



WYNNUM NORTH STATE HIGH SCHOOL

Student Enrolment Form

This Enrolment Form is a requirement of Wynnum North State High School & Education Queensland for record purposes only and the information will not be disclosed for any other purpose. Please advise the school of any change in the details. PRINT CLEARLY

Student Information

Office Use Only

Has your student previously been enrolled at Wynnum North SHS: YES / NO (Circle)

Student's Surname: _____ Year Level: _____

Given Names: _____ Year of Enrolment: _____

Date of Birth: _____ Gender: Male Female

Siblings at WNSHS: 1. _____ Year Level: _____

2. _____ Year Level: _____

3. _____ Year Level: _____

| | |
|------------|--|
| START DATE | |
| ED ID NO | |
| ID NO | |
| ROLL CLASS | |

Parent / Guardian 1 Information (Must be completed)

Family Name: _____

Title: _____ (Mr, Mrs, Miss or Ms)

Given Name: _____

Gender: Male / Female (Circle)

Relationship to Student: _____

(Mother, Father, Other, Please state)

Does the Student live with you? YES / NO (Circle)

Occupation: _____

Employer: _____

Work Phone: _____

Mobile Phone: _____

Home Phone: _____

E-mail Address: _____

Country of Birth: _____

Cultural Background: _____

Language Spoken at Home: _____

Do you need an Interpreter? YES / NO

Parent / Guardian 2 Information (Must be completed)

Family Name: _____

Title: _____ (Mr, Mrs, Miss or Ms)

Given Name: _____

Gender: Male / Female (Circle)

Relationship to Student: _____

(Mother, Father, Other, Please state)

Does the Student live with you? YES / NO (Circle)

Occupation: _____

Employer: _____

Work Phone: _____

Mobile Phone: _____

Home Phone: _____

E-mail Address: _____

Country of Birth: _____

Cultural Background: _____

Language Spoken at Home: _____

Do you need an Interpreter? YES / NO

Student Personal Information

Does your student receive **Austudy Allowance**? YES NO
Does your student receive **Abstudy Allowance**? YES NO
Do you wish to be identified as **Aboriginal or Torres Strait Is.**? YES NO
Are you an **Ambulance Subscriber**? YES NO
Has your student received **Learning Support** in the last 12 mths? YES NO
Is your child **Repeating**? YES NO
Has your student been **Ascertained**? YES NO
Is the student the subject of a **custody / domestic** Court Order?
(Please provide details of **Court Order**) YES NO

N.B. Your student is covered by Ambulance, whilst on school premises and / or off site, in an official school capacity. But NOT on the way to and from school.

Country of Birth: _____ Date of Arrival in Aust: ____ / ____ / ____ (If not born in Aust)
Cultural Background: _____ Australian Residence Status: Permanent / Temporary (Circle)
Religion: _____ I give permission for my son / daughter to do **Religious Education**: YES NO

Previous School Details:

School: _____
Address: _____
Year Level: _____
Reason for Transfer: _____

(Please tick School Origin)

| | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Qld State Primary | <input type="checkbox"/> | Qld Non-State Primary | <input type="checkbox"/> |
| Qld State Secondary | <input type="checkbox"/> | Qld Non-State Secondary | <input type="checkbox"/> |
| Interstate Primary/Sec. | <input type="checkbox"/> | Overseas | <input type="checkbox"/> |

Student Address Information

Mailing Title: (Mr, Mrs, Ms) _____ Mailing Title: (Mr, Mrs, Ms) _____

Home Address

No./Street: _____

Suburb: _____

Post Code: _____

Postal Address

P.O.BOX NO: _____

Suburb: _____

Post Code: _____

Emergency Contacts other than Parents (Must Be Completed)These Emergency contacts should be Residents of Brisbane

1. Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

2. Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Doctor's Information

Doctor's Name: _____

Medical Centre: _____

Address: _____

Suburb: _____

Phone: _____

Medical Information

| Condition | Symptoms/Treatment | Immunised | YES | o | NO | o |
|-----------|--------------------|------------------------|-----|---|----|---|
| | | Measles/Mumps/Rubella: | YES | o | NO | o |
| | | Triple Antigen: | YES | o | NO | o |
| | | Tetanus: | YES | o | NO | o |
| | | Rubella: | YES | o | NO | o |
| | | Hepatitis B: | YES | o | NO | o |

If you require **Medication** to be given, please provide a signed letter and medication to administration. Thank you.

Medicare Number: _____

Transport InformationTransport to School: *BUS* o *BIKE* o *CAR* o *TRAIN* o Approx. Distance from home to School? _____**Brothers and Sisters NOT at this School**

Name: _____

Gender: Male / Female

Date of Birth: _____

Name: _____

Gender: Male / Female

Date of Birth: _____

Name: _____

Gender: Male / Female

Date of Birth: _____

| | | | Current Subjects | Subjects Selected at WNSHS |
|--|-------|-------|--|----------------------------|
| YEAR 8 ENROLMENTS ONLY | | | <i>Only to be completed by students enrolling in Years 9, 10, 11, 12</i> | |
| - Indicate your preference for Arts subjects <i>(1 - most preferred, 3 - least preferred)</i> | | | 1. | 1. |
| | | | 2. | 2. |
| ART | MUSIC | DRAMA | 3. | 3. |
| ALL STUDENTS | | | 4. | 4. |
| - Please indicate whether you have been involved in an Instrumental Music Program <input type="radio"/> YES <input type="radio"/> NO | | | 5. | 5. |
| | | | 6. | 6. |
| | | | 7. | Reserve Subject |

| Textbook and Resource Hire Scheme | |
|---|------------------------------|
| Deposit <i>(refundable when student leaves if books are returned not damaged)</i> | = \$20.00 |
| Year 8 Standard Contribution | = \$95.00 |
| Year 9, 10, 11, 12 Standard Contribution | = \$95.00 + Subject Elective |
| Discount of \$10.00 on second student and \$20.00 on third student | |
| Arts Council | = \$9.00 |
| Activity Payment | = \$40.00 |
| <u>PAYMENT IS REQUIRED ON ENROLMENT</u> | |

| What is the main reason you chose Wynnum North SHS? | | | |
|--|--|-----------------------------------|-----------------------------------|
| School reputation: <input type="radio"/> | School discipline: <input type="radio"/> | Curriculum: <input type="radio"/> | Technology: <input type="radio"/> |
| Sporting Achievements: <input type="radio"/> | Caring Teachers: <input type="radio"/> | Other: _____ | |

Wynnum North State High School Policies Agreement

1. We fully understand the terms and conditions of the Wynnum North State High School **Text and Resource Hire Scheme** and agree to participate. We understand that I do not have to join the scheme, but that this decision means I would need to provide the books, materials and resources provided by the scheme.

2. We understand that Wynnum North State High School community have endorsed the **School Uniform Policy** and we agree to abide by it.

3. We hereby give permission for our student to attend any **sporting activity or excursion** organised by Wynnum North State High School during the school year. On such occasions if our student is unable to participate, we will send details of this exemption (in writing) to the school.

4. We agree to work with the school so **personal best learning occurs**.

5. We will protect the **rights** of all members of the school community and fulfil **responsibilities** as listed in the school's Behaviour Management Policy.

6. We understand that upon **transfer** of our student we will give at least 2 days notice to the school and produce a signed clearance form from the Office. We will return all school resources, finalise outstanding Text and Resource Hire Scheme and uniforms. A transfer form will then be issued.

I hereby declare that the information given in this enrolment form is true and correct at the date of enrolment.

Parent / Guardian Signature:

Student Signature:

School Representative:

Date:

Has this student ever been suspended or excluded from any other educational institution? Yes / No (circle)
 If yes, please provide details: _____

Student Commencement Advice Checklist (Office Use Only)

| ENROLMENT OFFICE | ENROLMENT DATA ENTRY OFFICER | TEXT AND RESOURCE HIRE SCHEME |
|--|--|---|
| Interviewed 0 | SMS Data Entry 0 | Amount Due: _____ Receipt Number: _____ Date: _____ |
| Enrolment form completed and signed 0 | Timechart Data Entry 0 | |
| Transfer Form received 0 | Timetable issued 0 | |
| Canteen Hours of Operation advised 0 | Staff Notices entered 0 | |
| | Diary Issued 0 | |