## IMMUNISATION

Is the student fully immunised? (If yes please provide documentation) □ Yes □ No

## MEDICAL

Does the student have a medical condition or intensive health care need? □ Yes (please specify below) □ No

- **Allergy - Anaphylaxis** □
- **Allergy - Other** □
- **Intensive Health Care Need (eg tube feeding)** □
- **Mental health or behavioural (eg depression, ADD/ADHD)** □
- **Diabetes** □
- **Other** □

### Allergy - Other:
______________________________

### Intensive Health Care Need (eg tube feeding):
______________________________

### Mental health or behavioural (eg depression, ADD/ADHD):
______________________________

### Diabetes:
______________________________

### Other:
______________________________

Doctors Name: __________________________ Medical Centre: __________________________

Phone No: __________________________ Health Care Card □ Yes □ No

Medicare No: __________________________ Expiry Date: __________________________

Do you have ambulance cover? □ Yes □ No

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

## STUDENT TO COMPLETE - HAVE YOU READ THE POLICIES?

- □ Student Internet Agreement
- □ Mobile Phone Policy

I have read the above policies and will abide by them whilst enrolled at Hedland Senior High School

Student Name: __________________________ Signature: __________________________

## PARENT TO COMPLETE - Before signing, please check you have entered all details

Parent Name: __________________________ Signature: __________________________

Enrolment cannot proceed if form not completed IN FULL and relevant documents are attached

## DOCUMENTS TO BE SUBMITTED WITH THIS ENROLMENT FORM

<table>
<thead>
<tr>
<th>Document</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Birth Certificate</td>
<td>□</td>
</tr>
<tr>
<td>* Proof of Address</td>
<td>□</td>
</tr>
<tr>
<td>* Immunisation Records</td>
<td>□</td>
</tr>
<tr>
<td>* School Reports</td>
<td>□</td>
</tr>
<tr>
<td>* Court Orders (if applicable)</td>
<td>□</td>
</tr>
<tr>
<td>* Passport &amp; Visa (if applicable)</td>
<td>□</td>
</tr>
<tr>
<td>* Email Address</td>
<td>□</td>
</tr>
</tbody>
</table>

## OFFICE USE ONLY

Enrolled By: __________________________ Entered By: __________________________

Date Transfer Note Sent: __________________________ Form / Class: __________________________
HEDLAND SENIOR HIGH SCHOOL - STUDENT ENROLMENT FORM

Year Entering (please tick one box only): □ 7 □ 8 □ 9 □ 10 □ 11 □ 12

Student’s Legal Surname: _________________________________    First Name: ____________________________
Second Name: __________________________________________   Third Name: ___________________________
Preferred Surname: ______________________________________   Preferred First Name: ____________________
Date of Birth: ___________________________________________   Gender (please circle):           M               F
Home Address: _________________________________________________________________________________
Suburb/Town: ______________________________________  State: _______________  Postcode: _____________

Student lives with (please tick one box only):
□ Both Parents □ Parent/Guardian/Caregiver 1 □ Parent/Guardian/Caregiver 2 □ Other

Emergency Contact - indicate the order in which the following people should be contacted in an emergency (please number 1, 2 & 3)
□ Parent/Guardian/Caregiver □ Parent/Guardian/Caregiver 2 □ Other Contacts

PARENT/GUARDIAN/CAREGIVER 1 DETAILS:

Title: ____________  First Name: ________________________  Surname: _________________________
Please indicate relationship to the student: □Mother □ Father □ Guardian □ Other ____________
Postal Address - do you have the same address as the enrolling student: □ Yes □ No
If no please specify address ______________________________________________________________
_____________________________________________________________________________________

Home Phone No: _______________ Mobile Phone No: _____________ Work Phone No: _____________
Email Address: _________________________________ Workplace: _________________________
Do you mainly speak English at home? □ Yes □ No (if no please specify language) ______________
First Language: ________________________________________________________________________

Education & Work:
What is the highest year of school you have completed?    What is the level of the highest qualification you have completed?
Year 12 or equivalent □ Bachelor degree or above □
Year 11 or equivalent □ Advanced diploma/Diploma □
Year 10 or equivalent □ Certificate I to IV (including trade certificate) □
Year 9 or equivalent or below or none □ No non-school qualification □

What is your occupation group? (Please choose one group and enter the number in the box)

1. Senior Management in large business organisation, government administration & defence and qualified professionals
2. Other business managers, arts/media/sports persons & 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/GUARDIAN/CAREGIVER 2 DETAILS:

Title: ___________  First Name: ________________________  Surname: __________________________

Please indicate relationship to the student: ☐ Mother ☐ Father ☐ Guardian ☐ Other _______________

Address - do you have the same address as the enrolling student: ☐ Yes ☐ No
If no please specify address ______________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Home Address: ____________________________________________________________________________

Suburb/Town: ______________________________________  State: _______________  Postcode: _____________

Home Phone No: _______________ Mobile Phone No: _____________ Work Phone No: _____________

Email Address: _____________________________________ Workplace: _________________________

First Language: ________________________________________________________________________

Do you mainly speak English at home? ☐ Yes ☐ No (if no please specify language) ______________

Does this person require copies of school reports / newsletters / correspondence? ☐ Yes ☐ No

Education & Work:

What is the highest year of school you have completed?  What is the level of the highest qualification you have completed?
Year 12 or equivalent ☐ Bachelor degree or above ☐
Year 11 or equivalent ☐ Advanced diploma/Diploma ☐
Year 10 or equivalent ☐ Certificate I to IV (including trade certificate) ☐
Year 9 or equivalent or below or none ☐ No non - school qualification ☐

What is your occupation group? (Please choose one group and enter the number in the box)
1. Senior Management in large business organisation, government administration & defence and qualified professionals
2. Other business managers, arts/media/sports persons & 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 (This person will be contacted if Emergency Contact 1 or 2 cannot be contacted):

Title: ___________  First Name: ________________________  Surname: __________________________
Relationship to the student: _______________________________________________________________

Home Phone No: _______________ Mobile Phone No: _____________ Work Phone No: _____________

Title: ___________  First Name: ________________________  Surname: __________________________
Relationship to the student: _______________________________________________________________

Home Phone No: _______________ Mobile Phone No: _____________ Work Phone No: _____________

SIBLINGS - DOES THE ENROLLING STUDENT HAVE ANY SIBLINGS CURRENTLY ATTENDING THIS SCHOOL
☐ Yes ☐ No  (if YES please provide detail below)

Name: ____________________________________________  Year: _____________________________

Name: ____________________________________________  Year: _____________________________
STUDENT BACKGROUND INFORMATION

Student's Nationality: ________________________________  Religion: ___________________________

Is this student to be withdrawn from religious instruction?  □ Yes  □ No

Is the student Aboriginal or Torres Strait Islander origin? (for students of both Aboriginal & Torres Strait Islander origin please tick both YES boxes)

□ No  □ Yes - Aboriginal  □ Yes - Torres Strait Islander

First Language: ____________________________________________________________________________

Does the student speak English at home?  □ Yes  □ No (if no please specify language) ________________

Is the student an Australian citizen or permanent resident?  □ Yes  □ No

Country of Birth: __________________________________________________________________________

Date Entered Australia: ________________ Visa No: ________________ Visa Expiry Date: ________________

Is the student a temporary resident?  □ Yes  □ No

Date Entered Australia: ________________ Visa No: ____________ Visa Expiry Date: ________________

PLEASE ATTACH SUPPORTING DOCUMENTATION

Is the student in receipt of any allowances:  □ Yes (tick box below)  □ No

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

ACCESS RESTRICTIONS / DCP / COURT ORDERS (PLEASE ATTACH SUPPORTING DOCUMENTATION)

Is this student subject to ACCESS RESTRICTIONS?  □ Yes  □ No

If Yes please give brief details of restriction/s and with whom: __________________________________________

Is this student in care of DCP?  □ Yes  □ No

DCP Case manager: ________________________________  Phone No: _____________________________

Is this student subject to any COURT ORDERS in respect to their care & welfare?  □ Yes  □ No

MOVEMENT HISTORY

Previous School (if home schooled please specify the education district): ____________________________

Movement Reason: □ Completed Primary Education  □ Moved Address  □ Interstate/Overseas

Records Received?  □ Yes  □ No Movement Reason (if applicable): _________________________________

DISABILITY

Does the student have a disability? (If yes please provide documentation)  □ Yes (please specify below)  □ No

Autism Spectrum Disorder  □  Severe Mental Disorder  □

Deaf or Hard of Hearing  □  Global Developmental Delay  □

Specific Speech Language Impairment  □  Vision Impairment  □

Intellectual Disability  □  Physical Disability  □

Other (please specify) ________________________________________________________________