

PARENT / CARER 1 DETAILS

Title: _____ First Name: _____ Second Name: _____

Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the Day-to-day care of the student or Long term care of student

Fees and charges billing: Yes No If no, who is responsible _____

Postal Address: _____
(if different from student residential address) _____ Postcode _____

Telephone: _____ Mobile Number: _____

Email Address: _____

Occupation/Workplace location: _____

Workplace phone number: _____

NB: All mail will be directed to P/G 1. Please indicate here if extra copies are required by other contacts:

Yes: P/G 2 Other _____ **OR** No

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. This information will help the Department of Education ensure that all students are being well served by our public schools.

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

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

What is the level of the highest qualification you have completed?

Bachelor's degree or above Advanced diploma/diploma
 Certificate I to IV (including trade certificate) No non-school qualification

What is your occupation group? _____ (insert 1, 2 3 or 4). Please select the appropriate parental occupation group from the list provided below. If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8').

Please refer to Page 11 for more detailed information regarding the below Parent Occupation Groups.

1. Senior Management in large business organisation, government administration & defence and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

PARENT / CARER 2 DETAILS

Title: _____ First Name: _____ Second Name: _____

Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the Day-to-day care of the student or Long term care of student

Fees and charges billing: Yes No If no, who is responsible _____

Postal Address: _____
(if different from student residential address) _____ Postcode _____

Telephone: _____ Mobile Number: _____

Email Address: _____

Occupation/Workplace location: _____

Workplace phone number: _____

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. This information will help the Department of Education ensure that all students are being well served by our public schools.

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

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

What is the level of the highest qualification you have completed?

Bachelor's degree or above Advanced diploma/diploma
 Certificate I to IV (including trade certificate) No non-school qualification

What is your occupation group? _____ (insert 1, 2 3 or 4). Please select the appropriate parental occupation group from the list provided below. If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8').

Please refer to Page 11 for more detailed information regarding the below Parent Occupation Groups.

1. Senior Management in large business organisation, government administration & defence and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

Title: _____ First Name: _____ Second Name: _____

Surname: _____

Relationship to the student: _____

Postal Address: _____
(if different from student residential address) _____ Postcode _____

Telephone: _____ Mobile Number: _____

Email Address: _____

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

SIBLING DETAILS

Full Name/s of siblings attending this school

LIVING ARRANGEMENTS

Student lives with:

- Both Parents
- Parent/Carer 1 **Name:** _____ **Relationship to student:** _____
- Parent/Carer 2 **Name:** _____ **Relationship to student:** _____
- Independent minor **Name:** _____ **Relationship to student:** _____
- Adult Student **Name:** _____ **Relationship to student:** _____
- Other (please specify) **Name:** _____ **Relationship to student:** _____

STUDENT ADDITIONAL INFORMATION

Is the student's descent of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal Yes, Torres Strait Islander (TSI) Yes, both Aboriginal and TSI

If yes, please specify if you would like the student enrolled into the Follow the Dream or Shooting Stars Program:

- Follow the Dream Shooting Stars Both programs

Does the student speak a language other than English at home?

- No, English only Yes, Aboriginal English Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home? _____

Does the student mainly speak English at home? YES NO

RELIGION

Religion: _____ (please specify if student has a religion)

RESIDENCY STATUS

Nationality (optional): _____ Country of Birth: _____

Is the student an Australian citizen? YES NO

If No, Is the student a permanent resident of Australia? NO YES - If Yes Visa Sub Class Number: _____

Is the student a temporary resident of Australia? YES NO

If Yes, Date of Arrival in Australia ____/____/____ Visa Sub Class Number: _____

Visa Expiry Date (if applicable) ____/____/____ (Evidence of Visa must be provided upon enrolment)

ALLOWANCES

Does the student receive any of the following allowances? (Check the boxes that apply)

Secondary Assistance Youth Allowance Assistance for Isolated Children (AIC) Abstudy

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES NO

If YES, please specify and attach supporting documentation: _____

Is this student in the care of Director General of Department of Communities - Child Protection & Family Support (CPFS)?

NO YES - If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District: _____

Name: _____ Contact Number: _____

PREVIOUS SCHOOL

Previous School: _____

If previously enrolled in Home Education, specify the Education Region: _____

IMMUNISATION

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer

DISABILITY

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

Please tick if you can provide documentation about (The school will request copies of this information)

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

SECTION A - MEDICAL DETAILS

Medical Practice: _____

Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

Do you have ambulance insurance? YES NO - if yes, specify insurance provider:

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

Do you give permission to administer first aid? YES NO

List any essential information that could affect your child in an emergency eg. allergy to penicillin.

Does the family or student have a Health Care Card? YES NO

If Yes, please provide card number: _____ Expiry Date ____/____/____

Medicare Card number: _____ Medicare Card Individual Reference Number (IRN) _____

Expiry Date ____/____

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

NO – Sign below and return this form to the office. If your child's requirements change, please notify the school.

Signature: _____ Date ____/____/____

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

YES – Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

Please tick which of the following you give your child permission to have administered as required:

- Panadol
- Nurofen
- TravelCalm

SECTION B

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF. (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions (Check the box that applies)	Will school staff require specific training to support your child?
<input type="checkbox"/> Severe Allergy/Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Minor and Moderate Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Activities of Daily Living	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other Conditions or Needs (Please specify below)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES NO – if yes, advise the Principal: _____

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

SECTION C – CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff YES NO
If yes, please attach photo to the relevant health care plan(s).

SECTION D – MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? YES NO - If yes, provide details below:

Parent/Carer Signature: _____ Date ____/____/____

Parent/Carer Name: _____

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.

Note: Where appropriate students should be encouraged to participate in their health care planning.

CONSENT FORM

At **Tom Price Senior High School**, we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. We are committed to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the [Student's online policy](#).

STUDENT SMARTRIDER ID CARD

The school organises the issue of a Student ID card which requires the use of their photo.

- Yes, I give consent for my child to be issued a Student ID card which includes their photo.
- No, I do not give consent.

In addition, please complete the following:

- Permission for release/printing of student's achievements (WACE)? YES NO
- Permission for release of information – career information? YES NO
- Permission for release of information – exam results? YES NO
- Permission for release of information – parent and student Details to *Registered Training Organisations? YES NO
- Permission to access websites and 3rd Party Software used at TPSHS? YES NO
- Viewing Consent – permission to watch videos/DVD's/documentaries as part of their learning. YES NO
- Local excursions – walk within the local area for minor excursions under the supervision of the teacher YES NO

Name of person signing the consent form:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____

Signature: _____

Date: _____

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

- that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

- This is the only enrolment I have made for the student.
- I understand that I am required to notify the school as soon as any of the enrolment details for the student change.
- I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.
- I have provided all documentation available to me.

My child and I agree to comply with all school policies including:

- ICT Acceptable Use Policy
- Dress Code
- Mobile Phone and Other Handheld Electronic Devices
- Behaviour Management Policy

Name of person enrolling student

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____

Signature: _____ Date ____/____/____

(Independent minors and those aged 18 years or older may sign on their own behalf)

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

APPROVAL OF PRINCIPAL OR DELEGATE

Principal/Delegate's approval

Enrolment approved

YES

NO

Name: _____

Signature: _____ Date ____/____/____

ENROLMENT CHECKLIST

Please complete the Student Enrolment Form and return it to the school for confirmation of this student's enrolment. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the parent/responsible person details section of this form. Please place X in the provided.

When you enrol your child at this school, please check that you have the following:

- Birth Certificate
- Latest school report
- Current Immunisation certificate
(available from my.gov.au Medicare online)
- Court order (if applicable)

If your child was not born in Australia, you must provide:

- Evidence of the date of entry into Australia
- Passport or travel documents; and
- Current visa and previous visas (if applicable)

In addition, if your child is a temporary visa holder you must provide:

- Confirmation of enrolment or evidence of permission to transfer provided by Education International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

If you require assistance completing this form, please contact the school on 9188 3650.

PARENT OCCUPATION GROUPS

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associated professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager / Department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/ education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. or media presenter, photographer, designer, illustrator, proofreader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior NonCommissioned Office</p>	<p>Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p>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].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refugee/ childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/ data entry/business machine operator, receptionist, office assistant].</p> <p>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].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

OFFICE USE ONLY

Appointment Date ____/____/____ Time: _____

Student's official documentation all sighted Date ____/____/____ YES NO

Birth certificate Passport Visa document/s

Other, please specify _____

Year/Form/Class _____ House Faction _____

Student's Residency status Australian citizen Permanent resident Temporary resident

International Fee Paying YES NO

Entry Date ____/____/____ Previous School _____

Contributions/Charges Billing PG1 (%) PG2 (%) Other (%)

School records PG1 (%) PG2 (%) Other (%)

(including reports, to be sent to) _____

AIR Immunisation History Statement provided YES NO

Date of issue ____/____/____ Immunisation Status is Up to date Not up to date

Date AIR sighted ____/____/____

If not up to date, additional request/s for documentation on date/s:

Immunisation Certificate issued by the Chief Health Officer YES NO

Does the student have an allergy that needs to be flagged on SIS? YES NO

Have the relevant health care plans been issued to the parent? YES

Has the principal been informed if:
specific training is required to support the student? YES NO
the student's health care information is to be restricted? YES NO

Enrolment approved by Principal YES Date ____/____/____ NO

Entered on School Information system _____ Date ____/____/____

Student Leaves School (Date) ____/____/____ Advice of Transfer (Date) ____/____/____

Destination _____

Records received from transferring school YES NO Date ____/____/____



FORM 1 STUDENT HEALTH CARE SUMMARY

SECTION A

Year	Form	Teacher
Student's name		
Date of birth (dd/mm/yy)	/ /	Gender Male Female Not Specified
Address		
Postcode		

FAMILY CONTACT DETAILS

Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	
Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Medicare Card number

Medicare Card Individual
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

NO - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature

Date / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

YES - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

