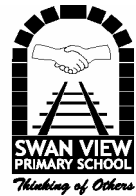


**SWAN VIEW PRIMARY SCHOOL  
380 MORRISON ROAD, SWAN VIEW**



**STUDENT DETAILS**

\*Surname \_\_\_\_\_ \*Legal Surname \_\_\_\_\_

\*1<sup>st</sup> Name \_\_\_\_\_ \*2<sup>nd</sup> Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

\*Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone \_\_\_\_\_

**SCHOOL USE ONLY**

Mobile \_\_\_\_\_

Year Level: \_\_\_\_\_

Fax \_\_\_\_\_

Form/Class: \_\_\_\_\_

Names of brothers and sisters attending this school

\_\_\_\_\_

\*Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer?

YES  NO

If YES, please specify the name of the DCD Case Manager, their DCD District and their contact phone number.

\*Is this student subject to any court orders in respect of their care, welfare and development?

YES  NO  If YES, please specify and attach supporting documentation.

**PARENT / GUARDIAN DETAILS**

Child lives with:

Parent/Guardian/Carer 1 [ ] Parent/Guardian/Carer 2 [ ]  
Both Parents [ ] Neither Parent [ ]

Is this student subject to Access Restriction YES [ ] NO [ ]

**If 'YES' please attach supporting documentation.**

**Emergency Contact**

\*Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the *preferred emergency contact*.

Parent/Guardian/Carer 1  Parent/Guardian/Carer 2  Other contacts

\_\_\_\_\_

**Parent/Guardian/Carer 1 Details**

Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):  
\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often).

NO, English only  YES, other – please specify: \_\_\_\_\_

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
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9' or equivalent or below')

What is your occupation group?  (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

**Parent/Guardian/Carer 2 Details**

Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):  
\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often).

NO, English only  YES, other – please specify: \_\_\_\_\_

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
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9' or equivalent or below')

What is your occupation group?  (Write 1, 2, 3, 4 or 8) Please select the appropriate parental occupation group from the list provided. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

**Other Contact(s) Details**

Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

\*Postal Address (if different from student residential address):

\_\_\_\_\_  
\*Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ \*Mobile No: \_\_\_\_\_

**Please advise the school if there are any other contacts you would like recorded.**

**Student Details – Additional Information**

Religion: \_\_\_\_\_ Is the student to be withdrawn from religious instruction? YES   
NO

Is the student of Aboriginal or Torres Strait Islander origin?  NO  
 YES, Aboriginal  
*(For students of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes.)*  YES, Torres Strait Islander

Does the student mainly speak English at home? YES  NO

Does the student speak a language other than English at home?  
*(If more than one language, indicate the one that is spoken most often.)* NO, English only   
YES, other – please specify: \_\_\_\_\_

Out of school intake area: YES  NO  Health Card: YES  NO

\*Citizenship: Australian  Other – please specify \_\_\_\_\_

\*Permanent Resident: YES  NO

\*Date entered Australia: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Visa Sub-class No. \_\_\_\_\_

In receipt of Allowance: Secondary Assistance  Youth Allowance   
Assistance for Isolated Children (AIC)  Abstudy

Birth Certificate seen: YES  NO  Date sighted: \_\_\_\_/\_\_\_\_/\_\_\_\_

In which country was the student born: Australia   
Other – please specify: \_\_\_\_\_

\*Previous School: \_\_\_\_\_

\*If previously enrolled in Home Education, specify the Education District: \_\_\_\_\_

Movement reason (if applicable): \_\_\_\_\_

\*Does the student have a disability? YES  NO

If YES, please specify.

Disability: \_\_\_\_\_

\*Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records.

- |  |  |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder            | <input type="checkbox"/> Severe Mental Disorder                    |
| <input type="checkbox"/> Deaf or Hard of Hearing             | <input type="checkbox"/> Global Development Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment                         |
| <input type="checkbox"/> Intellectual Disability             | <input type="checkbox"/> Physical Disability                       |

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**Student Details – Medical / Health**

Does the student have a medical condition or intensive health care need? YES  NO

If YES, please specify.

- |  |  |
|--|--|
| <input type="checkbox"/> Allergy – Anaphylaxis           | <input type="checkbox"/> Hearing condition (eg. Otitis media)                    |
| <input type="checkbox"/> Allergy – Other _____           | <input type="checkbox"/> Mental Health or behavioural (eg. Depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Intensive Health Care Need (eg. Tube feeding)           |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Diagnosed migraine/headaches    |  |
| <input type="checkbox"/> Seizure Disorder (eg. Epilepsy) |  |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

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Medical Practice (Name and Address): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide details of any other information you would like noted.

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Do you have ambulance cover? YES  NO

I agree to pay for an ambulance for my child if required in an emergency. YES  NO

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Name of person enrolling student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Transfer Note Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Publications/Internet Permission Form Completed: YES  NO

Contributions and Charges Billing: PG1  \_\_\_\_\_% PG2  \_\_\_\_\_% Other  \_\_\_\_\_%

Immunisation records provided: YES  NO

Form/Class : \_\_\_\_\_ House/Faction: \_\_\_\_\_

Entered on School Information System by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_