

HASLEM STREET PRIMARY SCHOOL No. 2902

CONFIDENTIAL STUDENT INFORMATION FORM 200_

STUDENT PERSONAL DETAILS

Family Name _____

First Name _____

Second Name _____

Telephone Number (_____) _____

Mobile Number _____

Date of Birth __/__/__

Proof of birth date must be presented

Preferred Name _____

Student Gender _____ [M]ale [F]emale

Computer Generated Student Identification Number

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Names of other siblings at this school, **oldest first**

Residential Address

Number & Street _____

Suburb _____

Post Code _____ State _____

Postal Address - If not the same as the Residential Address

Number & Street _____

Suburb _____

Post Code _____ State _____

Home Location Details

Distance from home to school _____ km

Normal method of travel to school: _____

(Walk / Car / School Bus / Pay Bus / Cycle / Train / Tram)

Residential Status _____ [P]ermanent or [T]emporary

If [T]emporary then show Visa Sub-Class _____ (3 digit code)

If Visa Sub-Class is **560, 562** or **563**, please show the student's

Visa Statistical Code _____

Country of Birth _____

Date Arrived in Australia (if applicable) / /

Previous Kindergarten/School _____

Date First Enrolled at an Australian School / /

OFFICE USE ONLY

Proof of Birth Date Presented? (Yes/No) _____

Campus _____

Date of Enrolment / /19

[F]ull Time? _____ or [P]art Time? _____

If [P]art Time note Time Fraction at this School = 0.____\

Locker Number _____

Integration Student? (Yes/No) _____

SGB Funded Student? (Yes/No) _____

A MOTHER'S/FEMALE GUARDIAN'S DETAILS AND CONTACT INFORMATION

Title _____ Family Name _____	Employer's Name _____
First Name _____	Employer's Address _____
Relationship to Student _____	_____
Occupation _____	Employer's or Contact Telephone Number (____) _____
If this Parent/Guardian is employed, please provide details. ↗	Can this Parent/Guardian be contacted at work on the telephone?
Country of Birth _____	(Yes/No) _____
❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<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 or below	
❖What is the highest qualification level Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above	
<input type="checkbox"/> Advanced Diploma / Diploma	
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖What is the occupation group of Adult A? (Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'.)	

B FATHER'S/MALE GUARDIAN'S DETAILS AND CONTACT INFORMATION

Title _____ Family Name _____	Employer's Name _____
First Name _____	Employer's Address _____
Relationship to Student _____	_____
Occupation _____	Employer's or Contact Telephone Number (____) _____
If this Parent/Guardian is employed, please provide details. ↗	Can this Parent/Guardian be contacted at work on the telephone?
Country of Birth _____	(Yes/No) _____
❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<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 or below	
❖What is the highest qualification level Adult B has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above	
<input type="checkbox"/> Advanced Diploma / Diploma	
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖What is the occupation group of Adult B? (Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'.)	

STUDENT MEDICAL DETAILS

Does your child suffer from Asthma? (Yes/No) _____ What medication does your child usually take for asthma at home?

What medication does your child usually carry for asthma at school? _____

All children who suffer from asthma are required to have an asthma management plan at school. Does your child have an asthma management plan? (Yes/No) ____ If Yes, please provide a copy to the school. If No, please complete a plan which is available from the school office.

What are your child's normal symptoms when they have asthma?

Wheezing Coughing Tightness in chest Difficulty in breathing Symptoms with exercise

Major Illnesses or Impairments

Allergies _____

Medications _____

Allergies to Medications _____

Please indicate the type of impairments:

Impaired Hearing Impaired Speech

Impaired Vision Mobility Impaired

OFFICE USE ONLY

Immunisation Certificate Presented (Yes/No) _____

Has the student been immunised against:

Diphtheria? (Yes/No) _____

Tetanus? (Yes/No) _____

Poliomyelitis? (Yes/No) _____

Measles? (Yes/No) _____

Mumps? (Yes/No) _____

An Immunisation Certificate Must be Presented

Does this student have a Disability ID? (Yes/No) _____ If Yes, please show Disability ID number (if available) _____

Is the student covered by the Ambulance Fund for emergency transport by Ambulance? (Yes/No) _____

Name of Student's Doctor _____

Clinic's Address _____

Telephone Number (____) _____ Medicare Number _____

EMERGENCY CONTACT INFORMATION (other than parent or guardian)

First Emergency Contact

Name _____

Relationship to student _____

Telephone Number (____) _____

Second Emergency Contact

Name _____

Relationship to student _____

Telephone Number (____) _____

FAMILY DETAILS

Are you eligible to claim the Education Maintenance Allowance? (Yes/No) _____

The relevant application form will be made available to you.

Is the student Koori or Torres Strait Islander? Please tick the appropriate box. (Required for Commonwealth Funding)

None Koori Torres Strait Islander Both Koori and Torres Strait Islander

Is the student to receive Religious Education? (Yes/No) _____ (Non denominational program)

Is the student English speaking? (Yes/No) _____

Is English the main language spoken at home? (Yes/No) _____

If **No**, please indicate the language normally spoken _____

Please tick a box to indicate to whom correspondence should be addressed:

Father/Male Guardian Mother/Female Guardian or Both

Are there any custody restrictions applicable to this student (Yes/No) _____ If **Yes**, please present a copy of these documents to the school.

OFFICE USE ONLY Custody documents sighted (Yes/No) _____

Custody Restrictions _____

PLEASE NOTE: Responses to the questions relating to where the student lives and the family occupational group codes are used along with other relevant information to determine global budget funding allocations to schools.

All data remains confidential and only aggregate data for the school will be provided to central administration.

Where is the student living?	Please tick the appropriate box:
At home with TWO parents/guardians	<input type="checkbox"/>
At home with ONE parent/guardian	<input type="checkbox"/>
Away from home (living in foster home or other state-arranged residential care)	<input type="checkbox"/>
Homeless Youth	<input type="checkbox"/>
Independent (with extended family or arranged private board)	<input type="checkbox"/>

PARENT/GUARDIAN CONSENT

Please respond to the following matters related to your child by circling YES or NO.

- Participation in head lice checks by qualified personnel. YES/NO
- Participation in local excursions/activities, unless written communication to the school has indicated otherwise. YES/NO
- Having photographs taken as part of excursions, projects, newsletter items, newspaper articles and school booklets etc. YES/NO

Student Conduct: In order for a positive, happy and co-operative learning environment to exist, students and parents need to understand and support the following rules relating to student conduct:

- ❖ Move quietly and safely in the classroom. Move safely and consider others in the playground.
- ❖ Treat others, as you would like to be treated.
- ❖ Solve problems in a fair way. Ask an adult if you need help.
- ❖ Listen when others are speaking.
- ❖ Keep hands, feet and objects to yourself.
- ❖ Follow instructions when they are given and co-operate with others.
- My child is aware of these expectations and he/she will endeavour to follow them at all times. I will support the school in implementing these rules and any follow up actions related to breaches of these rules.

YES/NO

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

I have read all the areas above and indicated consent and support where appropriate.

Signature of Parent/Guardian _____

Date _____