

AMENDMENT'S TO STUDENT ENROLMENT INFORMATION

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms, Mrs Mr)		
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) ____ / ____ / ____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:			
State:		Postcode:	
Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:		Fax Number:	

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER): ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal 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):		

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal 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):		

<p>❖ 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.) (tick)</p> <p><input type="checkbox"/> No, English only</p> <p><input type="checkbox"/> Yes (please specify):</p> <p>Please indicate any additional languages spoken by Adult A:</p>	<p>❖ 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.) (tick)</p> <p><input type="checkbox"/> No, English only</p> <p><input type="checkbox"/> Yes (please specify):</p> <p>Please indicate any additional languages spoken by Adult B:</p>
<p>Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i></p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent or below</p>	<p>❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i></p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent or below</p>
<p>❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)</p> <p><input type="checkbox"/> Bachelor degree or above</p> <p><input type="checkbox"/> Advanced diploma / Diploma</p> <p><input type="checkbox"/> Certificate I to IV (including trade certificate)</p> <p><input type="checkbox"/> No non-school qualification</p>	<p>❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)</p> <p><input type="checkbox"/> Bachelor degree or above</p> <p><input type="checkbox"/> Advanced diploma / Diploma</p> <p><input type="checkbox"/> Certificate I to IV (including trade certificate)</p> <p><input type="checkbox"/> No non-school qualification</p>
<p>❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</p>	<p>❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</p>

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

Main language spoken at home:	Preferred language of notices:
<p>Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)</p>	<p><input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither</p>

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Hours: 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:	

ADULT B CONTACT DETAILS:

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 A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

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:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

Emergency Contacts:

	NAME	TELEPHONE	RELATIONSHIP

Signed: _____ Date: _____