



Sunshine Harvester Primary School

STUDENT ID

Office use only:

Birth Certificate **Date of Birth** / / 201..... **Disability ID:**

Passport Copied (including Visa detail page) **Visa Subclass No**

Date of Arrival In Australia / / 201.....

Basis of Residency Eligible for Australian passport **Yes** **No** Holds Australian passport **Yes** **No**

Resident status Permanent Temporary

Holds permanent residency visa **Yes** **No** **Visa expiry date** / / 201.....

Accident authority signed **Yes** **No** **Immunisation Certificate** Sighted Complete

Local Excursion Form Signed **Yes** **No**

Parent to complete please:

STUDENT DETAILS **ENROLMENT DATE:** / / 201.....

Family Name **Given names** **Preferred Name**

ADDRESS **Male** **Female**

SUBURB **STATE** **POSTCODE**

PHONE NUMBER **MOBILE:** mother/guardian

MOBILE: father/guardian

COUNTRY OF BIRTH **HOME LANGUAGE** **SPEAKS ENGLISH** **Yes** **No**

MOTHER/FEMALE GUARDIAN DETAILS

Mother/Guardian **Family Name** **Given Name**

If guardian please list relationship to student (eg sister, aunt, host family etc)

E-mail: Preferred non-emergency contact method: **Email** **Phone**

COUNTRY OF BIRTH **1ST LANGUAGE** **SPEAKS ENGLISH** **Yes** **No**

OCCUPATION Home duties/Unemployed Student (where?)

OTHER (list occupation) **JOB CODE** **WORK PHONE NO.**

EMPLOYER - NAME

Highest level of primary or secondary education Yr 12 or equivalent Yr 11 or equivalent Yr 10 or equivalent Yr 9 or equivalent Not stated/unknown

Highest qualification (after secondary school) Bachelor degree or above Advanced diploma/Diploma Not stated Certificate I to IV (including trade certificate) No non-school qualification

FATHER/MALE GUARDIAN DETAILS

Father/Guardian **Family Name** **Given Name**

If guardian please list relationship to student (eg sister, aunt, host family etc)

E-mail: Preferred non-emergency contact method: **Email** **Phone**

COUNTRY OF BIRTH **1ST LANGUAGE** **SPEAKS ENGLISH** **Yes** **No**

OCCUPATION Home duties/Unemployed Student (where?)

OTHER (list occupation) **JOB CODE** **WORK PHONE NO.**

EMPLOYER -NAME

Highest level of primary or secondary education Yr 12 or equivalent Yr 11 or equivalent Yr 10 or equivalent Yr 9 or equivalent Not stated/unknown

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What are the student's living arrangements? at home with **one parent** at home with **both parents**

ACCESS ALERT

Custody restrictions? No Yes (If yes, you must attach a copy of court order to file)

Restrictions (list)

STUDENT MEDICAL DETAILS

***Known Allergic Reaction**

Does the student suffer from any of the following impairments?

Hearing Speech Vision Mobility Other

Does student take any medication? No Yes (please list)

Does student suffer from asthma? No Yes **Does the student have an asthma plan?**

If yes, please indicate symptoms Coughing Wheezing Difficulty breathing Tight chest

If Yes, indicate medication taken & dosage

Doctor's Name: Phone Number :

Doctor's address: Postcode:

Medicare No. **Ambulance subscriber** Yes No

EMERGENCY CONTACTS

1. **Mr/Mrs/Ms** Language

Relationship to child (eg. grandparent, aunt/uncle, friend etc) Speaks English Yes No

Contact phone: Home Mobile ..

2. **Mr/Mrs/Ms** Language

Relationship to child (eg. grandparent, aunt/uncle, friend etc) Speaks English Yes No

Contact phone: Home Mobile

DEMOGRAPHICS

Aboriginal/Torres Strait Islander? Yes No

Has student lived in a transit country? No Yes If yes, which country How many years?

PREVIOUS SCHOOLING

Name of **School/Kindergarten:** Country/State:

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Date of first enrolment in Australian School / / 201.....

Previous no. years schooling Interrupted schooling years

Was schooling conducted in English? Yes No

Student VSN number **Integration** Yes No

ADDITIONAL INFORMATION List other family members at this school

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Parent/Guardian Signature: **Date:** / / 201.....