

Department of Education
Application for Enrolment

STUDENT DETAILS

[illegible]

INDIGENOUS STATUS

Is the student of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander
<input type="checkbox"/>	Yes, both Aboriginal and Torres Strait Islander

STUDENT RESIDENTIAL ADDRESS

[illegible]

STUDENT CONTACTS (where applicable)

[illegible]

* Order: Number the first column of boxes in order of contact preference (1 to 4) where applicable.
(eg: if the student's mobile phone is the preferred contact, mark the Order box with '1')

Silent: Tick the corresponding Silent Number box if applicable.

INTERNATIONAL STUDENT

Is the student an Australian or New Zealand citizen?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If **no**, provide Visa No., arrival date, and an Authority to Enrol

Visa No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrival date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
Authority to Enrol Provided?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Is the student a Humanitarian Entrant?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If **yes**, provide Visa No., arrival date, and ImmiCard No.

Visa No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrival date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
ImmiCard No.	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>

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Application for Enrolment — Medical and Other Information

VACCINATIONS INFORMATION *cont.*

Usual vaccinations (tick those given)

- ☐ Hepatitis B Vaccine (HEB)
- ☐ Combined Diphtheria Tetanus Pertussis (DTP)
- ☐ Poliomyelitis Oral or Injectable (OPV)
- ☐ Haemophilis Influenzae Type B (HIB)
- ☐ Measles, Mumps and Rubella (MMR)
- ☐ Meningococcal Group C (MEN)
- ☐ Varicella (Chickenpox) (VZV)
- ☐ Pneumococcal (PCV)

Additional vaccinations (tick those given)

- ☐ Diphtheria and Tetanus (CDT)
- ☐ Influenza (FLU)
- ☐ Human Papilloma Virus
- ☐ Rotavirus

HEALTH AND SAFETY INFORMATION

The health, wellbeing and learning outcomes of your child and all our students is important to us. If your child has any wellbeing or behavioural issues that we need to be aware of please provide details below.

CONSENT TO PUBLICATIONS

(See the Personal Information Protection details in the **Application for Enrolment – Information for Parents, Guardians and Independent Students.**)

Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and enable parents and others to be informed about the school's work. Since photographs on websites are available to the whole world, Department of Education guidelines aim to ensure students' safety by requiring staff not to link students' family names to their photographs. If you later wish to withdraw consent, please inform the school in writing.

- I give consent for **photographs** that include the student to be published in school or college print publications such as year books and newsletters, school or college social media/internet sites and in other electronic publications. ☐ Yes ☐ No
- I give consent for **photographs** that include the student to be published in other Department of Education publications, such as social media/websites, reports and brochures. ☐ Yes ☐ No
- I give consent for samples of **work by the student** to be published in school or college print publications such as year books and newsletters, school or college social media/internet sites and in other electronic publications. ☐ Yes ☐ No
- Consent to the media** – I give consent for the student to be photographed, filmed or interviewed, and their given name and surname to be published by **newspapers, radio and television** in stories about education and school activities. The media may also publish the name of the school or college the student attends. ☐ Yes ☐ No

CONSENT FOR MINOR EXCURSION PARTICIPATION

(See details in the **Application for Enrolment – Information for Parents, Guardians and Independent Students**)

☐ Yes ☐ No

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Department of Education

Application for Enrolment — Medical and Other Information

AUTHORISING SIGNATURE

Which best describes you?

☐ Enrolling parent or guardian/main contact
 ☐ Independent / adult student self-enrolling

To sign this form you must be either an independent or adult student or the enrolling parent as detailed in the **Application for Enrolment – Information for Parents, Guardians and Independent Students**. Enrolment is not complete until you have provided evidence of the student's date of birth and identity, and any other evidence requested, and the school or college accepts the enrolment.

I certify that the information provided in this form is correct and I consent to personal information, including health information, being disclosed for the purposes described in the **Application for Enrolment – Information for Parents, Guardians and Independent Students**.

Signature

Date of signature (dd/mm/yyyy)

		/			/				
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Personal Information Protection

The enrolment forms collect personal information from you to process your child's application for enrolment. Personal information will be managed in accordance with the requirements of the *Personal Information Protection Act 2004*. It will be used by the Department of Education for student administration and for the planning, provision and reporting of educational programs as authorised by the *Education Act 2016* and related State and Commonwealth legislation. It may be disclosed to health practitioners to support student health and safety requirements, and may also be disclosed to government and other agencies where authorised by law. We may not be able to provide some services if the information is not provided.

Department of Education

Application for Enrolment — Contacts

Student(s) name

(See *Application for Enrolment – Information for Parents, Guardians and Independent Students*)**DETAILS OF PARENT/MAIN CONTACT (1)**

Relationship to this student (e.g Father or Mother)

Parent/Guardian

Yes

No

Family name

Given names

Preferred name – Optional

Title

Gender

Male

Female

Date of Birth (dd/mm/yyyy)

Preferred priority for contacting in an emergency (e.g 1, 2, 3, 4)

Tick if this person is to be billed for levies for this student

Percentage of levies to be paid by this parent

%

Residential address – Street number and name

Suburb

State

Country

Postcode

Mail address – If not the same as residential address

Suburb

State

Country

Postcode

Order Silent Home phone

Work phone

DETAILS OF OTHER PARENT/CONTACT (2)

Relationship to this student (e.g Father or Mother)

Parent/Guardian

Yes

No

Family name

Given names

Preferred name – Optional

Title

Gender

Male

Female

Date of Birth (dd/mm/yyyy)

Preferred priority for contacting in an emergency (e.g 1, 2, 3, 4)

Tick if this person is to be billed for % levies for this student

Levies Payment Agreement

(Signature of this contact accepting the % payment)

Tick if the student resides with this person

Tick if this person wishes to receive communications separately

Residential address – Street number and name

Suburb

State

Country

Postcode

Mail address – If not the same as residential address

Suburb

State

Country

Postcode

Order Silent Home phone

Work phone

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Department of Education Application for Enrolment — Contacts

DETAILS OF PARENT (1) cont.

Order	Silent	Mobile phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Email address		
<input type="checkbox"/>	<input type="text"/>	
Does the parent speak a language other than English at home?		
<input type="checkbox"/>	Yes – please specify below	
<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	No – English only	
If yes, is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION DETAILS FOR ENROLLING PARENT (1)

The Department of Education is required to collect the following information on behalf of the Australian Government (see **Application for Enrolment – Information for Parents, Guardians and Independent Students**). Regarding occupational types see page 8–9.

IDENTIFY OCCUPATION GROUP

Must tick one of the boxes below. Please see back of Form B for list.

<input type="checkbox"/>	Group 8
<input type="checkbox"/>	Group 4
<input type="checkbox"/>	Group 3
<input type="checkbox"/>	Group 2
<input type="checkbox"/>	Group 1

Highest level of primary or secondary school completed (tick box)

<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>	Year 10 or equivalent
<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Year 9 or equivalent or below

Highest level of qualifications completed (tick box)

<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>	Certificate I–IV (inc. trade certificate)
<input type="checkbox"/>	Advanced Diploma/Diploma	<input type="checkbox"/>	No non-school qualification

IDENTIFICATION OF ENROLLING PARENT (PARENT 1 ONLY)

Type of document provided	Document reference number
<input type="text"/>	<input type="text"/>
OFFICE USE ONLY	Sighted by <input type="text"/>
	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

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DETAILS OF OTHER PARENT/CONTACT (2) cont.

Order	Silent	Mobile phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Email address		
<input type="checkbox"/>	<input type="text"/>	
Does the parent speak a language other than English at home?		
<input type="checkbox"/>	Yes – please specify below	
<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	No – English only	
If yes, is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION DETAILS FOR OTHER CONTACT (2)

The Department of Education is required to collect the following information on behalf of the Australian Government (see **Application for Enrolment – Information for Parents, Guardians and Independent Students**). Regarding occupational types see page 8–9.

IDENTIFY OCCUPATION GROUP

Must tick one of the boxes below. Please see back of Form B for list.

<input type="checkbox"/>	Group 8
<input type="checkbox"/>	Group 4
<input type="checkbox"/>	Group 3
<input type="checkbox"/>	Group 2
<input type="checkbox"/>	Group 1

Highest level of primary or secondary school completed (tick box)

<input type="checkbox"/>	Year 12 or equivalent	<input type="checkbox"/>	Year 10 or equivalent
<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Year 9 or equivalent or below

Highest level of qualifications completed (tick box)

<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>	Certificate I–IV (inc. trade certificate)
<input type="checkbox"/>	Advanced Diploma/Diploma	<input type="checkbox"/>	No non-school qualification

Department of Education Application for Enrolment — Contacts

DETAILS OF OTHER CONTACT (3)

Relationship to this student (e.g Grandmother)		
Family name		
Given names		
Preferred name – Optional	Title	
Gender	Date of Birth (dd/mm/yyyy)	
Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /	
Preferred priority for contacting in an emergency (e.g 1, 2, 3, 4)		
<input type="checkbox"/>		
Tick if this person wishes to receive communication separately		
<input type="checkbox"/>		
Residential address – Street number and name		
Suburb	State	
Country	Postcode	
Mail address – If not the same as residential address		
Suburb	State	
Country	Postcode	
Order	Silent	Home phone
<input type="checkbox"/>	<input type="checkbox"/>	
		Work phone
<input type="checkbox"/>	<input type="checkbox"/>	
		Mobile phone
<input type="checkbox"/>	<input type="checkbox"/>	
		Email address
<input type="checkbox"/>		

DETAILS OF OTHER CONTACT (4)

Relationship to this student (e.g Aunt or Uncle)		
Family name		
Given names		
Preferred name – Optional	Title	
Gender	Date of Birth (dd/mm/yyyy)	
Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /	
Preferred priority for contacting in an emergency (e.g 1, 2, 3, 4)		
<input type="checkbox"/>		
Tick if this person wishes to receive communication separately		
<input type="checkbox"/>		
Residential address – Street number and name		
Suburb	State	
Country	Postcode	
Mail address – If not the same as residential address		
Suburb	State	
Country	Postcode	
Order	Silent	Home phone
<input type="checkbox"/>	<input type="checkbox"/>	
		Work phone
<input type="checkbox"/>	<input type="checkbox"/>	
		Mobile phone
<input type="checkbox"/>	<input type="checkbox"/>	
		Email address
<input type="checkbox"/>		

Personal Information Protection

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Application for Enrolment — Occupational Types

GROUP 8: If you have retired

If you have retired or stopped working in the past year please choose the group in which you previously worked.
If you have not been in paid work in the past 12 months enter '8' into the box provided.

GROUP 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

- **Machine operators**
 - » Driver or mobile plant operators (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
 - » Production/processing machine operator (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
 - » Other machine operator (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)
- **Sales office, hospitality staff and other assistants**
 - » Sales (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
 - » Office (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
 - » Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
 - » Assistant/aide (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- **Defence Forces ranks below senior NCO**
 - » 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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

GROUP 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

- **Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)
- **Advanced/intermediate clerical, office, sales, carer and service staff**
 - » Recording clerk (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
 - » Inquiry/admissions clerk (customer inquiry/complaints/service clerk, hospital admissions clerk)
 - » Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
 - » Sales (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
 - » Carer (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
 - » Service (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

Department of Education

Application for Enrolment — Occupational Types

GROUP 2: Other business managers/professionals and associate professionals

- **Other business managers/professionals**
 - » *Farm/business owner/manager* (crop and/or livestock farmer/farm manager; stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
 - » *Specialist manager* (works manager; engineering/production manager; sales/marketing manager; purchasing manager; supply/shipping manager; customer service manager; property manager; real estate manager; advertising, public relations manager; human resource manager; call or contact centre manager; human resource professionals)
 - » *Finance* (bank manager; finance/investment/insurance brokers/advisors, credit/loans officer; accountant)
 - » *Retail sales/services manager* (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager; other hospitality, retail services managers)
 - » *Arts/media* (musician, actor, dancer, painter, potter, sculptor; journalist, writer/author; media presenter; photographer; designer; illustrator; proof reader; graphic designer; web designer)
 - » *Sportsperson* (coach, trainer, sports official, sportsperson)
- **Associate professionals** generally have diploma/technical qualifications and support managers and professional
- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
 - » *Health* (enrolled nurse, community health worker, paramedic/ambulance officer; massage therapist, welfare/parole officer; youth worker, dental hygienist/technician)
 - » *Legal* (police officer; prison officer; government inspector; examiner or assessor; occupational/environmental health officer; security advisor; private investigator; debt collector; law clerk, court officer bailiff)
 - » *Business/administration* (recruitment/employment/industrial relations/training officer; marketing/advertising specialist; market research analyst; technical sales representative; retail buyer; office manager; project manager/administrator; mail supervisor; other managing supervisors; management and organisation analysts; contract, program)
 - » *Defence Forces* (senior non-Commissioned Officers [NCO])
 - » *Other* (library assistant, museum/gallery technician, research assistant, proof reader)

GROUP 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals

- **Elected officials** (mayor parliamentarian, alderperson, trade union secretary, board member)
- **Senior executives/general managers/department heads in industry, commerce, media or other large organisation**
 - » *Public sector manager* (public service manager (section head or above), regional director; hospital/health services education)
 - » *Other administrator* (school principal, faculty head/dean, library/museum/gallery director; research facility director)
 - » *Defence forces* (Commissioned Officer)
- **Qualified 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* (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
 - » *Education* (primary/secondary school teacher, university lecturer, professor, VET, special education)
 - » *Law* (lawyer, judge, barrister, coroner, solicitor, legal officer)
 - » *Engineering* (architect, surveyor; chemical/civil/mechanical/mining engineer)
 - » *ICT* (computer systems manager; designer; software and applications programmers)
 - » *Science* (all scientists)
 - » *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
 - » *Social* (social/welfare/community worker, counsellor; minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
 - » *Air/sea transport* (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Department of Education
Application for Enrolment — Supplementary Information

Student(s) name

School name

[illegible]

PART A – LEGAL ORDERS

Legal Order types

<input type="checkbox"/>	Residency	<input type="checkbox"/>	Restraining	<input type="checkbox"/>	Child Protection	<input type="checkbox"/>	Contact	<input type="checkbox"/>	Special Issue
<input type="checkbox"/>	Family Violence Order/Police Family Violence Order			<input type="checkbox"/>	Other				

Copy of Court Order supplied

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Full name of any person (other than the student) to whom the Legal Order applies

[illegible]

Order start date

		/			/				
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Order expiry or review date

		/			/				
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Details of Order and other information relevant to the school

PART B – STUDENT TRANSPORT

Transport type

☐ Car
 ☐ Walk
 ☐ Bicycle

☐ Bus – please provide further details below

Bus route

Direction

To school	From school	Both directions

Travelling days

Monday	Tuesday	Wednesday	Thursday	Friday
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PART C – MOBILITY INFORMATION

Does this student have mobility issues?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes – please give details below

Does this student use a wheelchair or other mobility aid?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes – please give details below

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Department of Education

Application for Enrolment — Supplementary Information

PART D – INDEPENDENT

Date student became independent	Type of evidence supplied
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Evidence of Centrelink Payment
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Rental or Utility Document together with Guidance Officer or Social Worker letter
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Document signed by Parent or Guardian saying student is independent
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Youth Allowance or ABSTUDY Notice of Assessment

PART E – STUDENT IN OUT OF HOME CARE

Start date	Other relevant information or comment
<input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="text"/> / <input type="text"/> / <input type="text"/>	

PART F – PART-TIME ENROLMENT OF HOME EDUCATED STUDENTS

Details of enrolment (hours/days) as approved by the Principal:

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