

# BIMBADEEN HEIGHTS PRIMARY SCHOOL



## ENROLMENT FORM

Dear Parents,

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

Before returning the enrolment form to the school office, please ensure the following checklist (below) is completed.

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

Thank you for your assistance with this.

Adele Gregson  
Principal

### ENROLMENT CHECKLIST

**Have you provided the following documents/information?**

- A copy of the Birth Certificate (both sides) or Passport
- The Medicare 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 (including an asthma plan) will be available when your child commences school to record more information
- Completed an Anaphylactic Plan (if applicable)
- A copy of Custody Restrictions (if applicable)
- Signed and dated both the consent and signatory sections

'Reaching for the Heights'

# Bimbadeen Heights Primary School

Hayrick Lane, Mooroolbark Vic. 3138 Tel: 03 9726 9989 email: [bimbadeen.heights.ps@edumail.vic.gov.au](mailto:bimbadeen.heights.ps@edumail.vic.gov.au)

## 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

Title: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Second Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

\*Sex: \_\_\_\_\_ (M)ale (F)emale

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Proof of birth must be presented)

Computer Generated  
Student Id. Number

Names of other siblings at this school:-

\_\_\_\_\_

\_\_\_\_\_

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

#### Parent/Guardian A

Mrs/Ms: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Can be contacted at work? \_\_\_\_\_ Y/N?

Personal Mobile Number: \_\_\_\_\_

\*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) \_\_\_\_\_

\*What is the highest year of primary or secondary school Adult A has completed?

Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent or below

\*What is the level of the highest qualification the Adult A has completed?

Bachelor degree or above  
 Advanced Diploma/Diploma  
 Certificate I to IV (including trade certificate)  
 No non-school qualification

#### Parent/Guardian B

Mr: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Can be contacted at work? \_\_\_\_\_ Y/N?

Personal Mobile Number: \_\_\_\_\_

\*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) \_\_\_\_\_

\*What is the highest year of primary or secondary school Adult B has completed?

Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent or below

\*What is the level of the highest qualification the Adult B has completed?

Bachelor degree or above  
 Advanced Diploma/Diploma  
 Certificate I to IV (including trade certificate)  
 No non-school qualification

Lives with Primary Family: Always  Mostly  Balanced

Parent Occupation Group (Please choose code from the attached list. Enter N if haven't been in paid work in past 12 months)

Parent A \_\_\_\_\_ Parent B \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Is this a silent number? \_\_\_\_\_ Y/N

Email: \_\_\_\_\_

Email Notification: \_\_\_\_\_ Y/N

SMS Notification: \_\_\_\_\_ Y/N

#### Residential Address

Number & Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_ State: \_\_\_\_\_

#### Postal Address (if different)

Number & Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_ State: \_\_\_\_\_

## 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*

### First Emergency Contact:

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone No: \_\_\_\_\_

### Second Emergency Contact:

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Tel No: \_\_\_\_\_

## 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: \_\_\_\_\_

Lives with Alternate Family: Balanced  Occasionally  Never

## 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? (If more than one language is spoken at home, indicate the one that is spoken most often).  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)?

### Home Location Details

Normal method of travel to school: \_\_\_\_\_

(Walk/Car/Bus/Cycle) Distance to school: \_\_\_\_\_ kms.

### Previous school/Pre-school inc. group e.g Blue Group etc.

\_\_\_\_\_

Year starting at Bimbadeen Heights PS: \_\_\_\_\_

Grade level when starting (Please circle): F 1 2 3 4 5 6

## STUDENT MEDICAL INFORMATION

Does your child have a Medical Condition? \_\_\_\_ Y/N Brief Description: \_\_\_\_\_

Does your child suffer from Asthma? \_\_\_\_\_

What medication does your child use for asthma at school? \_\_\_\_\_

Have you filled in an Asthma Management Plan? \_\_\_\_ Y/N (If not, one will be provided at the time your child commences school)

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 Impairments? \_\_\_\_ Y/N Please describe: \_\_\_\_\_

Does the child require specialist equipment eg hearing aid? \_\_\_\_ Y/N Type of equipment: \_\_\_\_\_

## CONSENT TO THE FOLLOWING

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 medical or surgical attention as deemed necessary by a medical practitioner and consent for staff to administer first aid as judged to be reasonably necessary by the Principal or staff member  Yes  No
- I give permission for my child to be inspected for Head Lice  Yes  No
- I give permission for images (without full names attached) of my child, to be used in /on Publicity Brochures, Local Newspapers, School Newsletters, Local Community Publications and the internet as produced by Bimbadeen Heights Primary School  Yes  No
- I give permission for my child's first name and surname initial to be published in the School Newsletter, Local Community Publications and internet as produced by Bimbadeen Heights P.S  Yes  No

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 / /

### OFFICE USE ONLY

Custody documents copied? \_\_\_\_ Y/N

Confirmation Letter Sent  Date: \_\_\_\_\_ Receipt letter sent  Date: \_\_\_\_\_

Date of first enrolment in an Australian School \_\_\_\_\_