

# ENROLMENT PACK

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
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
<b>Occupation:</b> _____ <b>Occupation Group:</b> Please Tick <input checked="" type="checkbox"/> (Contact Admin for more info on groups if required) <input type="checkbox"/> <b>Group 1</b> – Elected officials, senior executives/manager, management in large business organization, government administration and defense, and qualified professionals. <input type="checkbox"/> <b>Group 2</b> – Other business managers/professionals and associate professionals. <input type="checkbox"/> <b>Group 3</b> – Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff. <input type="checkbox"/> <b>Group 4</b> – Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers. <input type="checkbox"/> <b>Group 5</b> – Not in paid employment in last 12 months <small>(Used for government school funding purposes only - KVS Privacy policy applies)</small>	<b>Highest year of schooling completed:</b> 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: _____ / _____ / _____	<b>Highest level of qualification:</b> 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>
<b>Signature:</b> _____ <b>Date:</b> _____	

## 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
<b>Occupation:</b> _____ <b>Occupation Group:</b> Please Tick <input checked="" type="checkbox"/> (Contact Admin for more info on Groups if required)  <input type="checkbox"/> <b>Group 1</b> – Elected officials, senior executives/manager, management in large business organization, government administration and defense, and qualified professionals. <input type="checkbox"/> <b>Group 2</b> – Other business managers/professionals and associate professionals. <input type="checkbox"/> <b>Group 3</b> – Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff. <input type="checkbox"/> <b>Group 4</b> – Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers. <input type="checkbox"/> <b>Group 5</b> – Not in paid employment in last 12 months  <small>(Used for government school funding purposes only - KVS Privacy policy applies)</small>	<b>Highest year of schooling completed:</b> 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 9 or equivalent or below <input type="checkbox"/> Yr 9 or equivalent or below
Health Care Card number : _____ (if applicable)  Expiry Date: _____ / _____ / _____	<b>Highest level of qualification:</b> 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>
<b>Signature:</b> _____ <b>Date:</b> _____	

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
<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship to Student:</b> _____	<b>Relationship to Student:</b> _____
<b>Phone number:</b> _____	<b>Phone number:</b> _____

## 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)

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.

## PERMISSION & ALLOWANCES FORMS

### SECTION 1 – Permission Forms

Please complete the form in the Appendix to be returned with your application:

- **Appendix A** - Student Photo & Impromptu Excursion Permission Form
- **Appendix B** - Family Communication Preferences & Permissions Form

### SECTION 2 – 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 by 3 March 2018.

Please complete the forms as applicable to your family:

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

## STUDENT ENROLMENT FORM CHECKLIST

### Forms required for enrolment (all families must complete):

- Completed Enrolment Form
- Immunisation History Statement
- Appendix A - Student Photo & Impromptu Excursion Permission Form
- Appendix B - Family Communication Preferences & Permissions Form.

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

- Appendix C - Student Travel Conveyance Allowance Form
- Appendix D - Camps, Sports & Excursions Fund Form
- Medication Management Plans (as noted in Medical Details section of this form, please contact [admin@koonwarravillageschool.org](mailto: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](mailto:admin@koonwarravillageschool.org).