

HEDLAND SENIOR HIGH SCHOOL 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)

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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

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

Does this student speak English as a second language? Yes No N/A

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) _____

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 Hearing condition (eg otitis media)

Allergy - Other _____ Diagnosed migraine/headaches

Intensive Health Care Need (eg tube feeding) Seizure Disorder (eg epilepsy)

Mental health or behavioural (eg depression, ADD/ADHD) Asthma

Diabetes Other _____

Doctors Name: _____ Medical Centre: _____

Phone No: _____ Health Care Card Yes No

Medicare No: _____ Expiry Date: _____

Ref Number: _____ Medicare Card Colour: _____

Permission to call Doctor? Yes No Permission to call Dentist? Yes No

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

OFFICE USE ONLY

* Birth Certificate	<input type="checkbox"/>
* Colour Copy of Medicare Card	<input type="checkbox"/>
* Proof of Address	<input type="checkbox"/>
* Immunisation Records	<input type="checkbox"/>
* School Reports	<input type="checkbox"/>
* Court Orders (if applicable)	<input type="checkbox"/>
* Passport & Visa (if applicable)	<input type="checkbox"/>
* Email Address	<input type="checkbox"/>

OFFICE USE ONLY

Enrolled By: _____ Entered By: _____ Date: _____

Date Transfer Note Sent: _____ Form: _____