

(CONFIDENTIAL)

DATE: _____

Please complete and return to "A" Block reception for the Enrolment Officer to update student records
 If you are adding a new parent / guardian, please speak with our Enrolment Officer "A" Block Reception

STUDENT DETAILS		<i>❖ If there is a change of name provide supporting legal documents</i>	
FIRST NAME:	SURNAME:	HOME GROUP:	
FIRST NAME:	SURNAME:	HOME GROUP:	
FIRST NAME:	SURNAME:	HOME GROUP:	
PARENT / GUARDIAN: ADULT A		PARENT / GUARDIAN: ADULT B	
CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>	ADD <input type="checkbox"/>	
CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>	ADD <input type="checkbox"/>	
FIRST NAME:	FIRST NAME:		
SURNAME:	SURNAME:		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:		
ADDRESS:	ADDRESS:		
COUNTRY OF BIRTH:	COUNTRY OF BIRTH:		
LANGUAGE SPOKEN:	LANGUAGE SPOKEN:		
MAIN LANGUAGE SPOKEN AT HOME:	ACCESS / ACTIVITY RESTRICTIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please provide most recent custody orders (if applicable)</i>		
HIGHEST EDUCATION LEVEL: <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	HIGHEST EDUCATION LEVEL <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		
HIGHEST QUALIFICATION: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advance diploma / Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification	HIGHEST QUALIFICATION <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advance diploma / Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification		
MOBILE NO: SMS Notify: <input type="checkbox"/> Yes <input type="checkbox"/> No	MOBILE NO: SMS Notify: <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMAIL ADDRESS: Email Notify <input type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS: Email Notify <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER:	EMPLOYER:		
OCCUPATION: Occupation Code <input type="checkbox"/>	OCCUPATION: Occupation Code <input type="checkbox"/>		
WORK TELEPHONE: Can we contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	WORK TELEPHONE: Can we contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME TELEPHONE:	HOME TELEPHONE:		

EMERGENCY CONTACT 1			EMERGENCY CONTACT 2		
CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>	ADD <input type="checkbox"/>	CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>	ADD <input type="checkbox"/>
FIRST NAME:			FIRST NAME:		
SURNAME:			SURNAME:		
RELATIONSHIP TO CHILD: <i>(Neighbour, Relative, Friend or Other)</i>			RELATIONSHIP TO CHILD: <i>(Neighbour, Relative, Friend or Other)</i>		
WORK TELEPHONE NO:			WORK TELEPHONE NO:		
HOME TELEPHONE NO:			HOME TELEPHONE NO:		
MOBILE NO:			MOBILE NO:		
LANGUAGE SPOKEN:			LANGUAGE SPOKEN:		
EMERGENCY CONTACT 3			EMERGENCY CONTACT 4		
CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>	ADD <input type="checkbox"/>	CHANGE <input type="checkbox"/>	DELETE <input type="checkbox"/>	ADD <input type="checkbox"/>
FIRST NAME:			FIRST NAME:		
SURNAME:			SURNAME:		
RELATIONSHIP TO CHILD: <i>(Neighbour, Relative, Friend or Other)</i>			RELATIONSHIP TO CHILD: <i>(Neighbour, Relative, Friend or Other)</i>		
WORK TELEPHONE NO:			WORK TELEPHONE NO:		
HOME TELEPHONE NO:			HOME TELEPHONE NO:		
MOBILE NO:			MOBILE NO:		
LANGUAGE SPOKEN:			LANGUAGE SPOKEN:		

Signature Parent /Guardian _____ **Date** _____

Thank you for completing this form and assisting the school to provide accurate data for government funding.

Please return to the General Office, Building A.

All data will be collected, stored and reported in accordance with privacy legislation requirements.

OFFICE USE ONLY:

Received by	Date	Entered by	Date

OCCUPATION CATEGORIES

The nationally defined occupations are classified according to five categories

Code	Description	Examples		
A	<i>Senior management in large business organisation, government administration and defence, and qualified professionals</i>	<i>General Manager</i>	<i>Accountant</i>	<i>Business Analyst</i>
		<i>Architect</i>	<i>Architect</i>	<i>Pilot</i>
		<i>Teacher</i>	<i>Registered Nurse</i>	<i>Librarian</i>
B	<i>Other business managers, arts/media/sportsperson and associate professionals</i>	<i>Police Officer</i>	<i>Bank Manager</i>	<i>Office Manager</i>
		<i>Farmers</i>	<i>Photographer</i>	<i>Credit & Loans Officer</i>
		<i>Shop Manager</i>	<i>Chef</i>	<i>Singer/Actor</i>
C	<i>Tradesmen/women, clerks and skilled office, sales and service staff</i>	<i>Childcare worker</i>	<i>Bookkeeper</i>	<i>Plumber</i>
		<i>Electrician</i>	<i>Personal Assistant</i>	<i>Florist</i>
		<i>Hairdresser</i>	<i>Painter</i>	<i>Fire Fighter</i>
D	<i>Machine Operators, hospitality staff, assistants, labourers and related workers</i>	<i>Factory Worker</i>	<i>Receptionist</i>	<i>Forklift Driver</i>
		<i>General Gardener</i>	<i>Education Aides</i>	<i>Truck/Taxi Driver</i>
N	<i>Not in paid work in last 12 months</i>	<i>Unemployed</i>	<i>Home Duties</i>	<i>Studying</i>

Extra notes.