



PAKENHAM SECONDARY COLLEGE

STUDENT ENROLMENT INFORMATION – 2007

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Title: (Miss Ms Mr)	Surname:
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) _____ / _____ / _____

OFFICE USE ONLY

Birth Date proof sighted (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date:				
Status	Campus	Year Level	Home Group	Timetabling Group	House
Student Email Address:					

PRIMARY FAMILY DETAILS

ADULT A DETAILS (PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	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? (tick)	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify):	
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)	
<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 highest qualification level Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult A? (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. If the person has not been in paid work for the last 12 months, enter 'N'.)	

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:	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? (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes* (please specify):			
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)			
<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 highest qualification level Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor Degree or above			
<input type="checkbox"/> Advanced Diploma / Diploma			
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult B? (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. If the person has not been in paid work for the last 12 months, enter 'N'.)			

OTHER PRIMARY FAMILY DETAILS:

Main language spoken at home:
Preferred language of notices:

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
Home Telephone No:		
Adult A's preferred method of contact: (tick one)	<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

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
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)	<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

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:	Fax Number:

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street	
Suburb:	
State:	Postcode:

PRIMARY FAMILY EMERGENCY CONTACTS:

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

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

Does the primary family have a current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Number:	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (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
Relationship of Adult B to Student: (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)
<input type="checkbox"/> Always
<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced
<input type="checkbox"/> Occasionally
<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify):	
What is the Residential Status of the student: (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	
<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)	____ / ____ / ____
Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____ Visa Sub Class:
Visa Statistical Code:	
❖ Does the student speak a language other than English at home? (tick)	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes* (please specify):	
* If more than one language is spoken at home, indicate the one that is spoken most often	
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Aboriginal & Torres Strait Islander

What is the student's living arrangements? # (tick one):

- At home with TWO Parents/ Guardians
 At home with ONE Parent/ Guardian
 Arranged by State-Out of Home Care
 Homeless Youth
 Independent

See attached note for a full explanation of Living Arrangement codes.

Usual mode of transport to school: (tick)

- Walking Bicycle School Bus Public Bus Train Tram Driven Self Driven Taxi Other

Distance to School in kilometres:

Student's Religion:

Will the student participate in Religious Instruction classes? (tick)

- Yes No

SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____

Name of previous School:

What was the language of the student's previous education?

Years of previous education:

Years of interruption to education:

Is the student repeating a year? (tick)

- Yes No

Does the student require an Integration Aide? (tick)

- Yes No

Will the student be attending this school full time? (tick)

- Yes No

If No, what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days/week)

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

Is the student at risk?

- Yes No

Is there an Access Alert for the student? (tick)

- Yes No (If No, move to the immunisation / medical condition details questions.)
If Yes, then complete the following questions

Access Type: (tick)

- Court Order Family Law Order Restraining Order Other

Describe any Access Restriction:

Is there an Activity Alert for the student? (tick)

- Yes No

If Yes, then describe the Activity Restriction:

STUDENT DOCTOR DETAILS

The following details should only be provided if this student has a Doctor and/or Medicare number different to the Primary Family.

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
Student Medicare Number:	

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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	
Immunisation Certificate Provided?: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	ID No.:		

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 AND IMMUNISATION DETAILS

IMMUNISATION DETAILS OF STUDENT

What is the student's Immunisation Status: (tick)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not Immunised
If partial immunisation is selected, has the student been immunised against any of the following medical conditions? (tick)			
Tetanus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diphtheria:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Poliomyelitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Haemophilus Influenza type B:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
MMR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Hepatitis B:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pertussis (Whooping Cough):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

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)					<input type="checkbox"/> Yes	<input type="checkbox"/> No

** If No, please go to the Other Medical Conditions section.

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 the above 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 for the above medical conditions? (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"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Is a reminder required for the student to take their medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication is stored: (tick)	<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
What is the Poison Rating of the medication being taken?	

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
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
If yes, please specify:			
Does the student take medication for the above medical conditions? (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"/> Nurse	<input type="checkbox"/> Teacher
			<input type="checkbox"/> Other
Is a reminder required for the student to take their medication? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication is stored: (tick)	<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room
			<input type="checkbox"/> Elsewhere
What is the Poison Rating of the medication being taken?			

STUDENT EMERGENCY CONTACTS

This section should ONLY be filled out if THIS student has emergency contacts other than the Prime Family Emergency Contacts.

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

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: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

Please select the appropriate letter from the following list of groups.

- If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please enter the occupation group letter of your last occupation
- If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS:

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

- Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation
- Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator
- Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)
- Defence Forces Commissioned Officer
- 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
 - *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
 - *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

- Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)
- Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)
- Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:
 - *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
 - *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
 - *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group
- 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)
- Skilled office, sales and service staff:
 - *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
 - *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
 - *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)
- Office assistants, sales assistants and other assistants:
 - *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
 - *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)
 - *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

LIVING ARRANGEMENTS EXPLANATORY NOTES

Student living arrangement information is one component of the Student Learning Needs (SLN) index.

(B) At home with TWO parents / guardians

Where student has regular access to two adults to support them with their education

(O) At home with ONE parent / guardian

Where student has regular access to one adult to support them with their education

(A) Arranged by State-Out of Home Care

Students to be entered in this category are those *who have been subject to protective intervention by the Department of Human Services* and live in one of the following 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. In Victoria, approximately 4000 children and young people live in out of home care. Students entered in this category are those that the Partnering Agreement: School Attendance and Engagement of Children and Young People in Out of Home Care has been developed to support.

In order to monitor the educational outcomes for this cohort, it is necessary to accurately record and maintain the attendance and achievement records of these students.

(H) HOMELESS Youth:

- ◆ Have parents who cannot exercise their parental responsibilities, **or**
- ◆ Finds it unreasonable to live at home because there is:
 - extreme family breakdown;
 - serious risk if they continue to live in the parental home;
 - consistent deprivation of basic necessities such as food, water, clothing, shelter, sleep etc.;
 - threat to health and wellbeing through drug or alcohol abuse, criminal or illegal activity or violence in the home; **or**
- ◆ Are a refugee or orphan not living with parents / guardians

(I) INDEPENDENT students (with extended family or arranged private board):

- ◆ Have to live away from home to study
- ◆ Are or has been married or has been living in a marriage-like relationship for at least 12 months, **or**
- ◆ Have a dependant child, **or** Have worked at least 30 hours per week for at least 18 months during the past 2 years

(H) HOMELESS Youth:

- ♦ Have parents who cannot exercise their parental responsibilities, **or**
- ♦ Finds it unreasonable to live at home because there is:
 - extreme family breakdown;
 - serious risk if they continue to live in the parental home;
 - consistent deprivation of basic necessities such as food, water, clothing, shelter, sleep etc.;
 - threat to health and wellbeing through drug or alcohol abuse, criminal or illegal activity or violence in the home; **or**
- ♦ Are a refugee or orphan not living with parents / guardians

(I) INDEPENDENT students (with extended family or arranged private board):

- ♦ Have to live away from home to study
- ♦ Are or has been married or has been living in a marriage-like relationship for at least 12 months, **or**
- ♦ Have a dependant child, **or**

Have worked at least 30 hours per week for at least 18 months during the past 2 years