

MEADOWGLEN PRIMARY SCHOOL

CONFIDENTIAL STUDENT INFORMATION FORM

STUDENT PERSONAL DETAILS

Title _____ Family Name _____

Phone No _____

Mobile _____

First Name _____

Second Name _____

Date of Birth / /

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 _____

Previous School _____

OR Pre-school if a Prep child _____

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) / /

Date First Enrolled at an Australian School / /

OFFICE USE ONLY

PROOF OF BIRTH DATE AND IMMUNISATION CERTIFICATE MUST BE PRESENTED

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

Immunisation Certificate Presented? Yes/No) _____

Date of Enrolment / /

Year of Education _____ Repeating Year? (Yes/No) _____

Home Group _____

House _____

Integration Student? (Yes/No) _____

Ordinary Student? (Yes/No) _____ (ie SBG funded student)

STUDENT MEDICAL DETAILS

Does your child suffer from Asthma? (Yes/No) _____ Does your child have an asthma management plan? (Yes/No) _____
 What medication does your child usually take for asthma at home? _____
 What medication does your child usually carry for asthma at school? _____
 What are your child's normal symptoms when they have asthma?
 Wheezing [] Coughing [] Tightness in chest [] Difficulty in breathing [] Symptoms with exercise []
 Other symptoms _____

Major Illnesses or Impairments _____ _____ Allergies _____ _____ Medications _____ _____ Allergies to Medications _____ _____ Please indicate the type of impairments: Impaired Hearing [] Impaired Speech [] Impaired Vision [] Mobility Impaired []	DOCTOR / AMBULANCE	
	Is the student covered by the Ambulance Fund? (Yes/No) _____	
	Student's Doctor	_____
	Clinic's Address	_____
	Phone Number	_____
	Medicare Number	_____

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

EMERGENCY CONTACT INFORMATION (Other than parent or guardian)

Name	_____	Relationship to student	_____
Phone Numbers _____			
Name	_____	Relationship to student	_____
Phone Numbers _____			
Name	_____	Relationship to student	_____
Phone Numbers _____			
Name	_____	Relationship to student	_____
Phone Numbers _____			

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

Title _____ Family Name _____ First Name _____ Relationship to Student _____ Occupation _____ Country of Birth _____ Native Language _____	Employer's Name _____ Employer's Address _____ _____ Employer's or Contact phone Number _____ Mobile _____	
Living with		A = Always M = Mostly B = Balanced O = Occasionally N = Never

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

Title _____ Family Name _____ First Name _____ Relationship to Student _____ Occupation _____ Country of Birth _____ Native Language _____	Employer's Name _____ Employer's Address _____ _____ Employer's or Contact phone Number _____ Mobile _____	
Living with		A = Always M = Mostly B = Balanced O = Occasionally N = Never

MOTHER'S / FEMALE GUARDIAN'S EDUCATION DETAILS

❖What is the highest year of primary or secondary school Mother / Female Guardian has completed? (tick one)
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

❖What is the highest qualification level Mother / Female Guardian has completed? (tick one)

- Bachelor Degree or above
- Advanced Diploma / Diploma
- Certificate I to IV
- No non-school qualification

FATHER'S / MALE GUARDIAN'S EDUCATION DETAILS

❖What is the highest year of primary or secondary school Father / Male Guardian has completed? (tick one)
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

❖What is the highest qualification level Father / Male Guardian has completed? (tick one)

- Bachelor Degree or above
- Advanced Diploma / Diploma
- Certificate I to IV
- No non-school qualification

FAMILY DETAILS

Does the student receive Education Maintenance Allowance? (Yes/No) _____

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

None [] Koorie [] Torres Strait Islander [] Both Koorie and Torres Strait Islander []

Is the student to receive Religious Education? (Yes/No) _____ If **Yes**, please indicate Denomination _____

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 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

[]

At home with ONE parent/guardian

[]

Away from home (living in foster home or other state-arranged residential care)

[]

CONSENT TO MEDICAL ATTENTION

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 to:

- 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.

Signature of Parent/Guardian _____

SIGNATORIES

Thank you for taking the time to fill in this student information form. The details are confidential but are required to enable the staff to properly enrol your child at our school.

Signature(s) of Parents/Guardians _____

Date / /

Date / /

