFORMATION
This includes information about a person’s country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Bimbadeen Heights Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

RELIGIOUS AFFILIATION
If you want your child to receive religious instruction while at Bimbadeen Heights Primary School please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Bimbadeen Heights Primary School.

IMMUNISATION STATUS
This assists Bimbadeen Heights Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

VISA STATUS
This information is required to enable Bimbadeen Heights Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Bimbadeen Heights Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Bimbadeen Heights Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD’S RECORD HELD BY SCHOOL
In most circumstances you can access your child’s records. Please contact the Principal to arrange this.

Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Bimbadeen Heights Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.