

WESTERN ENGLISH LANGUAGE SCHOOL

STUDENT ENROLMENT

Date of arrival:	Cases ID:		
WELS start date:	Home group:	Campus:	
Family's preferred language for notices:	Family's preferred language for interviews:		

PERSONAL DETAILS OF STUDENT

Surname:			
Given Name(s):			
Preferred Name (if applicable):			
❖ Sex :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) ____ / ____ / ____
			Year level:
Student Mobile Number:			

HOME ADDRESS:

Address:		
State:	Postcode:	Distance to school:
Parent/guardian contact details (optional):		

GENERAL COMMENTS & CASE MANAGER DETAILS (IF APPLICABLE):

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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify) _____
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
❖ Does the student speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/Guardians/Hosts	<input type="checkbox"/> State-Arranged Out-of-Home Care
<input type="checkbox"/> At home with ONE Parent/Guardian/Host	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

PRIMARY/GUARDIAN DETAILS

ADULT A DETAILS (PRIMARY CARER):

Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female		Title:
Surname:		
First Name:		
Phone number:		
SMS notification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:		
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Relative <input type="checkbox"/> Other:	<input type="checkbox"/> Step-parent <input type="checkbox"/> Host <input type="checkbox"/> Friend <input type="checkbox"/> Self
What is Adult A's occupation?		
Contact during business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is Adult A's employer?		
In which country was Adult A born?		
❖ Does Adult A speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 level of the highest qualification the Adult A has completed? (tick one) <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		
❖What is the occupation group of Adult A? Please select the appropriate parental occupation 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 <u>paid</u> work for the last 12 months, enter 'N'.		

ADULT B/NON-GUARDIAN HOST DETAILS:

Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female		Title:
Surname:		
First Name:		
Phone number:		
SMS notification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:		
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Relative <input type="checkbox"/> Other:	<input type="checkbox"/> Step-parent <input type="checkbox"/> Host <input type="checkbox"/> Friend <input type="checkbox"/> Self
What is Adult B's occupation?		
Contact during business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is Adult B's employer?		
In which country was Adult B born?		
❖ Does Adult B speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 level of the highest qualification the Adult B has completed? (tick one) <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		
❖What is the occupation group of Adult B? Please select the appropriate parental occupation 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 <u>paid</u> work for the last 12 months, enter 'N'.		

STUDENT TRAVEL DETAILS

Usual mode of transport to school:				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments?	<i>Hearing:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Vision</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Speech:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Mobility:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has an Asthma Management Plan been provided to the school?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Anaphylaxis					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the student own an adrenaline auto-injector (e.g. EpiPen)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from any allergies (e.g. peanuts, sunscreen, Band-Aids)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:						
Does the student have any dietary requirements (e.g. halal, vegetarian)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:						
Immunisation Certificate received?	<input type="checkbox"/> Up to date	<input type="checkbox"/> Not up to date	<input type="checkbox"/> Not sighted / not provided			
Immunisation comments:						
Does the student have any other medical condition(s)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:						
Symptoms:						
If my child displays any of the symptoms above please:						
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			If yes, please specify:			
Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:			
Is the medication taken regularly by the student (preventive) or only in response to symptoms?				<input type="checkbox"/> Preventative	<input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:			Indicate how frequently the medication is taken:			
Medication is usually administered by:			<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
Medication is stored:			<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere:
Dosage time	Reminder required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating		

DOCTOR & HEALTH CARE DETAILS (IF AVAILABLE)

Doctor's Name:		Phone Number:	
Address:			
Health Care card:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Health Insurance Fund*:		Insurance Fund Number:	
Ambulance member: <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Required for International Students and some temporary visa holders

EMERGENCY CONTACTS

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				

SCHOOL DETAILS & PREVIOUS EDUCATION

Is this the student's first Australian school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what was the first school and DoE?	
Mainstream school:		International student ID: (for international students only)	
Years of previous education:		Equivalence of schooling: <input type="checkbox"/> Equivalent <input type="checkbox"/> Interrupted Years: <input type="checkbox"/> Pre-lit	
Country of previous schooling:		Language of previous schooling:	
Did student study English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for how many years?	
		And how many hours per week?	
Comments on previous schooling:			

STUDENT CUSTODY RESTRICTIONS

Are there custody restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list restrictions and attach a copy of relevant documents (e.g. court order)	

MEDICAL DETAILS: In the event of illness or injury to my child whilst at school, on an excursion, or travelling to and from school, I authorise the Principal or teacher-in-charge of my child where the Principal or teacher-in-charge of my child is unable or it is impracticable to contact me to: <ul style="list-style-type: none"> 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 	<input type="checkbox"/> Yes <input type="checkbox"/> No
LOCAL EXCURSION: I give permission for my child to attend excursions/incursions in the local area. Local excursions may include visiting the local park, local schools, local shopping centres etc. The children will walk to the venue under supervision of the class teachers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEAD LICE CHECK: I give permission for my child to have his/her head checked for head lice. I understand that either I or my representative will be contacted if head lice are found.	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSITION VISIT: I give permission for a WELS teacher to visit my child once they leave WELS and conduct a survey with them. I understand that the information gathered in this survey will be private and confidential and used for WELS planning purposes only.	<input type="checkbox"/> Yes <input type="checkbox"/> No

We understand that the information you have provided is confidential but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained in this form is correct.	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____
Name of Parent/Guardian: _____	