

Current Primary School: _____

Please tick if applicable:

Elite

Music

Netball

Please tick if applicable:

Specialist

Cricket Program

Fashion & Design



BELRIDGE SECONDARY COLLEGE ENROLMENT FORM

YEAR 7 2017

Student Details

* Surname: _____ * Legal Surname: _____

* 1st Name: _____ * 2nd Name: _____

Preferred Name: _____

Email Address: _____

* Date of Birth: ____/____/____ Sex: Male Female

* Residential Address: _____

Postcode: _____

Phone: _____

Mobile: _____

Fax: _____

Names of brothers and sisters attending this school: _____

*Is this student in the care of the Department for Child Protection's (DCP) Chief Executive Officer?
YES NO

If YES, please specify the name of the DCP Case Manager, their DCP 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.

Parent/Guardian/Carer Details

Child lives with:

Both Parents Parent/Guardian/Carer 1

Neither Parent Parent/Guardian/Carer 2

Is this student subject to Access Restriction? YES NO

If YES, please attach supporting documentation.

Emergency Contact

* Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the *preferred emergency contact*.

Parent/Guardian/Carer 1 Parent/Guardian/Carer 2 Other contacts

Parent/Guardian/Carer 1 Details (this should be the most available SMS contact)

Title: _____ *First Name: _____ *Surname: _____

Please indicate relationship to the student: _____

*Postal Address (if different from student residential address):

*Phone: _____ Email Address: _____

Occupation/Workplace: _____

*Work Phone: _____ *Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home?
NO, English only YES, other

Please specify: _____
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have 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 you have completed?
Bachelor degree or above
Advanced diploma/Diploma
Certificate I to IV (including trade certificate)
No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. 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.

Parent/Guardian/Carer 2 Details

Title: _____ *First Name: _____ *Surname: _____

Please indicate relationship to the student: _____

*Postal Address (if different from student residential address):

*Phone: _____ Email Address: _____

Occupation/Workplace: _____

*Work Phone: _____ *Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home?
NO, English only YES, other

Please specify: _____
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have 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 you have completed?
Bachelor degree or above
Advanced diploma/Diploma
Certificate I to IV (including trade certificate)
No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. 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.

Other Contact(s) Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

_____ Phone: _____

Email Address: _____

Occupation/Workplace: _____

Work Phone: _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

Student Details - Additional Information

Religion: _____ Is the student to be withdrawn from religious instruction? YES
NO

Is the student of Aboriginal or Torres Strait Islander origin? NO
 YES, Aboriginal
 YES, Torres Strait Islander
(For students of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes.)

Does the student mainly speak English at home? YES NO

Does the student speak a language other than English at home?
NO, English only YES, other

Please specify: _____
(If more than one language, indicate the one that is spoken most often)

Out of school intake area: YES NO Health Card: YES NO

* Citizenship: Australian Other - please specify _____

* Permanent Resident: YES NO * Visa Sub-class No: _____

* Date entered Australia: ____/____/____ * Visa Expiry Date: _____

* Visa Grant No: _____

In Receipt of Allowance: Secondary Assistance Youth Allowance
Assistance for Isolated Children (AIC) Abstudy

Birth Certificate seen: YES NO Date Sighted: ____/____/____

In which country was the student born? Australia
Other - please specify _____

* Previous School: _____ or

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

Movement Reason (if applicable) _____

Student Details – Medical / Health

*Does the student have a disability? YES NO If YES, please specify.

Disability: _____

*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

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

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

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

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

Medical Practice (Name and Address): _____

Doctor’s Name: _____ Phone: _____

Medicare Number: Expiry Date: _____

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

Do you have ambulance cover? YES NO Provider: _____

(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)

In the event of a medical emergency: Permission to call Doctor YES NO

Permission to administer First Aid YES NO

Medic Alert? YES NO Condition: _____

Name of person enrolling student: _____

Signature: _____ Date: ____/____/____

Office Use Only	
Entry Date: ____/____/____	Date Transfer Note Sent: ____/____/____
Previous School: _____	Records Received: Y / N
Publications/Internet Permission Form Completed: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Contributions and Charges Billing: PG1 <input type="checkbox"/> _____% PG2 <input type="checkbox"/> _____% Other <input type="checkbox"/> _____%	
Immunisation records provided: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Form/Class: _____ House/Faction: _____	
Entered on School Information System by: _____	Date: ____/____/____
Leave Date: _____	Destination: _____ Records Sent: Y / N