



CAULFIELD JUNIOR COLLEGE

186 Balaclava Road, Caulfield North
 PH: 03 9509 6872 FAX: 03 9576 1623

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:								

PERSONAL DETAILS OF STUDENT

Title: (Miss Ms Mr)		Surname			
First Name					
Second Name					
Preferred Name (if applicable)					
Sex (tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	_____ / _____ / _____	

The Department of Education, Employment and Training require that all student enrolments be accompanied by a proof of age - a copy of birth certificate, extract of birth certificate or passport.

List any other family members attending this school:	
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How did you hear about and why did you choose Caulfield Junior College?	
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No. & Street or PO Box details			
Suburb			
State		Postcode	
Phone Number		Silent Number (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone Number		Fax Number	

OFFICE USE ONLY

Birth Date proof sighted (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date	_____ / _____ / _____	
Year Level		Home Group		House
Is there a Medical Alert for the student: (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a Disability ID Number: (tick)			<input type="checkbox"/> No <input type="checkbox"/> Yes	ID No.: _____
Immunisation Certificate Provided?: (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required.

ADULT A DETAILS: FEMALE PARENT/CARER

Sex	FEMALE	
Title: (Ms, Miss, Mrs or Dr)		
Surname:		
First Name:		
What is your occupation?		
Who is your employer?		
In which country were you born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖Do you speak a language other than English at home?		
<input type="checkbox"/> (tick) No, English only <input type="checkbox"/> Yes (please specify below):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

ADULT B DETAILS: MALE PARENT/CARER

Sex	MALE	
Title: (Mr or Dr)		
Surname:		
First Name:		
What is your occupation?		
Who is your employer?		
In which country were you born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖Do you speak a language other than English at home?		
<input type="checkbox"/> (tick) No, English only <input type="checkbox"/> Yes (please specify below):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

Main language spoken at home:		Preferred language of notices:	ENGLISH
Group Participation (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither		

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact you at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone No:	
Mobile Phone No:	

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact you at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone No:	
Mobile Phone No:	

After Hours:

Are you usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No:	
Mobile Phone No:	
Email address:	
Fax Number:	

After Hours:

Are you usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No:	
Mobile Phone No:	
Email address:	
Fax Number:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name			Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or Box No.:				
Suburb:				
State:		Postcode:		
Phone Number		Fax Number		
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:		

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name (Not Mother and Father)	Relationship (Grand Parent, Aunt/Uncle, Relative, Neighbour, Or Friend)	Telephone Contact (Mobile, Work, Home Numbers)	Language Spoken (If English Write E)
1			Mobile: Work: Home:	
2			Mobile: Work: Home:	
3			Mobile: Work: Home:	
4			Mobile: Work: Home:	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one) Female Parent / Carer	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative
Relationship of Adult B to Student: (tick one) Male Parent / Carer	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative

The student lives with the Primary Family: (tick one)
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)		_____ / _____ / _____	
What is the Residential Status of the student: (tick)		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:			
<input type="checkbox"/> Eligible for Australian Passport		<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa			
Visa Sub Class:		Visa Expiry Date: (dd-mm-yyyy)	_____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)			
International Student ID (Not required for exchange students)			
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)			
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____	
Does the student speak English? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)			
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? (tick one):			
<input type="checkbox"/> At home with TWO Parents/ Guardians		<input type="checkbox"/> State Arranged Out of Home Care # (See Note)	
<input type="checkbox"/> At home with ONE Parent/ Guardian		<input type="checkbox"/> Homeless Youth	
<input type="checkbox"/> Independent			

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Beginning of journey to school:		Map Type: (Circle)		Melway / VicRoads / Other	
Map Number		X Reference		Y Reference	
Usual mode of transport to school: (tick)					
<input type="checkbox"/> Walking	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Driven	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Tram <input type="checkbox"/> Train
Distance to School in kilometres:					

Student's Religion:	
Will the student participate in Religious Instruction classes? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

SCHOOL DETAILS

Date of first enrolment in an Australian School:	_____ / _____ / _____				
Name of previous School:					
Years of previous education:		What was the language of the student's previous education?			
Years of interruption to education:		Is the student repeating a year? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the student be attending this school full time? (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)					
Other school Name:		Time fraction:	0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:		Time fraction:	0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section				<input type="checkbox"/> Yes <input type="checkbox"/> No

**If Yes, Please fill in Asthma Medical Conditions Section.

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)	<input type="checkbox"/> Student	<input type="checkbox"/> Staff Member	
Medication is stored: (tick)	<input type="checkbox"/> With Student	<input type="checkbox"/> In Sickbay	<input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER MEDICAL CONDITIONS

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:		
Symptoms:		
If my child displays any of the symptoms above please: (tick)		
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action
		If yes, please specify:
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:
Medication is usually administered by: (tick)	<input type="checkbox"/> Student	<input type="checkbox"/> Staff Member
Medication is stored: (tick)	<input type="checkbox"/> With Student	<input type="checkbox"/> In Sickbay <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immunisation Details of Student:

The Department of Education, Employment and Training require that all student enrolments be accompanied by a copy of the Completed Immunisation Certificate for school entry, (as issued by a local government authority / Council or The Australian Childhood Immunisation Register)

What is the student's Immunisation Status? (tick)		<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not Immunised
If partial immunisation is selected, has the student been immunised against any of the following medical conditions? (tick)				
Tetanus:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<i>Diphtheria</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>MMR</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>Poliomyelitis</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>Hepatitis B:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>Haemophilus Influenza type B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>Pertussis (Whooping Cough)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____

Date: ____/____/____

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this enrolment form is correct.

Signature of Parent/Guardian: _____

Date: ____/____/____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

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, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

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)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *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)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *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, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)