



# ROEBOURNE DISTRICT HIGH SCHOOL

Year: _____
Form: _____ Room: _____
Student No: _____

## STUDENT DETAILS

### \* Essential information

- \* Surname: \_\_\_\_\_
- \* Legal Surname (if different from above name): \_\_\_\_\_
- \* 1<sup>st</sup> Name: \_\_\_\_\_ \* 2<sup>nd</sup> Name: \_\_\_\_\_
- Preferred Name: \_\_\_\_\_
- \* Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- \* Student Mobile (if applicable) \_\_\_\_\_ 8. \* Mobile: \_\_\_\_\_
- \* Sex:  Male  Female. 10. \* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Do you belong to a Language Group: \_\_\_\_\_  
(name of Language Group)

What is the language you speak at home: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

If more than one language, indicate the one spoken most often: \_\_\_\_\_

### 12. Full names of any brothers and sisters attending this school

Sibling 1 \_\_\_\_\_ Sibling 2 \_\_\_\_\_

Sibling 3 \_\_\_\_\_

### 13. \* Is this student in the care of the Department for Child Protection (DCP) Chief Executive Officer?

YES  NO

If YES, please specify the name and contact details of the DCP Case Manager

\_\_\_\_\_

### 14. \* 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

\_\_\_\_\_

\_\_\_\_\_

**Relationship with Parent/s**

**15. Child lives with**

Both Parents  Parent 1  Parent 2   
Other Person Responsible  Relationship to child \_\_\_\_\_

**16. Is this student subject to Access Restriction?**

YES  NO

If YES, please attach supporting documentation

**Emergency Contact**

**17. \* Persons to be contacted in an emergency ranked in order of preference, Telephone numbers must be specified.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Parent/Responsible Person 1 – Details**

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

2. Relationship to the student: \_\_\_\_\_

**3. \* Residential Address**

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_

4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Workplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

7. Do you belong to a Language Group: \_\_\_\_\_  
(name of Language Group)

What is the language you speak at home: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

If more than one language, indicate the one spoken most often: \_\_\_\_\_

**8. What is the highest year of primary or secondary school you have completed?**

Year 12 or equivalent   
Year 11 or equivalent   
Year 10 or equivalent   
Year 9 or equivalent or below

**9. What is the level of the highest qualification you have completed?**

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

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

**10. What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8)**

Please select the appropriate parental occupation group from the list provided (last page of this form).  
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/Responsible Person 2 – Details

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

2. Relationship to the student: \_\_\_\_\_

3. \* Residential Address

\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Workplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

7. Do you belong to a Language Group: \_\_\_\_\_  
(name of Language Group)

What is the language you speak at home: \_\_\_\_\_

Do you mainly speak English at home? YES  NO

If more than one language, indicate the one spoken most often: \_\_\_\_\_

8. What is the highest year of primary or secondary school you have completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

9. What is the level of the highest qualification you have completed?

Bachelor degree or above

Advanced Diploma/Diploma

Certificate I to IV (incl. trade certificate)

No non-school qualification

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

10. What is your occupation group? \_\_\_\_\_ (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page of this form).  
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.

## Additional Person's Contact Details

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

2. Relationship to the student: \_\_\_\_\_

3. \* Residential Address

\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_

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

2. Relationship to the student: \_\_\_\_\_

3. \* Residential Address

\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

4. \* Telephone \_\_\_\_\_ \* Work Telephone \_\_\_\_\_ \* Mobile \_\_\_\_\_

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

## Student Details – Additional Information

1. Religion \_\_\_\_\_
2. Is the student to be withdrawn from religious instruction? YES  NO
3. Is the student of Aboriginal or Torres Strait Islander origin?  NO  
*For children of both Aboriginal & Torres Strait Islander origin mark both 'YES' boxes*  YES, Aboriginal  
 YES, Torres Strait Islander
4. If the school has a local-intake area, does the student reside outside the area? YES  NO
5. \* Citizenship: Other nationality \_\_\_\_\_ Australian   
Visa Sub Class Number \_\_\_\_\_ Visa Expiry Date \_\_\_/\_\_\_/\_\_\_  
Date Entered Australia \_\_\_/\_\_\_/\_\_\_

6. Does the student receive any of the following allowances?

Secondary Assistance Allowance   
Youth Allowance   
Assistance for Isolated Children (AIC)   
ABSTUDY

7. \* Name of previous school \_\_\_\_\_

8. Reason for change of school (if applicable) \_\_\_\_\_  
OR

9. \* If previously registered for home education, please specify the Education Region in which registration was recorded

10. \*Does the student have a disability? YES  NO

If YES, please specify the disability \_\_\_\_\_

Autism Spectrum Disorder	<input type="checkbox"/>	Severe Mental Disorder	<input type="checkbox"/>
Deaf or Hard of Hearing	<input type="checkbox"/>	Global Developmental Delay	<input type="checkbox"/>
Specific Speech Language Impairment	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Severe Medical/Health Condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Please specify _____	

11. \*Please indicate if you have documentation regarding your child's disability (Copies of this documentation will be required for school records). YES  NO

## Student Details – Medical/Health

A separate form, the *Student Health Care Summary*, is also to be completed for all students prior to enrolment and needs to be updated if the student's health care needs change. It will be used by the school in the event of care being needed. *If the student has medical conditions or intensive health care needs you also will be asked by the school to complete the relevant Health Care Authorisations.*

12. Please provide details of any other information you would like noted about the student's health.

\_\_\_\_\_  
\_\_\_\_\_

Does the student have a medical or health care need?

YES  NO

If YES, please specify:

- Allergy – Anaphylaxis
- Allergy – Other \_\_\_\_\_
- Asthma
- Diabetes  
(e.g. tube feeding)
- Diagnosed migraine/headaches
- Seizure Disorder (e.g. epilepsy)
- Hearing condition (e.g. otitis media)
- Mental health or behavioural  
(eg ADD/ADHD, depression)
- Intensive Care Needs
- Other \_\_\_\_\_

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

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

Dental Practice (Name and Address) \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Medicare Number:    Expiry: \_\_\_\_/\_\_\_\_

Do you have a Health Care Card? YES  NO  Expiry \_\_\_\_/\_\_\_\_

Do you have ambulance cover? YES  NO

**(If there is a medical emergency, parents/responsible persons are expected to meet the cost of the ambulance)**

Name of Insurance Company \_\_\_\_\_

**Signature**

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

*Please print*

*If an enrolment for Kindergarten, I declare this to be the only enrolment made.*

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

**OFFICE USE ONLY**

*Birth Certificate sighted (or other evidence such as passport or travel documents)*

YES  NO  Date sighted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunisation records provided: YES  NO

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

Previous School: \_\_\_\_\_ Records Received: YES  NO

Publications/Internet Permission Form Completed: YES  NO

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

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

Entered onto SIS by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ Destination \_\_\_\_\_ Records Sent: YES  / NO

***This enrolment form must be archived until the former student reaches 25 years of age and then it must be transferred, with printouts from SIS to the state records office***

## Parent Occupation Groups

(Relates to questions in **Parent 1** and **Parent 2** sections of the Application for Enrolment Form)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sports persons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> 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</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/ industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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]</p> <p><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b> <b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [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]</p> <p><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.