

**OFFICE USE ONLY:**

STUDENT: \_\_\_\_\_ ENROLLING GRADE: \_\_\_\_\_

- ENROLMENT APPLICATION RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_
- INTERVIEW DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INTERVIEWED BY: \_\_\_\_\_
- START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCANNED TO TASS BY \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_

PARENTAL CONSENT FAXED BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_

Supporting Documentation: PENDING COMPLETE SCANNED



# 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/ Absence)

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: ( If Parent 1 or 2 unavaaible)**

**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]



# SINGLE STUDENT DETAILS FORM

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:

Residential Address **if different from parent details:** \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

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 origin, mark both 'YES' boxes)  YES, Torres Strait Islander  
 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: \_\_\_\_ Last date of attendance \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_ Last date of attendance \_\_\_\_\_

Reason for Leaving last known school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS SCHOOL REPORTS**

Previous school reports attached:  YES  NO

## 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 diagnosed learning or other disability?  YES  NO



**IF YES**

**PLEASE ATTACH THE SUPPORTING DOCUMENTATION.**

If yes, please specify the nature of the disability: \_\_\_\_\_

\* Please indicate if your child has any of the following disabilities or conditions that affects his/her Copies of this documentation would be very helpful for the school when planning work

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health issue: Anxiety/Depression | <input type="checkbox"/> Past history of trauma: e.g.: Domestic violence or other |
| <input type="checkbox"/> Intellectual Disability                 | <input type="checkbox"/> Global Development Delay (prior to age 6)                |
| <input type="checkbox"/> Speech /Language difficulties           | <input type="checkbox"/> Wear Glasses   |
| <input type="checkbox"/> Autism Spectrum Disorder                | <input type="checkbox"/> Physical Disability <input type="checkbox"/> Dyslexia    |

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"/> Intensive health care need            |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Seizure Disorder (e.g. epilepsy)      |
| <input type="checkbox"/> Diagnosed migraine / headaches | <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)





# THE ABORIGINAL & ISLANDER INDEPENDENT COMMUNITY SCHOOL

1277 Beaudesert Rd, Acacia Ridge Brisbane. 4110 P: (07) 3255 6133 F: (07) 3255 6562  
[aiicsadmin@murrishschool.qld.edu.au](mailto:aiicsadmin@murrishschool.qld.edu.au) Website: [murrishschool.qld.edu.au](http://murrishschool.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:**

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\_\_\_\_\_ Aboriginal and Islander Independent Community School Inc

Address: \_\_\_\_\_ 1277 Beaudesert Road Acacia Ridge 4110

\_\_\_\_\_ ATT: Principal

\_\_\_\_\_ Email: [aiicsadmin@murrishschool.qld.edu.au](mailto:aiicsadmin@murrishschool.qld.edu.au)

ATT: \_\_\_\_\_

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*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