

Eastern Hills Senior High School

APPLICATION FOR ENROLMENT

PART ONE



IMPORTANT

Please check that all requested documentation is included and returned to Eastern Hills Senior High School. This application will **NOT** be processed unless all supporting documentation is received.

Please select an application type

This is a local intake application This is a non local intake application

Student name

Year level at start date

START DATE

Beginning of school year

OR

Indicate alternate start date

STUDENT DETAILS

Legal surname

First name

Middle name/s

Preferred first name

Date of birth

Gender Identity

Female

Male

Other (please describe)

Is the student Aboriginal or Torres Strait Islander?

Yes

No

IF YES

Aboriginal

Torres Strait Islander

AND

Language Group

Address

Postcode

Mailing address (if different from above)

Postcode

Student mobile

LANGUAGE

What is the student's First Language?

What is the main language the student speaks at home?

If the language spoken at home is **other than English**, state how well English is spoken.

Very well

Well

Not well

Not at all

Not stated

FAMILY DETAILS

PARENT/GUARDIAN/CARER 1

Parent/Guardian/Carer 1 is the first point of contact for absences, emergencies, correspondence/communications.

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Business phone	Mobile phone	
<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"/> <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"/> <input type="text"/>	
Nationality	Country of birth	
<input type="text"/>	<input type="text"/>	
First language	Main language spoken at home	
<input type="text"/>	<input type="text"/>	
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Relationship to student	Pension/Health Care/Veterans' Affairs Card	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 1 email address	<input type="text"/>	

PARENT/GUARDIAN/CARER 2

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Business phone	Mobile phone	
<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"/> <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"/> <input type="text"/>	
Nationality	Country of birth	
<input type="text"/>	<input type="text"/>	
First language	Main language spoken at home	
<input type="text"/>	<input type="text"/>	
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Relationship to student	Pension/Health Care/Veterans' Affairs Card	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 2 email address	<input type="text"/>	

Who does the student live with?

Both parents Parent 1 Parent 2 Guardian Carer

In shared custody arrangements, show the percentage split as determined by Centrelink (this information must be included).

Parent 1 % Parent 2 % Other %

Are there family court orders in place?

Yes No

Parent responsible for payment of fees

Parent 1 Parent 2

SIBLINGS AT EASTERN HILLS SENIOR HIGH SCHOOL

Full name	Year group	Full name	Year group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT OTHER THAN PARENTS/CAREGIVERS

Title First name Surname Relationship to student

Address Postcode

Mobile phone Email address

OTHER PROVISIONS

Is the student in the care of the Department for Child Protection and Family Support (CPFS)?

Yes No

Name of CPFS Case Manager

CPFS Address

Postcode

District

Phone

STUDENT RESIDENTIAL STATUS

What is the student's country of birth?

Is the student an Australian Citizen?

Yes No

If **NO** please answer the following, if **YES** leave this section blank.

Is the student a Permanent Resident?

Yes No

Is the student a Temporary Resident?

Yes No

Visa Sub-Class Number

Visa expiry date

Date entered Australia

From which country has the student arrived?

PART ONE ENROLMENT DOCUMENTS CHECKLIST

PROOF OF USUAL PLACE OF RESIDENCE

The school requires **one** of the following. Select the document you have included in this application.

- | | | |
|---|-----------|---|
| <input type="checkbox"/> A copy of your Rental Agreement. | OR | <input type="checkbox"/> A copy of your current rates bill, if owner occupied |
| <input type="checkbox"/> Power account | | <input type="checkbox"/> Centrelink Health Care Card |
| <input type="checkbox"/> Gas account | | |
| <input type="checkbox"/> Drivers Licence | | |

ADDITIONAL DOCUMENTS

The school requires **all** of the following. Please check that you have included these in this application.

- | | |
|--|---|
| <input type="checkbox"/> Copy of Full Birth Certificate Copy | <input type="checkbox"/> Copy of "Australian Immunisation Register" (AIR) |
| <input type="checkbox"/> or Passport/Visa (if on a visa) | <input type="checkbox"/> Copy of latest NAPLAN Report |
| <input type="checkbox"/> Copy of latest School Report | <input type="checkbox"/> Copy of any Family Court Orders |
| <input type="checkbox"/> Signed Online Services Agreement | |

DECLARATION

PLEASE READ CAREFULLY BEFORE SIGNING.

1. I declare that the information provided on this form is true. I understand that if false information is provided, the enrolment of my child at Eastern Hills Senior High School may be terminated.
2. My child is not currently under suspension at, nor excluded from, another school.

Please note that this application will **NOT** be processed unless:

- All requested documentation is included. Incomplete applications will be posted back to sender.
- The points above have been read and the application is signed below.

Name of person enrolling student [please print]

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian/Carer signature

Date

D	M		M	Y	
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SUBMITTING ENROLMENT APPLICATION

After checking that all required documents are included, please submit this enrolment application to the front office at Eastern Hills Senior High School.