Thank you for your interest in seeking enrolment in a NSW Government school.

This application to enrol form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school staff. You are welcome to provide further information on an attached sheet.

Please refer to pages 15 and 16 of this form for details about completing this application and documents that you are required to provide to the school. An explanation of the purpose and use of the information you provide is given on page 13.

The school will notify you of the results of your application. The information you have provided will be used by the school for student enrolment if your application is accepted. Please do not purchase items such as uniforms until you receive confirmation of enrolment.

### Student details

#### A. Student details

<table>
<thead>
<tr>
<th>Family name</th>
<th>First given name</th>
<th>Second given name</th>
<th>Preferred first name</th>
<th>Gender</th>
<th>Date of birth</th>
<th>Intended start date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Into which year are you seeking to enrol this student? (mark only one box)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intended start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
</tr>
</tbody>
</table>

#### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>School name</th>
<th>Student registration number</th>
<th>Date of enrolment at this school</th>
<th>Roll Class (eg 3 SMITH, 9R2)</th>
<th>Current scholastic year in which the student is enrolled (K-12)</th>
<th>House group</th>
<th>Special Religious Education (SRE)/Special Education in Ethics (SEE)</th>
<th>Out of home care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes or No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of statutory care provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Student details

STUDENT’S BROTHERS AND SISTERS
Does this student have any brothers or sisters currently, or previously (in the past 5 years), enrolled at a NSW Government school?

☐ Yes  ☐ No

If yes, name of most recent school:

If yes, please provide the details of the most recently enrolled brother or sister.

Gender

☐ Male  ☐ Female

Date of birth

Day  /  Month  /  Year

Brother’s/sister’s family name

Brother’s/sister’s given name

ABORIGINALITY
Is the student of Aboriginal or Torres Strait Islander origin?

☐ No  ☐ Aboriginal  ☐ Torres Strait Islander  ☐ Both Aboriginal and Torres Strait Islander

LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME
Does the student speak a language other than English at home?

☐ No, English only  ☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by the student

Other language(s) spoken at home

SPECIAL RELIGIOUS EDUCATION
Special Religious Education (SRE) may be provided by approved religious groups in some schools.

Do you wish the student to attend Special Religious Education classes?

☐ Yes  ☐ No

If yes, please nominate the Special Religious Education class that you would like the student to attend. The school will be able to give you a list of classes that are provided.

Answering the next question is optional. This information may be used to plan for Special Religious Education classes.

What is the student’s religion? If none, please write ‘no religion.’

SPECIAL EDUCATION IN ETHICS
Special Education in Ethics is an option in some schools for students not attending Special Religious Education classes.

Special Education in Ethics is a program in ethical decision making, action and reflection within a secular framework, based on a branch of philosophy.

Do you wish the student to attend Special Education in Ethics classes, if available at the school?

☐ Yes  ☐ No

STUDENT’S MOBILE PHONE
Student’s mobile phone number (if applicable)
**Student details**

**COUNTRY OF BIRTH**
What is the country of birth of the student seeking to be enrolled? 

**STUDENT’S RESIDENCY STATUS**
What is the student’s residency status?  
- Australian citizen  
- New Zealand citizen  
- Norfolk Islander  
- Permanent resident  
- Temporary visa holder  
- Residence determination

A student born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the student was born. To determine the student’s residency status, refer to the Proof of Identity and Residency Status policy on the Department’s website. If the student is a temporary visa holder, please contact the Temporary Residents Program on 1300 300 229. If the student is holding or applying for visa subclass 571, please contact the International Students Program on 1300 302 456.

If born overseas, on what date did the student arrive in Australia?  

For Australian born citizens, if the student was living overseas for two or more years, on what date did the student return to Australia?  

If the student is a permanent or temporary visa holder please provide the following information  

<table>
<thead>
<tr>
<th>Current visa sub-class</th>
<th>Visa expiry date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>day</td>
</tr>
</tbody>
</table>

If this is not the student’s first enrolment at an Australian school, what was the student’s first date of enrolment at an Australian school?  

**PREVIOUS SCHOOLS**
Please provide details of any school where the student has previously been enrolled (NSW, interstate or overseas) starting with the most recent.  

<table>
<thead>
<tr>
<th>Name of school last attended</th>
<th>Location of school last attended (suburb/town/state/country)</th>
<th>Dates of attendance (for example: from 05/2009 to 06/2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>month</td>
</tr>
</tbody>
</table>

Names of other schools attended and their locations  

If more space is needed, please attach a page marked ‘Previous Schools’.

**KINDERGARTEN STUDENTS**
In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs?  
- Yes  
- No

If yes, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week).  

<table>
<thead>
<tr>
<th>Preschool</th>
<th>Long Day Care (with a preschool program)</th>
<th>Long Day Care (without a preschool program)</th>
<th>Family Day Care</th>
<th>Grandparent</th>
<th>Other formal or informal care (eg occasional care, playgroup, other relative, nanny, friend, neighbour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part time</td>
<td>Part time</td>
<td>Part time</td>
<td>Part time</td>
<td>Part time</td>
<td>Part time</td>
</tr>
<tr>
<td>Full time</td>
<td>Full time</td>
<td>Full time</td>
<td>Full time</td>
<td>Full time</td>
<td>Full time</td>
</tr>
<tr>
<td>Postcode</td>
<td>Postcode</td>
<td>Postcode</td>
<td>Postcode</td>
<td>Postcode</td>
<td>Postcode</td>
</tr>
</tbody>
</table>

**Preschools** usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.  

**Long day care services** offer all-day care for most of the year for children aged 0 to 6. They may also offer ‘preschool programs’ specifically for children in the year or two before school.

Name of preschool/long day care service
B. Parent/Carer 1 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (e.g. Mr/Ms/Mrs/Dr)  

Gender  □ Male  □ Female

Relationship to student (e.g. mother/father/carer)

Family name

Given name

Country of birth

Aboriginality  □ No  □ Aboriginal  □ Torres Strait Islander  □ Both Aboriginal and Torres Strait Islander

OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

□ Group 8 Have not been in paid work in the last 12 months
□ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
□ Group 3 Tradesmen/women, clerks and skilled office, sales and service staff
□ Group 2 Other business managers, arts/media/sportspersons and associate professionals
□ Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark ‘Year 9 or equivalent or below’ (mark one box only).

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

EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carer speak a language other than English at home?

□ No, English only  □ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 1

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?  □ Yes  □ No
# Family details

## B. Parent/Carer 2 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

<table>
<thead>
<tr>
<th>Title (eg Mr/Ms/Mrs/Dr)</th>
<th>Gender</th>
<th>Relationship to student (eg mother/father/carer)</th>
<th>Family name</th>
<th>Given name</th>
<th>Country of birth</th>
<th>Aboriginality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OCCUPATION GROUP**

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- Group 8: Have not been in paid work in the last 12 months
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff
- Group 2: Other business managers, arts/media/sportspersons and associate professionals
- Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

**Occupation**

**SCHOOL EDUCATION**

What is the highest level of schooling completed?

For persons who never attended school, mark ‘Year 9 or equivalent or below’ (mark one box only).

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

**EDUCATIONAL QUALIFICATIONS**

What is the highest qualification completed?

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

**LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME**

Does this parent/carer speak a language other than English at home?

- No, English only
- Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 2

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?

- Yes
- No
C. Parents/carers with whom this student normally lives

**Name to be used for all correspondence** (eg Mr and Mrs A Black, Ms B Green)

<table>
<thead>
<tr>
<th>Name</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**Residential address** (eg 1 High Street, Sydney, NSW, 2000)

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Is this the residential address of the student to be enrolled?  

- Yes
- No

**Correspondence address**

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

If the school needs to contact a parent/carer, please specify, in order of preference, who to contact

If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).

**NAME OF PARENT/CARER TO CONTACT FIRST**

<table>
<thead>
<tr>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

**Phone number (mobile)**

<table>
<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td></td>
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</table>

**Phone number (home)**

<table>
<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Phone number (work)**

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Contact email address**

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PARENT/CARER TO CONTACT SECOND**

<table>
<thead>
<tr>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Phone number (mobile)**

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Phone number (home)**

<table>
<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Phone number (work)**

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Contact email address**

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
D. Parents/carers not living with this student

Complete only if applicable. Copies of any relevant family law or other court orders must be provided. Please print and attach additional pages if required for multiple parents/carers not living with this student.

Title (eg Mr/Ms/Mrs/Dr)  
Gender  
Male  
Female

Relationship to student (eg mother/father/carer)  

Family name  
Given name  

Aboriginality  
No  
Aboriginal  
Torres Strait Islander  
Both Aboriginal and Torres Strait Islander

OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- Group 8 Have not been in paid work in the last 12 months
- Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
- Group 3 Tradesmen/women, clerks and skilled office, sales and service staff
- Group 2 Other business managers, arts/media/sportspersons and associate professionals
- Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

SCHOOL EDUCATION

What is the highest level of schooling completed? For persons who never attended school, mark ‘Year 9 or equivalent or below’ (mark one box only).

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

EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

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

CONTACT DETAILS

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Comments

Phone number (mobile)  

Phone number (home)  

Phone number (work)  

Preferred email address for correspondence
### D. Parents/carers not living with this student (continued)

**Residential address** *(eg 1 High Street, Sydney, NSW, 2000)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential address</td>
<td>[Insert address]</td>
</tr>
</tbody>
</table>

**Does the student sometimes reside at this address?**

- [ ] Yes
- [ ] No

**Correspondence address**

*If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correspondence address</td>
<td>[Insert correspondence address]</td>
</tr>
</tbody>
</table>

### E. Additional emergency contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed in Section C. Ideally each contact should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.

**CONTACT DETAILS (first preference)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>[Insert family name]</td>
</tr>
<tr>
<td>Given name</td>
<td>[Insert given name]</td>
</tr>
<tr>
<td>Relationship to student <em>(eg neighbour/aunt/uncle)</em></td>
<td>[Insert relationship]</td>
</tr>
</tbody>
</table>

*If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number <em>(mobile)</em></td>
<td>[Insert phone number]</td>
</tr>
<tr>
<td>Phone number <em>(home)</em></td>
<td>[Insert phone number]</td>
</tr>
<tr>
<td>Phone number <em>(work)</em></td>
<td>[Insert phone number]</td>
</tr>
</tbody>
</table>

**CONTACT DETAILS (second preference)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>[Insert family name]</td>
</tr>
<tr>
<td>Given name</td>
<td>[Insert given name]</td>
</tr>
<tr>
<td>Relationship to student <em>(eg neighbour/aunt/uncle)</em></td>
<td>[Insert relationship]</td>
</tr>
</tbody>
</table>

*If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number <em>(mobile)</em></td>
<td>[Insert phone number]</td>
</tr>
<tr>
<td>Phone number <em>(home)</em></td>
<td>[Insert phone number]</td>
</tr>
<tr>
<td>Phone number <em>(work)</em></td>
<td>[Insert phone number]</td>
</tr>
</tbody>
</table>
F. Special circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?

(eg mature age, pregnancy, living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, asylum seeker student living in immigration detention, eg community detention).

☐ Yes ☐ No

If yes, please provide a brief description of the circumstances. Write in the spaces below.

G. Students with additional learning and support needs, including disability

Does the student require support for learning because of disability? ☐ Yes ☐ No

Legislation and NSW Department of Education and Communities policy recognise that adjustments may be required for students with special needs, including students with disability, so that they can participate at school. School personnel and parents work together to identify the adjustments that may be needed to meet the student’s learning and support needs.

Is there anything that you do or modify at home that may help us at school to meet the student’s educational needs? ☐ Yes ☐ No

If yes, please specify

Please indicate any learning adjustments that may be required to allow the student to participate at school (complete only if applicable)

☐ changes to learning programs and/or teaching strategies
☐ communication, eg speaking and/or listening
☐ modification to equipment, furniture, learning spaces and/or learning materials
☐ support for personal care needs, eg hygiene, mealtimes and/or health care needs
☐ social support to engage safely with other children and teachers
☐ other (please specify)

Please indicate if the student has any of the following

☐ autism ☐ a hearing impairment ☐ a language disorder
☐ a physical disability ☐ difficulties in learning ☐ acquired brain injury
☐ behaviour disorder ☐ intellectual disability ☐ mental health disorder
☐ a vision impairment ☐ other (please specify)

Has any previous education provider prepared a documented plan to support the student’s additional learning needs? ☐ Yes ☐ No

If yes, please provide details


### H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child’s safe participation at the school.

Note: Where the words ‘your child’ are used, they should be taken as a reference to the student seeking enrolment.

<table>
<thead>
<tr>
<th>Student’s Medicare number</th>
<th>Student’s Medicare card reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medicare card valid to**

<table>
<thead>
<tr>
<th>month</th>
<th>year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Doctor’s name/medical centre**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Doctor’s address (e.g. 1 High Street, Sydney, NSW, 2000)**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Doctor’s phone number (work)**

<p>| |</p>
<table>
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</table>

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

<table>
<thead>
<tr>
<th>Allergy / medical condition</th>
<th>Doctor’s name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*If your child has a documented plan to support any health or medical needs from a previous school or organisation (e.g. preschool, occasional care, etc) please provide it to the school as an attachment to this form.*

**ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (E.G. NUTS, EGGS, PEANUTS) OR OTHER.**

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked ‘Section H’.

For any additional allergies your child has, please answer each of the 11 questions (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked ‘Section H’) to the back of this form.

**Allergy to**

1. Has a doctor diagnosed this allergy?  ☐ Yes ☐ No

2. Is this a severe allergy (anaphylaxis)?  ☐ Yes ☐ No

*Anaphylaxis is a severe, potentially life-threatening, allergic reaction.*

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?  ☐ Yes ☐ No

4. If yes, which hospital?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

5. Does your child have an ASCIA Action Plan for Anaphylaxis?  ☐ Yes ☐ No

6. If yes, is this plan attached?  ☐ Yes ☐ No

7. Has your child been prescribed an adrenaline autoinjector (i.e. EpiPen®/Anapen®)?  ☐ Yes ☐ No

*If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).*

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.
8. What is the expiry date of the adrenaline autoinjector that will be provided to the school? [ ] [ ] [ ] [ ]  

*If not known at the time of completing this form, the school will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions? [ ] Yes  [ ] No

10. If yes, is this plan attached? [ ] Yes  [ ] No

*It is important that a copy of any updated plan is provided to the school.*

11. Please list any other medication prescribed for this allergy

<table>
<thead>
<tr>
<th>Medical condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*The school will require further details in relation to prescribed medication on enrolment.*

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department’s website.

**MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (E.G. ASTHMA, SEVERE ASThma, DIABETES, EPILEPSY)**

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

<table>
<thead>
<tr>
<th>Medical condition</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

1. Has a doctor diagnosed this condition? [ ] Yes  [ ] No

2. Has your child been hospitalised with this condition? [ ] Yes  [ ] No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (e.g. asthma action plan)? [ ] Yes  [ ] No

5. If yes, is this plan attached? [ ] Yes  [ ] No

6. Is your child taking prescribed medication for this condition? [ ] Yes  [ ] No

7. If yes, what is the prescribed medication?

<table>
<thead>
<tr>
<th>Medical condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*The school will require further details in relation to prescribed medication on enrolment.*

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department’s website.
I. Student’s history relevant to risk assessment

The NSW Department of Education and Communities has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide schools with information that will help facilitate the smooth transition of the student into this specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student’s history or circumstances (including medical history not listed in Section H) which might pose a risk of any type to this student, other students, or staff at this school?

☐ Yes  ☐ No

If yes, please provide a brief description of the student’s medical or other history which might pose a risk of any type to him or her, other students, or staff at this school.


Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.


Does the student have any history of violent behaviour?  ☐ Yes  ☐ No

If yes, please provide details.


Has the student ever been suspended or expelled from any previous school?  ☐ Yes  ☐ No

If yes, was this for:

☐ Actual violence to any person?  ☐ Yes  ☐ No

☐ Possession of a weapon or any item used to cause harm or injury?  ☐ Yes  ☐ No

☐ Threats of violence or intimidation of staff, students, or others at the school?  ☐ Yes  ☐ No

☐ Illegal drugs?  ☐ Yes  ☐ No

Are you aware of any other incidents of the kind listed above in which the student has been involved outside of the school setting?

☐ Yes  ☐ No

If yes, please provide a brief outline of these incidents.


Personal information and declaration of accuracy

The personal information collected on this application is for purposes directly related to your child’s education including processing this application. Any information provided to the Department of Education and Communities will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department of Education and Communities to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child’s school. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the school.

If you choose not to provide some requested information it may have a detrimental impact on your child’s enrolment, resourcing of the school or meeting your child’s educational needs.

Further information about the collection of information while your child is enrolled at a NSW Government school, and how we protect your privacy, is available on the Department of Education and Communities website or from your school.

Publishing student information

The school/Department of Education and Communities may publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child’s name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child’s work and expressions of opinion such as in interactive media.

The communications in which your child’s information may be published include but are not limited to:

- Public websites of the Department of Education and Communities including the school website, the Department of Education and Communities intranet (staff only), blogs and wikis.
- Department of Education and Communities publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department of Education and Communities’ websites.
- Official Department of Education and Communities and school social media accounts on networks such as YouTube, Facebook and Twitter.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to publish

I have read the information about publishing student information (above) and

☐ I give permission  ☐ I do not give permission

for the school/Department of Education and Communities to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Online services

The Department of Education and Communities provides students with access to the Internet, a customised Gmail account and online applications such as Google Apps. These resources enable students to collaborate with peers, publish online and create personalised research portals.

When accessing some online services your child’s data, including but not limited to, your child’s name and works may be shared with and stored in a location outside of the Department of Education and Communities environment.

☐ I give permission  ☐ I do not give permission

for my child to have access to online services provided by the Department of Education and Communities. This permission remains effective until I advise the school otherwise.

Your consent and declaration

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the student listed in Section A of this application form.

I consent to the school/Department of Education and Communities seeking information from previous schools, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the school/Department of Education and Communities with information about any condition that has been identified in this application. This may include any other aspects of the student’s health that may impact on the condition or on the health and safety of this student or other students at school or on staff at the school.

Declaration of accuracy

I have read the information on this page concerning the collection of personal information, student email access and publishing student information.

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

Where I have given personal information about other people I have done so with their authorisation.

I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of parent/carer

(at least one of the student’s parents/carers must sign the application to enrol)

Print name

Date  

Signature of second parent/carer

Print name

Date  

13
Record of evidence

Original documents must be sighted and photocopied. All students

Student Identity (name and age eg birth certificate, passport etc)

☐ Yes ☐ No

Residential address
(eg rates notice, rental agreements, electricity accounts etc)

Evidence supplied ☐ Yes ☐ No

In area? ☐ Yes ☐ No

In addition, for students who are not Australian citizens, more information is required.

Passport or travel documentation no.

Country of issue

Current visa sub-class (if applicable)

Previous visa sub-classes (if applicable)

In addition (for temporary visa holders) Authority to Enrol code

Medical/emergency plans sighted and copied
(eg ASCIA Plan)

☐ Yes ☐ Not applicable

Disability or other support needs, including any personal learning and support plan sighted and copied

☐ Yes ☐ Not applicable

ACIR Immunisation Statement sighted, and a copy retained, for students enrolled in a NSW Government primary school for the first time

☐ Yes ☐ No

If yes, ACIR Immunisation History statement indicates immunisation status

☐ Up to date ☐ Not up to date

Any family law, AVOs or other relevant court order sighted and copied

☐ Yes ☐ Not applicable

For parent not living with student (Section D p7)

☐ Shared parental responsibility

☐ Receive academic report

Principal’s checklist

1. Enrolment interview conducted?

☐ Yes ☐ No

2. Special circumstances, additional support needs and student history assessed?

☐ Yes ☐ Not required

3. Risk assessment required?

☐ Yes ☐ No

   If yes, risk assessment conducted?

☑ Yes

4. Is personalised learning and support required for this student?

☐ Yes ☐ No

   If yes:

   Consultation with parents/carers conducted?

☐ Yes

   Planning to personalise learning and support completed?

☐ Yes ☐ Not required

   Behaviour Management Plan (violence) developed?*

☐ Yes ☐ Not required

   Behaviour Management Plan (other) developed?*

☐ Yes ☐ Not required

   Individual Health Care Plan developed?*

☐ Yes ☐ Not required

   Emergency response plan developed?**

☐ Yes ☐ Not required

5. Communication of documented provision/s and plan/s to relevant staff?

☐ Yes ☐ Not required

* It may be necessary to defer the finalisation of enrolment until this action has been taken. This may require development of an interim plan until all relevant medical or other information has been obtained. Consideration must be given to all special needs when developing behaviour management or health care plans. Any deferral should be no more than reasonably necessary to collect the required information.

An emergency response plan must be included in the student’s individual health care plan where the student is diagnosed at risk of a medical emergency.

** Where a student has been diagnosed at risk of anaphylaxis the emergency response plan will be the ASCIA Action Plan for Anaphylaxis, which will be provided by the parent, completed and signed by the treating doctor.

Principal’s certification

On the basis of the information provided on this form and gained from the required assessments,

☐ I accept, or

☐ I decline this application to enrol

Signature of principal

Print name

Ms Vicki Robertson

Date

☐ day ☐ month ☐ year
Application to enrol in a NSW Government school – Information Sheet

PLEASE TEAR OFF THIS BACK PAGE BEFORE RETURNING YOUR APPLICATION TO THE SCHOOL.

Having trouble with this form?
If you have difficulty understanding this form or would like further information, please call the school.
If you need assistance with English please call the Telephone Interpreter Service on telephone 131 450 and ask for an interpreter in your language. The operator will get an interpreter on the line to assist you with your conversation. You will not be charged for this service.

How to complete this application form
■ All applicants must complete sections A, B, C, E, H and I
■ You may be required to complete sections D, F and G
■ Use a black or blue pen to fill in this form
■ When you are asked to mark a box, put a tick or a cross in the box like this: ✓ ✗
■ When you are asked to put information into boxes, put a single capital letter in each box and leave a box between each word like this: LIKE THIS
■ Please print as neatly and legibly as possible like this:
■ Write as clearly as possible in the box
■ Attach any additional information securely to the back of this form. Clearly indicate which section (A–I) this information refers to.
■ If you require another application form, you can download additional copies from: www.schools.nsw.edu.au/media/downloads/languagesupport/enrol/application/english.pdf

Checklist
When you come to the school to enrol, please bring these original documents with you:

☐ Proof of student’s residential address
   (eg council rates notice, residential lease, electricity accounts, statutory declaration etc)
☐ Birth certificate or identity documents
☐ Australian Childhood Immunisation Register (ACIR)
   Immunisation History Statement (only required for students enrolling in NSW Government primary schools for the first time)

In addition
If your child is the subject of family law matters you will need to provide:
☐ Copies of any family law or other relevant court orders

In addition
If your child has health, disability or other support needs you will need to provide:
☐ Copies of medical/healthcare or emergency action plans
☐ Evidence of any disability or other support needs, including any learning and support plans

In addition
Non-Australian Citizens
If your child is a permanent resident but not an Australian citizen you will need to provide:
☐ Passport or travel documents
☐ Current visa and previous visas (if applicable)

In addition
Temporary visa holders
If your child is a temporary visa holder you will need to provide:
☐ Passport or travel documents
☐ Current visa and previous visas (if applicable)
☐ Authority to Enrol issued by the Temporary Residents Program Unit. This is required for visitor and temporary visa holders (other than sub class 571P referred to below)
☐ Authority to Enrol or evidence of permission to transfer issued by the International Student Centre (if holding an international full fee student visa, sub class 571P)
☐ Evidence of the visa the student has applied for (if the student holds a bridging visa)

Complaints, Compliments and Suggestions
If you have a complaint, compliment or suggestion or are concerned about any aspect of our services we’re keen to hear from you.
We encourage you to contact the school to talk about your concerns, as most problems can be solved by talking to the school office staff, your child’s teacher or the school principal. They know your child and are best placed to help you. Also, it’s best if you let them know about your concerns as early as possible.

We will deal with your issue thoroughly and fairly and we have a clear process for resolving problems.

Further information, including access to our Complaints Handling Policy and procedures, is available from: www.dec.nsw.gov.au/about-us/how-we-operate/how-we-handle-complaints

Need more help? Contact your school or visit www.schools.nsw.edu.au
Parent occupation groups

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool.

You will need to use this table to complete the 'Occupation Group' section on pages 4, 5 and 7. The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, 4 or 8) that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

<table>
<thead>
<tr>
<th>Group 8</th>
<th>You have not been in paid work in the last 12 months</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Machine operators, hospitality staff, assistants, labourers and related workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers, mobile plant, production/processing machinery and other machinery operators</td>
<td></td>
</tr>
<tr>
<td>Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)</td>
<td></td>
</tr>
<tr>
<td>Office assistants, sales assistants and other assistants</td>
<td></td>
</tr>
<tr>
<td>Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Assistant/aide (trades’ assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</td>
<td></td>
</tr>
<tr>
<td>Labourers and related workers</td>
<td></td>
</tr>
<tr>
<td>Defence Forces ranks below senior NCO not included below</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Other worker (laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 3</th>
<th>Tradesmen/women, clerks and skilled office, sales and service staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Skilled office, sales and service staff</td>
<td></td>
</tr>
<tr>
<td>Office (secretary, personal assistant, desktop publishing operator, switchboard operator)</td>
<td></td>
</tr>
<tr>
<td>Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Other business managers, arts/media/sportspersons and associate professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</td>
<td></td>
</tr>
<tr>
<td>Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)</td>
<td></td>
</tr>
<tr>
<td>Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)</td>
<td></td>
</tr>
<tr>
<td>Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)</td>
<td></td>
</tr>
<tr>
<td>Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)</td>
<td></td>
</tr>
<tr>
<td>Associate professionals generally have diploma/technical qualifications and support managers and professionals</td>
<td></td>
</tr>
<tr>
<td>Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)</td>
<td></td>
</tr>
<tr>
<td>Defence Forces senior Non-Commissioned Officer</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Senior management in large business organisation, government administration and defence, and qualified professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior executive/manager/department head in industry, commerce, media or other large organisation</td>
<td></td>
</tr>
<tr>
<td>Public service manager (section head or above), regional director, health/education/police/fire services administrator</td>
<td></td>
</tr>
<tr>
<td>Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)</td>
<td></td>
</tr>
<tr>
<td>Defence Forces Commissioned Officer</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</td>
<td></td>
</tr>
<tr>
<td>Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)</td>
<td></td>
</tr>
</tbody>
</table>