

ENROLMENT FORM

For completion by families after a successful provisional/trial period.



(confidential)

SECTION 1 – STUDENT DETAILS

Family name		Given name(s)	
D.O.B. / /		Male / Female / Other (please circle)	
Current Pre-school/ School		Current Year Level (if applicable)	
Student resides with (please circle)	Both	Parent 1/ Guardian 1/ Carer 1	Parent 2/ Guardian 2/ Carer 2
In which country was the student born:	Australia	Other (please specify):	
Does the student identify as (please circle)	Aboriginal	Torres Strait Islander	Neither

SECTION 2 – PARENT 1 / GUARDIAN 1 / CARER 1 DETAILS

Given name		Family name	
Street Address		Post Code	
Mailing Address (if different from above)			
Email address			
Home phone		Mobile	
Occupation: _____		Highest year of schooling completed: Please Tick <input checked="" type="checkbox"/>	
Occupation Group: Please Tick <input checked="" type="checkbox"/> (Contact Admin for more info on groups if required)		<i>(Used for government school funding purposes only - KVS Privacy policy applies)</i>	
<input type="checkbox"/> Group 1 – Elected officials, senior executives/manager, management in large business organization, government administration and defense, and qualified professionals.		<input type="checkbox"/> Yr 12 or equivalent <input type="checkbox"/> Yr 11 or equivalent	
<input type="checkbox"/> Group 2 – Other business managers/professionals and associate professionals.		<input type="checkbox"/> Yr 10 or equivalent <input type="checkbox"/> Yr 9 or equivalent or below	
<input type="checkbox"/> Group 3 – Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff.		Highest level of qualification: Please Tick <input checked="" type="checkbox"/>	
<input type="checkbox"/> Group 4 – Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers.		<input type="checkbox"/> Bachelor Degree or above	
<input type="checkbox"/> Group 5 – Not in paid employment in last 12 months		<input type="checkbox"/> Advanced Diploma/Diploma	
<i>(Used for government school funding purposes only - KVS Privacy policy applies)</i>		<input type="checkbox"/> Certificate I to IV (including trade certificate)	
Health Care Card number : _____		<input type="checkbox"/> No non-school qualification	
(if applicable)		<i>(Used for government school funding purposes only - KVS Privacy policy applies)</i>	
Expiry Date: _____ / _____ / _____			
Signature: _____		Date: _____	

SECTION 3 – PARENT 2 / GUARDIAN 2 / CARER 2 DETAILS

Given name	Family name
Street Address	Post Code
Mailing Address: (if different from above)	
Email address	
Home phone	Mobile
Occupation: _____ Occupation Group: Please Tick <input checked="" type="checkbox"/> (Contact Admin for more info on Groups if required) <input type="checkbox"/> Group 1 – Elected officials, senior executives/manager, management in large business organization, government administration and defense, and qualified professionals. <input type="checkbox"/> Group 2 – Other business managers/professionals and associate professionals. <input type="checkbox"/> Group 3 – Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff. <input type="checkbox"/> Group 4 – Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers. <input type="checkbox"/> Group 5 – Not in paid employment in last 12 months <small>(Used for government school funding purposes only - KVS Privacy policy applies)</small>	Highest year of schooling completed: Please Tick <input checked="" type="checkbox"/> <small>(Used for government school funding purposes only - KVS Privacy policy applies)</small> <input type="checkbox"/> Yr 12 or equivalent <input type="checkbox"/> Yr 11 or equivalent <input type="checkbox"/> Yr 10 or equivalent <input type="checkbox"/> Yr 9 or equivalent or below
Health Care Card number : _____ (if applicable) Expiry Date: _____ / _____ / _____	Highest level of qualification: Please Tick <input checked="" type="checkbox"/> <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification <small>(Used for government school funding purposes only - KVS Privacy policy applies)</small>
Signature: _____ Date: _____	

Does the **Student, Parent 1/ Guardian 1/ Carer 1 OR Parent 2/ Guardian 2/ Carer 2** speak another language other than English at home? Please Tick

Language	Student	Parent 1/ Guardian 1/ Carer 1	Parent 2/ Guardian 2/ Carer 2
NO, English Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify	_____	_____	_____

SECTION 4 – EMERGENCY CONTACT INFORMATION

Emergency contacts are authorised to collect the child and make decisions about medical care if **Parent 1 or 2 / Guardian 1 or 2 / Carer 1 or 2 can't be contacted**

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Phone number: _____	Phone number: _____

SECTION 5 – COURT ORDERS

Are there any court orders in place?

- YES *If YES, please briefly provide details*
 NO

Court Order
Description

(Copy of Court Order must be provided)

MEDICAL DETAILS

SECTION 1 – MEDICAL CONDITIONS

Does your child suffer from any of the following?

- YES *If YES, please briefly provide details*
 NO

Asthma	(Asthma Management Plan required)
Allergies (Food, Drugs, Insects etc)	(ASCIA Management Plan required)
Diabetes	(KVS Medication Consent Form and Medical Management Plan)
Epilepsy or fits	(KVS Medication Consent Form and Medical Management Plan)
Other	(KVS Medication Consent Form and Medical Management Plan)

Does your child suffer from Anaphylaxis?

- YES NO *(If YES, you will need to complete the ASCIA Form)*

Does your child require any medications?

- YES NO *(If YES, you will need to complete the KVS Medication Consent Form and a Medical Management Plan)*

Please select the tick-boxes if you give permission for KVS to administer any of the following over-the-counter medications, if required, to your child:

- Salbutamol (Ventolin) Antihistamine (Claratyne)
 Paracetamol (Panadol) Other _____

Date of last injection:

Has your child been immunised against Tetanus? YES NO

____ / ____ / ____

Does your child have any special needs? (please circle),
Please also provide any medical or allied health professional reports

Visual	Auditory	Physical	Social	Speech	Other
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Details:

SECTION 2 – IMMUNISATION

It is a legal requirement that a parent/guardian/carer declare their child's immunisation status. This ensures we have the most up to date immunisation status about your child, please provide an Immunisation History Statement, available from:

- Follow this link and add the Medicare number and name <https://www1.medicareaustralia.gov.au/ssl/acircircert> and a statement will be mailed to the address linked to your Medicare card
- Online - through My Gov once an account has been created or over the counter at a Medicare Service Centre
- Or by calling Australian Childhood Immunisation Register on 1800 653 809.

ALLOWANCES FORMS

SECTION 1 – Allowances

The **Student Travel Conveyance Allowance**, paid quarterly by the State Government, is an allowance for parents/guardians/carers in-lieu of a government provided bus service for families living 4.8kms away from the school.

The **Camps, Sports and Excursion Fund** is an allowance for families with a healthcare card. Application forms, available from the school, should be completed and lodged with the school as early in the school year as possible but no later than 1 June.

Please complete the forms as applicable to your family:

- **Appendix A** – Student Travel Conveyance Allowance Form (Travel Allowance available for all eligible KVS students)
- **Appendix B** - Camps, Sports & Excursions Fund Form (Allowance available for Health Care Card holders).

STUDENT ENROLMENT CHECKLIST

Forms required for enrolment (all families must complete):

- Completed Enrolment Form
- Completed and Signed Enrolment Agreement
- Signed Parent Code of Conduct
- Immunisation History Statement

Additional forms that may be required based on responses given in this form:

- Appendix A - Student Travel Conveyance Allowance Form
- Appendix B - Camps, Sports & Excursions Fund Form
- Medication Management Plans (as noted in Medical Details section of this form, please contact admin@koonwarravillageschool.org for further details)
- Any Court Orders.

Completed forms are to be given to administration staff. If you have any questions, please contact admin@koonwarravillageschool.org.