

# 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)**

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

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: \_\_\_\_\_