

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 2018

#### Student Details

\* Surname: \_\_\_\_\_ \* Legal Surname: \_\_\_\_\_

\* 1<sup>st</sup> Name: \_\_\_\_\_ \* 2<sup>nd</sup> 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