

# STUDENT ENROLLMENT FORM

This form is to be used for enrolling students into Creative Global Schools.

**Parents, please note:**

It is imperative that any enrollment form the school provides to parents/guardians contains all the necessary information for your student.

Creative Global Schools is required to collect this information for all students. Critical to the success of this process is that parents fill in every area accurately and honestly.

# CREATIVE GLOBAL SCHOOLS

STUDENT ENROLLMENT INFORMATION – 2018

Computer Generated Student ID: \_\_\_\_\_

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Full Name		Title: (Miss Ms, Mrs Mr)	
First Name:			
Last Name:			
Preferred Name (if applicable):			
❖ Sex (click):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (mm-dd-yyyy) _____ / _____ / _____
Parent/ Guardian Mobile Number:			

### PRIMARY FAMILY HOME ADDRESS:

Address			
County:			
State:		Postcode:	
Telephone Number:		Preferred Number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Number:		Fax Number:	

### OFFICE USE ONLY

Child's Name and Birth Date received			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrollment Date:		
Year Level	Birth Certificate	Resident bill	Picture I.d.	Campus			
Student Email Address:							
Immunization Certificate received?:			<input type="checkbox"/> Complete		<input type="checkbox"/> Not needed based on religious exception		
Is there a Medical Alert for the student?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the student have a Disability ID?			<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability Type		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		

## FAMILY DETAILS

List any other family members attending this school:

# PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

## (PRIMARY PARENT):

<b>Sex (click):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>First Name:</b>
<b>Last Name:</b>
<b>What is your occupation?</b>
<b>Who is your employer?</b>
<b>Country of Origin</b> <input type="checkbox"/> <b>United States</b> <input type="checkbox"/> <b>Other</b> (please specify):
❖ <b>Does Adult A speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult A has completed?</b> (click one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> No high school completed <input type="checkbox"/> Advanced High School Degree <input type="checkbox"/> High School <input type="checkbox"/> Other
❖ <b>What is the level of the highest qualification the Adult A has completed?</b> (click 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 school qualification
❖ <b>What is the occupation group of Adult A?</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'.

## PRIMARY PARENT:

<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>First Name:</b>
<b>Last Name:</b>
<b>What is your occupation?</b>
<b>Who is your employer?</b>
<b>Country of Origin</b> <input type="checkbox"/> <b>United States</b> <input type="checkbox"/> <b>Other</b> (please specify):
❖ <b>Does Adult B speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B has completed?</b> (click one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> No high school completed <input type="checkbox"/> Advanced High School Degree <input type="checkbox"/> High School <input type="checkbox"/> Other
❖ <b>What is the level of the highest qualification the Adult B has completed?</b> (click 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 school qualification
❖ <b>What is the occupation group of Adult B?</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'.

<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in our parent participation activities? (eg. School Council, excursions)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# PRIMARY FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

### Business Hours:

Can we contact Adult A during business hours? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone #		
Other Work Contact information:		

### After Hours:

Is Adult A usually home AFTER business hours? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone #		
Other After Hours Contact Information:		
Mobile #		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (click one only) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

## ADULT B CONTACT DETAILS:

### Business Hours:

Can we contact Adult B during business hours? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone #		
Other Work Contact information:		

### After Hours:

Is Adult B usually home AFTER business hours? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone #		
Other After Hours Contact Information:		
Mobile #		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (click one only) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

## PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

Street or PO Box			
City:			
State:		Postcode:	

**PRIMARY FAMILY DOCTOR DETAILS:**

<b>Doctor's Name</b>		<b>Individual or Group Practice:</b> (click) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
<b>Street or PO Box No.:</b>			
<b>City:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Current Insurance:</b> (click) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Insurance Number:</b>	

**PRIMARY FAMILY EMERGENCY CONTACTS (APART FROM PRIMARY CAREGIVERS):**

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Telephone Contact</b>	<b>Language Spoken</b> (If English Write "E")
1				
2				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

Write "As Above" if the same as Family Home Address

<b>No. &amp; Street or PO Box</b>			
<b>Suburb:</b>			
<b>State:</b>			<b>Postcode:</b>
<b>Billing Email</b>	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

**OTHER PRIMARY FAMILY DETAILS**

<b>Relationship of Adult A to Student:</b> (click one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
<b>Relationship of Adult B to Student:</b> (click one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

<b>The student lives with the Primary Family:</b> (click one)
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

<b>Send Correspondence addressed to:</b> (click one) <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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## DEMOGRAPHIC DETAILS OF STUDENT

<b>❖ Does the student speak a language other than English at home?</b> (click) ( 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):
<b>Does the student speak English?</b> (click) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is the student's living arrangements?</b> (click one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<b>Beginning of journey to school:</b>		<b>Date</b>	<b>School Name:</b>	
<b>Usual mode of transportation to school:</b> (click)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi	
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other	
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

## SCHOOL DETAILS

<b>Date of first enrollment in School:</b>	____ / ____ / ____
<b>Name of previous School:</b>	
<b>Years of previous education:</b>	<b>What was the language of the student's previous education?</b>
<b>Does the student have a Social Security Number:</b>	
<input type="checkbox"/> Yes. <span style="margin-left: 150px;"><input type="checkbox"/> Yes, but the SSN is unknown</span> <span style="margin-left: 150px;"><input type="checkbox"/> No. The student has never been issued a SSN.</span>	
Please specify:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Years of interruption to education:</b>	<b>Is the student repeating a year? (click)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the student be attending school full time? (click)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>No</b> , what will be the time fraction that the student will be attending this school? (3 days/week)	
<b>Other school Name:</b>	<b>Length of Time</b> <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other school Name:</b>	<b>Length of Time</b> <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## CONDITIONAL ENROLLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrollment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information.

Enrollment conditions  <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
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### OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrollment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<b>Does the student have any risks in the learning environment?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunization / medical condition details questions.)
<b>Type:</b> (click)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan
	<input type="checkbox"/> Previous MTSS Plan	<input type="checkbox"/> 504 Plan
<b>Describe any Other risk:</b>		
<b>Is there an Activity Risk for the student?</b> (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		
<b>OFFICE USE ONLY</b>		
Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No		

In the event of illness or injury to my child while at school, on an excursion, or travelling to or from school; I authorise the Director 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: (cross out any unacceptable statement)

- 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: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# STUDENT MEDICAL DETAILS

## MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (click)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (click) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (click)		If my child displays any of these symptoms please: (click)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheezing		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (click) <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? (click)			<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: (click) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (click) <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? (click)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Contact Required

## OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (click)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:				
Symptoms:				
If my child displays any of the symptoms above please: (click)				
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? (click) <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? (click)			<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: (click) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other				
Medication is stored: (click) <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? (click)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Contact:

## STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (click)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>Street or PO Box No.:</b>	
<b>City:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Insurance Number:</b>	

## STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

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

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (click)	
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus
<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
First date of travel? (click)	Alternate date: (dd-mm-yyyy) ____ / ____ / ____
Is the student applying to travel on a school bus or for other travel assistance? (click)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of travel assistance requested? (completion of additional form required)	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Access to School Van
If by School Bus, please advise local bus stop if known:	
Landmark:	
Assisted Mobility (if applicable):	
If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker	
Comments relevant to travel:	
Office Use Only:	
Can the student Individual Learning Plan (ILP) include travel training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student in need of transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student reside in Designated Transport Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the student be accommodated on existing route (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pick-up Point:	Time AM:
Set Down Point:	Time PM:
NOTE: Students in need of a drop off point different from pick-up location must have proper documentation.	

Thank you for taking the time to complete this Student Enrollment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enroll your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

