

# PINGELLY PRIMARY SCHOOL ENROLMENT FORM



PLEASE COMPLETE ALL SECTIONS

## Student Details

SURNAME		ENROLLING INTO YEAR	
LEGAL SURNAME		PREFERRED START DATE	
FIRST NAME		PREFERRED NAME	
MIDDLE NAME		DATE OF BIRTH	
RESIDENTIAL ADDRESS		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		POSTCODE	
NATIONALITY		DOES THE STUDENT MAINLY SPEAK ENGLISH AT HOME?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NO, LANGUAGE SPOKEN			
RELIGION		* WITHDRAWN FROM R/E?	YES <input type="checkbox"/>
IS THE STUDENT	<input type="checkbox"/> ABORIGINAL	<input type="checkbox"/> BOTH ABORIGINAL & TORRES STRAITS ISLANDER	<input type="checkbox"/> NEITHER ABORIGINAL OR TSI

## RELATIONSHIP WITH PARENT/S

CHILD LIVES WITH			
BOTH PARENTS	<input type="checkbox"/>	PARENT 2 ONLY	<input type="checkbox"/>
PARENT 1 ONLY	<input type="checkbox"/>	OTHER PERSON RESPONSIBLE	<input type="checkbox"/>

## ACCESS RESTRICTION

Is this student subject to access restriction? <i>(Attach supporting documentation)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	RELATIONSHIP TO CHILD	
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## NAME OF SIBLINGS OR OTHER CHILDREN IN THE HOUSEHOLD ATTENDING THIS SCHOOL

SIBLING 1	SIBLING 2	SIBLING 3
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## PREVIOUS SCHOOL

NAME OF SCHOOL LAST ATTENDED	
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## DEPARTMENT OF CHILD PROTECTION

Is this student in the care of child protection & family services (CPFS) if yes, please specify:	YES <input type="checkbox"/> NO <input type="checkbox"/>	CPFS CASE MANAGER	
DISTRICT		PHONE	

## COURT ORDERS

Is this student subject to any court orders in respect of their care, welfare and development? If yes, please specify and attach supporting documentation.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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## PERMANENT/TEMPORARY RESIDENT

COUNTRY WHERE STUDENT WAS BORN	Australia <input type="checkbox"/> or Other country please specify & Complete below		
CITIZENSHIP	Australia <input type="checkbox"/> or Other country please specify & Complete below		
PERMANENT RESIDENT	YES <input type="checkbox"/>	DATE ARRIVED IN AUSTRALIA	
		VISA GRANT NUMBER	
		VISA SUB CLASS NUMBER	
		VISA SUB CLASS EXPIRY DATE	
		PASSPORT NUMBER	
<b>OR</b>			
TEMPORARY RESIDENT	YES <input type="checkbox"/>	DATE ARRIVED IN AUSTRALIA	
		VISA GRANT NUMBER	
		VISA SUB CLASS NUMBER	
		VISA SUB CLASS EXPIRY DATE	
		PASSPORT NUMBER	

## Student Permission Details

PERMISSIONS – By ticking these boxes, you and your child agree to abide by the School's Policies, included in the Information Pack.

A FULL VERSION OF THESE POLICIES ARE AVAILABLE ON THE WEBSITE OR ON REQUEST FROM THE OFFICE.

INTERNET USAGE PERMISSION YES  NO

Please tick photo permissions for your child's image to be used in the following forms of communication.

ALL FORMS OF COMMUNICATION YES  NO  IF NO, PLEASE TICK OPTIONS BELOW

SCHOOL NEWSLETTER	YES <input type="checkbox"/> NO <input type="checkbox"/>	PINGELLY PS FACEBOOK PAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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PINGELLY TIMES	YES <input type="checkbox"/> NO <input type="checkbox"/>	PINGELLY PS WEBSITE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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SCHOOL HANDBOOKS	YES <input type="checkbox"/> NO <input type="checkbox"/>	MOBILE PHONE PERMISSION	YES <input type="checkbox"/> NO <input type="checkbox"/>
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LOCAL NEWSPAPER PAPER	YES <input type="checkbox"/> NO <input type="checkbox"/>	SCHOOL CHAPLAIN CONSENT	YES <input type="checkbox"/> NO <input type="checkbox"/>
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SCHOOL BASED ELECTRONIC MEDIA	YES <input type="checkbox"/> NO <input type="checkbox"/>	SEESAW	YES <input type="checkbox"/> NO <input type="checkbox"/>
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		School Star SMS System	YES <input type="checkbox"/> NO <input type="checkbox"/>
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## Student Medical / Health Conditions

MEDICARE CARD NUMBER		EXPIRY DATE	
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HEALTHCARE CARD NUMBER		EXPIRY DATE	
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MEDICAL PRACTICE		AMBULANCE COVER	YES <input type="checkbox"/> NO <input type="checkbox"/>
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PERMISSION TO ADMINISTER FIRST AID	YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMISSION TO CALL AMBULANCE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Does the student have a medical condition or intensive health care need?	NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE SPECIFY
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|--------------------------|------------------------------|--------------------------|--|
| <input type="checkbox"/> | ALLERGY – ANAPHYLAXIS        | <input type="checkbox"/> | SEIZURE DISORDER (E.G. EPILEPSY)                         |
| <input type="checkbox"/> | ALLERGY – OTHER              | <input type="checkbox"/> | HEARING CONDITION  |
| <input type="checkbox"/> | ASTHMA                       | <input type="checkbox"/> | MENTAL HEALTH OR BEHAVIOURAL (E.G. DEPRESSION, ADD/ADHD) |
| <input type="checkbox"/> | DIABETES                     | <input type="checkbox"/> | INTENSIVE HEALTH CARE NEED (E.G. TUBE FEEDING)           |
| <input type="checkbox"/> | DIAGNOSED MIGRAINE/HEADACHES | <input type="checkbox"/> | OTHER – PLEASE SPECIFY                                   |

## DISABILITY

DOES THE STUDENT HAVE A DISABILITY?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE SPECIFY:
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<input type="checkbox"/>	AUTISM SPECTRUM DISORDER	<input type="checkbox"/>	GLOBAL DEVELOPMENTAL DELAY
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<input type="checkbox"/>	DEAF OR HARD OF HEARING	<input type="checkbox"/>	VISION IMPAIRMENT
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<input type="checkbox"/>	SPECIFIC SPEECH LANGUAGE IMPAIRMENT	<input type="checkbox"/>	PHYSICAL DISABILITY
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<input type="checkbox"/>	INTELLECTUAL DISABILITY	<input type="checkbox"/>	IF OTHER PLEASE PROVIDE DETAILS BELOW
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<input type="checkbox"/>	SEVERE MENTAL DISORDER
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Please indicate if you have documentation regarding your child's disability. Copies of this documentation will be required for school records	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I authorise for my child's information (not their name) to be included in the national consistent collection of data (NCCD)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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## Parent / Carer - Emergency Contact 1

TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS (if different from student residential address)				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?			What is the level of the highest qualification you have completed?		
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<b>Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'.</b>					
What is your occupation group? (More detailed description of groups available if required)	1 <input type="checkbox"/> - Senior Management in Large business organisation 2 <input type="checkbox"/> - Other Business Managers, & associate professionals 3 <input type="checkbox"/> - Tradesmen/women, clerks and skilled office, sales and service staff 4 <input type="checkbox"/> - Machine Operators, hospitality staff, labourers and related workers 8 <input type="checkbox"/> - Not in paid work in the last 12 months				
Occupation/Workplace		Location			
Do you speak a language other than English?	NO <input type="checkbox"/> YES <input type="checkbox"/> If YES which language? _____ Mainly Speak English at home? YES <input type="checkbox"/> NO <input type="checkbox"/>				

## Parent / Carer - Emergency Contact 2

TITLE		SURNAME		FIRST NAME	
RELATIONSHIP TO STUDENT					
MOBILE		HOME PHONE		WORK PHONE	
POSTAL ADDRESS (if different from student residential address)				POSTCODE	
EMAIL ADDRESS					
What is the highest year of primary or secondary school you have completed?			What is the level of the highest qualification you have completed?		
Year 12 or equivalent	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No Non-school qualification	<input type="checkbox"/>		
<b>Please select the appropriate parental occupation group from the list provided. (Ask at the front desk if you have not been provided with the list) If you are not in paid work, tick '8'.</b>					
What is your occupation group?	1 <input type="checkbox"/> - Senior Management in Large business organisation 2 <input type="checkbox"/> - Other Business Managers, associate professionals 3 <input type="checkbox"/> - Tradesmen/women, clerks and skilled office, sales and service staff 4 <input type="checkbox"/> - Machine Operators, hospitality staff, labourers and related workers 8 <input type="checkbox"/> - Currently not in paid work				
Occupation/ Workplace		LOCATION			
Do you speak a language other	NO <input type="checkbox"/> YES <input type="checkbox"/> If YES which language? _____				

than English?	Mainly Speak English at home? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Additional Contact - Person 1			
NAME			
RELATIONSHIP TO STUDENT			
MOBILE PHONE		HOME PHONE	
WORK PHONE		EMAIL	
ADDRESS			

Additional Contact - Person 2			
NAME			
RELATIONSHIP TO STUDENT			
MOBILE PHONE		HOME PHONE	
WORK PHONE		EMAIL	
ADDRESS			

UNIFORM	
I agree to fully support the school's uniform policy and understand PPS has a no hat, no play policy.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Signature			
Name of person enrolling student			
Relationship to student			
Signature		Date	

\* R/E – Treasure Hunters program (Religious education) ran on a fortnightly basis.

OFFICE USE ONLY			
Entry date into PPS		Year & room number	
Court orders:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Court documents supplied	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Medical action plan required	YES <input type="checkbox"/> NO <input type="checkbox"/>	Publications/permissions checked	YES <input type="checkbox"/> NO <input type="checkbox"/>
Birth certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>	Immunisation details received	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date sighted		Immunisations up to date	YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa papers received & copied	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Passport received & copied	
Faction allocation to		Email address supplied to library	YES <input type="checkbox"/>
Online student information forward to class teacher	YES <input type="checkbox"/> NO <input type="checkbox"/>	Entered into SIS by	Date
Transfer note sent	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date transfer note sent	