

OFFICE USE ONLY:

STUDENT: _____ ENROLLING GRADE: _____

INTERVIEWED BY: _____ INTERVIEW DATE: ___/___/___

START DATE: ___/___/___

SCANNED TO ALICE BY _____ Date: ___/___

PARENTAL CONSENT FAXED BY: _____ Date: ___/___



ENROLMENT FORM

THE MURRI SCHOOL

Aboriginal and Islander Independent Community School

SECTION 1a:

MAIN PARENTAL/ CARE PROVIDER CONTACT

First Name _____ Surname: _____

Address _____

_____ Post Code: _____

First Parental Care Provider Methods of Contact:

Mobile No: _____ (Emergencies/ Staff Communication)

Email Address: _____ (School Reports/ Staff Communication)

Preferred method of Communication: Mobile Ph: Email:

Relationship to the student(s) applying for enrolment:

Indigenous Status: Aboriginal Torres Strait Island Both Neither

Neither: _____

Is English your primary language: Y N **Second language if applicable:**

What Is the Highest Year of Primary or Secondary School You Have Completed?

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

What Is the Level of The Highest Qualification You Have Completed?

- No non-school qualifications
- Advanced diploma / Diploma
- Bachelor degree or above
- Certificate I to IV (including trade certificates)

What is your occupation group? _____ (Write 1, 2, 3, 4 or 8)

(Please select the appropriate parental occupation group from the list provided on **page 5**. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above).

SECTION 1b: SECONDARY PARENTAL/ CARE PROVIDER METHODS OF CONTACT

(IF NO SECONDARY PERSON PLEASE GO TO SECTION 2)

First Name _____ Surname: _____

Address _____

_____ Post Code: _____

Second Methods of Contact:

Mobile No: _____ (Emergencies/ Staff Communication)

Email Address: _____ (School Reports/ Staff Communication)

Preferred method of Communication: Mobile Ph: Email:

Relationship to the student(s) applying for enrolment:

Indigenous Status: Aboriginal Torres Strait Island Both Neither

Neither: _____

Is English your primary language: Y N Second language if applicable:

What Is the Highest Year of Primary or Secondary School You Have Completed?

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

What Is the Level of The Highest Qualification You Have Completed?

- No non-school qualifications
- Advanced diploma / Diploma
- Bachelor degree or above
- Certificate I to IV (including trade certificates)

What is your occupation group? (Write 1, 2, 3, 4 or 8)

(Please select the appropriate parental occupation group from the list provided on **page 5**. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above).

SECTION 2: EMERGENCY CONTACTS:

Person 1: _____ **Phone:** _____
First and Last Name
Relationship to Student: _____

If not available Person 2 will be contacted

Person 2: _____ **Phone:** _____
First and Last Name
Relationship to Student: _____

SECTION 3:

MEDICARE DETAILS

STUDENTS APPLYING FOR ENROLMENT:

Student Medicare reference number(s)

Student 1: _____ Enrolling into Yr.: _____
Student 2: _____ Enrolling into Yr. _____
Student 3: _____ Enrolling into Yr.: _____
Student 4: _____ Enrolling into Yr. _____

MEDICARE NUMBER ASSOCIATED WITH THE FAMILY:

Medicare Number _____ Exp: ____/____

FAMILY DOCTOR DETAILS:

Doctors Name: _____
Medical Practice Name: _____
Suburb _____

The school has a **Registered Nurse** on site.

In the case of an emergency do you approve the above students being attended to by the Dr closest to the school?
Y N



PLEASE COMPLETE A
SINGLE STUDENT DETAILS FORM
FOR EACH STUDENT
APPLYING FOR ENROLMENT

PARENTAL OCCUPATIONS GROUPS

GROUP 1: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND DEFENCE, AND QUALIFIED PROFESSIONALS

SENIOR EXECUTIVE/MANAGER/DEPARTMENT HEAD IN INDUSTRY, COMMERCE, MEDIA OR OTHER LARGE ORGANISATION.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

GROUP 2: OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

GROUP 3: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

GROUP 4: MACHINE OPERATORS, HOSPITALITY STAFF, ASSISTANTS, LABOURERS AND RELATED WORKERS DRIVERS, MOBILE PLANT, PRODUCTION/PROCESSING MACHINERY AND OTHER MACHINERY OPERATORS.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train

conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]



THE ABORIGINAL & ISLANDER INDEPENDENT COMMUNITY SCHOOL

1277 Beaudesert Rd, Acacia Ridge Brisbane. 4110 P: (07) 3255 6133 F: (07) 3255 6562
info@murrishool.qld.edu.au Website: murrishool.qld.edu.au

CONSENT FOR RELEASE/EXCHANGE OF STUDENT RECORDS & INFORMATION

STUDENT NAME _____ DATE OF BIRTH: ____/____/____

I hereby give permission to release/exchange copies of and/or share information contained within the Student's school records listed below:

- **All School Student Records**, including but not limited to: cumulative-permanent record, year level reports, discipline records, health records, attendance records, test scores, copy of birth certificate, guidance reports.
- **All Special Education Records**
- **Specific School Student records**

Please tick boxes to indicate information we have permission to access from the previous school

Medical Information		Behavioural Reports		Psychological Evaluations	
Psychiatric Evaluations		IEP / PLP		Speech/Language Evaluations	
Health/Attendance Records		Birth Certificate		Physical Therapy Evaluations	
School Reports				Occupational Therapy Evaluations	

This information is to be released/exchanged between:

Issuing School/Agency: _____ Aboriginal and Islander Independent Community School Inc
 _____ 1277 Beaudesert Road Acacia Ridge 4110
 Address: _____ ATT: _____
 _____ Email: admin@murrishool.qld.edu.au
 ATT: _____

*I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for _____ (student name).
 I understand that I may revoke consent for this release/exchange in writing at any time.*

 Date: ____/____/____
 Parent/Guardian

PRINT NAME: _____

OFFICE USE ONLY

Date of Enrolment: _____ Grade: _____

Class: _____ Reports been sighted? YES / NO

Transport: Allan Viv Spike Jo Morris Shane
 Private Walk Other _____

Signature: _____ Date: _____

Termination of Enrolment

Date Left: _____ Grade: _____

Signature: _____ Date: _____

ENROLMENT NOTES:

SINGLE STUDENT DETAILS FORM

SECTION 1:

STUDENT NAME: _____

Preferred Name: _____

Enrolling in Grade: _____ Student Email Address: _____

Date of Birth: ____/____/____

Gender: Male Female Other

Birth Certificate Sighted: YES No **BIRTH CERTIFICATE** Birth Certificate attached:

In which country was the student born? Australia

Other – please specify: _____

Is the student of Aboriginal or Torres Strait Islander origin? YES, Aboriginal
(For students of both Aboriginal & Torres Strait Islander YES, Torres Strait Islander
origin, mark both 'YES' boxes) NO

Does the student speak a language other than English at home? NO, English only
 YES, please specify: _____

SECTION 2: PREVIOUS SCHOOL HISTORY:

1. _____ Grade: _____ Year: _____

2. _____ Grade: _____ Year: _____



PREVIOUS SCHOOL REPORTS

Previous school reports attached: YES NO

Residential Address **if different from parent details:** _____

Suburb: _____ Postcode: _____

SECTION 3: TRANSPORT

Is School Transport required to pick up and drop off your child? **(A small fee is applicable).**
(please check with the Office Staff if transport is available in your area) YES NO

Names of brothers and sisters attending this school: _____

SECTION 4: LEGAL ISSUES AFFECTING THIS STUDENT

Are there any legal issues concerning the student (e.g. Court Orders, DVO, Child Protection)? IF NO please go to [SECTION 5](#)

If YES: Please select from the following: DVO COURT ORDERS CHILD PROTECTION



A: PLEASE ATTACH THE SUPPORTING DOCUMENTATION.

Are there any limitations on contact between the student and a parent or another person?
 YES NO (Go to SECTION 5)



IF YES:

B: PLEASE ATTACH A COPY OF THE CURRENT COURT ORDER OR REGISTERED PARENTING PLAN THAT CONTAINS THE LIMITATION/S.

Document A: Attached to This Application

Document B: Attached to This Application

SECTION 5: MEDICAL

Does the student have a verified learning or other disability? YES NO



IF YES

PLEASE ATTACH THE SUPPORTING DOCUMENTATION.

If yes, please specify the nature of the disability: _____

* Please indicate where you have documentation about your child's disability in any of the following areas.
Copies of this documentation will be required for school records.

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Development Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need?

If yes, please specify YES NO

- | | |
|---|--|
| <input type="checkbox"/> Allergy - Anaphylaxis | <input type="checkbox"/> Hearing condition (e.g. otitis media) |
| <input type="checkbox"/> Allergy - Other: _____ | <input type="checkbox"/> Mental health or behavioural |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive health care need |
| <input type="checkbox"/> Diagnosed migraine / headaches | <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) |
| <input type="checkbox"/> Other: _____ | |

(You will need to complete a separate Health Care Authorisation)

SECTION SIX: PARENTAL SIGNATURE

In signing this enrolment form you and your child are agreeing to abide by the rights and responsibilities of the school, as outlined in the school handbook, and you are agreeing to abide by the schools' policies and procedures.

PARENT / CARE PROVIDER 1

PARENT / CARE PROVIDER 2 (If applicable)

Date: ____/____/____