

**BIRTH AND IMMUNISATION
CERTIFICATES MUST
ACCOMPANY THIS FORM
BEFORE YOUR CHILD CAN
COMMENCE SCHOOL**

STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

Schools, please note:

It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ❖ (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated and published in such publications as the National Report on Schooling in Australia on behalf of Australian education ministers. No individual student or school is identifiable through the published information.

A copy of the School Enrolment Privacy Collection Statement must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the *Privacy and Data Protection Act 2014 (Vic)*. School Enrolment Privacy Collection Statements are located here
<https://www2.education.vic.gov.au/pal/privacy-information-sharing/policy>

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:

- **Student enrolment form – alternative family**
- **Student enrolment form – additional family**
- **Student medical condition**

go to:

<https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx>

For **conveyance application** forms (that parents need to complete) and for **school conveyance claim** forms go to the Student Transport site:

<https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

NORTHERN SCHOOL FOR AUTISM

STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname: <u>IBRAHIM</u>		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name: <u>SABAHIF</u>			
Second Given Name: <u>UMAR</u>			
Preferred Name (if applicable):			
❖ Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)
Student Mobile Number: <u> </u>		Birth Date: (dd-mm-yyyy)	<u>25/10/16</u>

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details		<u>103/90 BRUNSWICK ST</u>	
Suburb:		<u>FITZROY</u>	
State:	<u>VIC</u>	Postcode:	<u>3065</u>
Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	<u>0469 802 905</u>	Fax Number:	

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level		Home Group		Timetabling Group		House
Student Email Address:						
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No		<input type="checkbox"/> Yes		Disability ID No.:
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending

FAMILY DETAILS

List any other family members attending this school:

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

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.

ADULT A DETAILS (PRIMARY CARER):

Gender :	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
Title: (Ms, Mrs, Mr, Mx, Dr etc)	MS
Legal Surname:	ADAM
Legal First Name:	DIRSITU
What is Adult A's occupation?	/
Who is Adult A's employer?	/
In which country was Adult A born?	<input type="checkbox"/> Australia <input checked="" type="checkbox"/> Other (please specify): ETHIOPIA
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only <input checked="" type="checkbox"/> Yes (please specify): OROMO	
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input checked="" type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the highest qualification the Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input checked="" type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.	
<ul style="list-style-type: none"> 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'. 	

ADULT B DETAILS:

Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
Title: (Ms, Mrs, Mr, Mx, Dr etc)	MR
Legal Surname:	ABDALLA
Legal First Name:	UMAR
What is Adult B's occupation?	DELIVERY
Who is Adult B's employer?	UBER
In which country was Adult B born?	<input type="checkbox"/> Australia <input checked="" type="checkbox"/> Other (please specify): ETHIOPIA
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only <input checked="" type="checkbox"/> Yes (please specify): OROMO	
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input checked="" type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the highest qualification the Adult B has completed? (tick 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 non-school qualification	
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.	
<ul style="list-style-type: none"> 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'. 	

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

Main language spoken at home:	OROMO	Preferred language of notices:	ENG.
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)		<input checked="" type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither	

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No: 0469 802 905		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (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 checked="" type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address: hagamsa1@yahoo.com		
Email Notifications:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No: 0470 513 232		
SMS Notifications:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (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 checked="" 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

No. & Street or PO Box AS ABOVE	
Suburb:	
State:	Postcode:

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.: CO-HEALTH			
Suburb: FITZROY			
State: VIC		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

↳ with concession card

PRIMARY FAMILY EMERGENCY CONTACTS (NOT INCLUDING ADULT A OR B):

These emergency contacts will be used if Adult A and B are unavailable.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1	Rukia	FRIEND	0413 984938	E
2	Sartu	FRIEND	0451 225 879	E
3				
4				

PRIMARY FAMILY BILLING ADDRESS:

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

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

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input checked="" 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
Relationship of Adult B to Student: (tick one)	<input checked="" 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

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

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

❖ In which country was the student born?	
<input checked="" type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____	
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input checked="" type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): <i>Understands Oromo</i>
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
What is the student's living arrangements? (tick one):	
<input checked="" type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

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

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	X Reference	Y Reference		
Usual mode of transport to school: (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

SCHOOL DETAILS

Date of first enrolment in an Australian School: <u>31 / 1 / 2022</u>			
Name of previous School: <u>Carlton Primary School</u>			
Years of previous education: <u>3</u>		What was the language of the student's previous education? <u>Eng.</u>	
Does the student have a Victorian Student Number (VSN)? <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. 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"/>			
Years of interruption to education:		Is the student repeating a year? (tick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)			
Other school Name:	Time fraction:	0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction:	0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions
<ul style="list-style-type: none">

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 enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input checked="" type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal 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: 25 / 5 / 22

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Speech:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input checked="" 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: (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms please: (tick) 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:	
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication? (tick) <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? (tick)		<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: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

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? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
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? (tick) <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? (tick)		<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: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

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.

Doctor's Name:	
Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS

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

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

PERMISSION FOR HEAD LICE INSPECTION

Throughout your child's schooling, NSA may conduct headlice inspections. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality.

☐ Yes ☐ No

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input checked="" type="checkbox"/> Driven by parent/carer
First date of travel? (tick) <input type="checkbox"/> Next school year		Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
Is the student applying to travel on a school bus or for other travel assistance? (tick)			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <i>Not at this stage.</i>	
Type of travel assistance requested? (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
If by School Bus, please advise local bus stop if known:			
Landmark:	Map Type:	X ____	Y ____
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 attending their nearest school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?		<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:	Map Ref:	Time AM:	
Set Down Point:	Map Ref:	Time PM:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

Thank you for taking the time to complete this Student Enrolment 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 enrol your child at our school.

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

Signature of Parent/Guardian:  Date: 25 / 5 / 22

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A 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 B 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 C 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 / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D 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, kitchen hand, 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)

Student Indemnity Form – 2023

Permissions granted to cover the duration of your child's schooling at NSA

Parent/Carer permission is required for a variety of purposes. For your convenience, we have consolidated the circumstances for which we require signed permission, into one form. Please read through the following document, tick the appropriate boxes and sign and date where indicated.

Please note: permission to attend excursions off campus are required and will be collected separately.

Student's Name: Sabaadif Ibrahim .

Date of Birth: 25/10/2016

Personal Development Program

A personal development program is offered at the school (as needed) and this incorporates showering, toileting, dressing and hair washing skills.

Yes ☒

No ☐

Permission to Shower / Change Clothes

In the event of my child urinating on and/or soiling themselves, becoming excessively dirty and/or wet, a staff member will shower my child and change my child's clothing.

Yes ☒

No ☐

Bike Education

My child will be participating in the bike education program at Northern School for Autism (within the school grounds).

Yes ☒

No ☐

Inter School Programs

I understand that some school programs run in conjunction with other schools and my child may need to work with students from other schools during these programs.

Yes ☒

No ☐

Permission to use photographs in communication programs

My child's first name and photograph may at times be used in the visual communication systems of other students. This may include communication books, picture exchange systems, presentations, website and voice output devices.

Yes ☒

No ☐

Permission for Publicity

My child's image may be used in publicity material associated with NSA including, but not limited to prospectus, website and NSA's Facebook Page during special events e.g. dress up days

Yes ☐

No ☒

Reservoir School Concert DVD & School Concert Program

I give permission for my child to be included in the school concert DVD.

Yes ☒

No ☐

Permission for Yearbook & Newsletter (printed editions)

My child's image may be used in the school yearbook and/or printed Newsletter. No photos will be placed online.

Yes ☒

No ☐

Shaving Cream

There may be some activities which involve the use of shaving cream and other similar materials. I understand that my child will be closely supervised by a staff member and it will only be used for educational and sensory purposes.

Yes ☒

No ☐

Sunscreen Application

I hereby authorise staff to apply sunscreen to my child. Note: If a specific sunscreen is needed, please supply to the school and note in the box below. This is to be kept in the student's bag.

Yes ☒

No ☐

Signed: 

Date: / /

Comments:





Northern School
for Autism

Mealttime Questionnaire

Student Name: Sabaaiif Ibrahim

Date of birth: 25/10/16

Name of parent/caregiver completing the questionnaire:

Dursitu Adam

Date questionnaire was completed: 25/5/22

Any known allergies: —

1. Please tell us about your child's health as it relates to eating/drinking and swallowing:

Question	Please circle	Please give details
Have you previously had advice or support from a therapist or doctor about your child's eating, drinking or swallowing?	Yes / <u>No</u>	If yes, what was it? **please provide recent reports relating to eating, drinking or swallowing
Does your child have swallowing difficulties?	Yes / <u>No</u>	If yes, please describe:
Does your child have any allergies/reactions?	Yes / <u>No</u>	Please list all, including ANY reaction to food:
Does your child get chest infections?	Yes / <u>No</u>	How often in the last 12 months? Constantly Monthly 3-4 times a year 1-2 times a year Never or rare
Has your child ever had Pneumonia?	Yes / <u>No</u>	If yes, when? _____
Does your child ever seem to choke on food?	Yes / <u>No</u>	If yes, please describe what happened/happens:
Do you or the doctor have concerns about your child's weight?	Yes / <u>No</u>	If yes, please detail e.g. not gaining enough weight / gaining weight too quickly
Does your child take any medications?	Yes / <u>No</u>	If yes, please describe <u>how</u> you give your child medications e.g. I put the tablet in a spoonful of yoghurt
Does your child let you thoroughly brush their teeth?	<u>Yes</u> / No	If No, please give details of how you manage care of mouth/teeth:
Does your child have difficulty containing their saliva? (drooling)	Yes / <u>No</u>	If yes, please give details:
Have you noticed that at mealtimes your child may <ul style="list-style-type: none"> - Cough - Gag - Their breathing or voice sounds 'gurgly'/'wet' - Overfills their mouth / stuffs - Holds food in the mouth without swallowing - Has Reflux or Vomiting 	Yes / <u>No</u>	Please tick those that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Coughing <input type="checkbox"/> Gagging <input type="checkbox"/> breathing or voice 'gurgly'/'wet' <input type="checkbox"/> Overfilling mouth / stuffing <input type="checkbox"/> Holding food in the mouth without swallowing <input type="checkbox"/> Reflux or Vomiting <input type="checkbox"/> Other _____

2. How does your child typically react to mealtimes? (please circle)

Active distress

Often
refuses

Accepts but
doesn't enjoy

Enjoys

Additional Comments: _____

3. Please list all the foods/drinks your child eats/drinks regularly:

Breakfast	cereal pancake bread
Lunch	fruit pancakes pasta rice
Dinner	rice pasta meat chicken
Snacks	fruit crackers
Drinks	water

4. How independent is your child when eating or drinking at home?

Needs to be fed.	Does some. (give examples)	Does most by self. (give examples)	Independently (give examples) Helps cook. Eats by himself.
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5. Does your child react to any of the following sensations? (tick all that apply)

Sensations	YES	NO	If Yes, what in particular? (please list)
Certain tastes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Textures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Mess or dirt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Please return this questionnaire to your child's classroom team or therapists.
Thank you for taking the time to provide this information.

Your child's learning needs

What are your child's strengths & weaknesses?

Strengths	Reading. Cooking. Drawing, painting.
Weaknesses	A bit of a funny eater. Sharing.

What do you think is important for your child's learning?

Communication. Saying when he doesn't understand.

How can the school support your family?

Help us help him. Work together for his future.
Groups of other parents of ASD children.

What skills would you like your child to learn this year?

Pencil grip, communication skills.

Is there anything else you would like your child's teacher to know about your child?

We thank you for your time and effort in completing this parent survey.

Sensory Information

This information helps us to understand the way your child uses and reacts to sensations such as vision, sound, taste, smell and touch.

Does your child **dislike or react unusually** to any of the following sensory experiences? YES ☒ NO ☐

If YES, please describe:

Sounds/Visual sensations e.g. distress at loud or sudden noises, avoidance of bright lights or darkness.	Does not like loud noises, screams.
Taste/Smell e.g. disliking sweet or sour foods, showing sensitivity to particular smells.	
Movement e.g. fear of having feet off the ground, dislike of swinging or spinning.	
Touch e.g. objecting to light touch or touch to particular body parts.	

Does your child **like or seek out** particular sensory activities/experiences? YES ☐ NO ☐

If YES, please describe:

Sounds/Visual sensations e.g. seeking out specific things to listen to or look at.	
Taste/Smell e.g. liking sweet, sour or bitter foods, seek.	
Movement e.g. wanting to swing, hang or move in particular ways.	
Touch e.g. seeking types of textures or squeezing sensations	

Likes and Dislikes

This information helps us to know what your child does and does not enjoy, which is important for us in providing motivating, pleasurable activities.

What does your child like to do during spare time at home?

Vehicles + trains. Riding scooter + bike. Books, especially Curious George.

What are your child's special interests?

Trains.

What are your child's favourite foods?

Fruit.

What places does your child like to go to?

Park. Water park.

What movies/DVDs/TV shows does your child like?

Curious George. Thomas.

What are your child's favourite toys/games?

Thomas. Blocks. Play Doh. Slime.

Does your child play appropriately with a range of toys?

Yes.

What activities, places, events, things, people does your child **dislike**?

Crowds, loud noises/music.

Does your child have any phobias/fears?

Flies.

Behaviour

This information can help us understand more about the support your child may need in regard to coping with different situations and events.

How does your child respond to change?

Struggles with change, does not like transitions.

Does your child have challenging behaviours?

Pushing (peers, siblings) spitting (at school mostly), yelling.

Do you know what triggers/causes these behaviours?

Sharing, taking turns, finishing activity.

What calms your child when he/she is distressed?

Hug from mum, quiet talk, distraction.

What behaviour strategies do you believe are most successful at home?

Remove objects that generate distress. Talking & hugging

Communication

This information helps us to know how your child is able to best understand our communication and how your child expresses their own needs and wants.

Using examples in the spaces below, please explain the **main** way that your child communicates at home?

With body actions e.g. pulling you to something, pushing away things not wanted.	<i>Sometimes.</i>
With pictures, photos, gestures or signing e.g. exchanging or pointing to photos or picture symbols, making a sign or gesture to ask for something like a drink.	<i>We use pictures too.</i>
With words e.g. using single words to indicate what they want.	<i>mostly.</i>
With phrases or sentences e.g. using whole sentences to communicate or engaging in simple conversations with people.	

Does your child regularly **begin** communication with you, instead of always waiting for you to ask them something?

YES ☒ NO ☐

How often does your child ask for things, e.g. food, toys, activities? *Regularly.*

How often does your child ask for help? *Regularly. "Mummy help"*

Can your child usually respond to the following directions? (Please tick)

Direction:	Never	Occasionally	Usually
"come here"		<input checked="" type="checkbox"/>	
"stop"		<input checked="" type="checkbox"/>	
"sit down"		<input checked="" type="checkbox"/>	
"finished"		<input checked="" type="checkbox"/>	
"wait"	<input checked="" type="checkbox"/>		
"give it to me"		<input checked="" type="checkbox"/>	
"get the (familiar item)"	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
"go to (familiar place)"	<input checked="" type="checkbox"/>		
"put it down"	<input checked="" type="checkbox"/>		
"put it away/pack away"		<input checked="" type="checkbox"/>	

Are there any specific dietary requirements?

Halal.

Does your child belong to any sport or social clubs?

YES

☐

NO

☒

If YES, please give details

Can you describe your child's skills in the following areas? What can they do by themselves and what assistance is required?

Dressing	Independant. Help with shoes sometimes.
Toileting	Independant.
Eating	Independant

Background

Child's name: Sabaadif Ibrahim
 Child's date of birth: 25/10/16
 Mother's name: Dirsitu
 Father's name: Umar

Does your child have siblings? YES ☒ NO ☐

If YES, please provide their names and ages:

Name	Age
<u>Suhail</u>	<u>2</u>
<u>Sona</u>	<u>7 months</u>

Who lives in the family home? What is the relationship of each person to your child?

Name	Relationship to child
<u>Mum</u> <u>Dirsitu</u>	<u>mum</u>
<u>Umar</u>	<u>Dad</u>
<u>Siblings</u>	

What is the main language spoken at home? Oruma

Do you have pets? YES ☐ NO ☒

If YES, please give details (including how your child responds to the pets)

He loves dogs.

Are there any significant events in your child's life that you believe the school needs to be aware of?

Are there any cultural/religious requirements the school should be aware of?

Muslim. Halal food only.



Northern School for Autism

"Learning for Life"

PARENT SURVEY

The Northern School for Autism (NSA) gratefully acknowledges that this survey has been generated by Autism Teaching Institute – "Vocational Graduate Certificate in Teaching Students with an ASD" 2008 participants and compiled by Paige Davey. Some adaptations have been made by NSA to make the survey relevant for this school.

Dear Parents/Carers

This survey has been designed to collect information about your child and to help us understand the need of your child as fully as possible. The information will help us to plan programs and set goals to assist your child in learning new skills.

Please take the time to complete this survey and return it as soon as possible to your child's teacher.

If you have any queries or would like support with any of the questions, please do not hesitate to ask.

Please return this form to the school as soon as possible.

We thank you for your time and effort in completing this survey.

Pamela Mathieson

Pamela Mathieson
Principal

Reservoir Campus
16-18 Gertz Avenue
RESERVOIR VIC 3073
Phone: (03) 9462 5990
Fax: (03) 9460 8058

Lalor Campus
2 - 4 Lyndon Street
LALOR VIC 3075
Phone: (03) 9464 3480
Fax: (03) 9464 4713

northern.sch.autism@education.vic.gov.au
<http://www.northernautism.vic.edu.au/web/>

BIRTH CERTIFICATE

CHILD

Sabaaif IBRAHIM

SEX

Male

DATE AND PLACE OF BIRTH

25 October 2016

*Royal Women's Hospital, Parkville
Dursitu*

MOTHER GIVEN NAME(S)

FAMILY NAME AT BIRTH *ADAM*

FAMILY NAME *ADAM*

PLACE OF BIRTH *Bale, Ethiopia*

FATHER GIVEN NAME(S)

Umar Ibrahim

FAMILY NAME AT BIRTH *ABDALLA*

FAMILY NAME *ABDALLA*

PLACE OF BIRTH *Ethiopia*

REGISTRATION
NUMBER

71454/2016

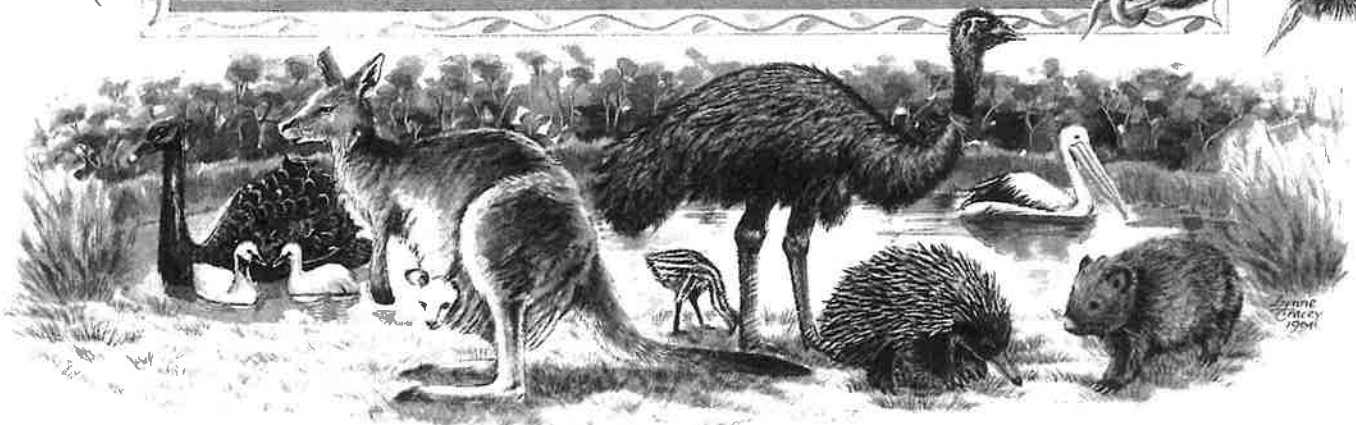
James Plava

REGISTRAR

DATE *14 Jun 2017*



VICTORIAN REGISTRY OF BIRTHS, DEATHS AND MARRIAGES, AUSTRALIA





Immunisation history statement

As at: 13 April 2022
For: SABAAIF U IBRAHIM
Date of birth: 25 October 2016
Individual Healthcare Identifier (IHI): 8003 6067 9551 6172
NIP immunisation status: up to date

Schedule	Date given	Immunisation	Brand name given
2 months	13 Dec 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyelitis	Infanrix Hexa
		Pneumococcal	Prevenar 13
		Rotavirus	RotaTeq
4 months	28 Feb 2017	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyelitis	Infanrix Hexa
		Pneumococcal	Prevenar 13
		Rotavirus	RotaTeq
6 months	31 May 2017	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyelitis	Infanrix Hexa
		Pneumococcal	Prevenar 13
		Rotavirus	RotaTeq
12 months	30 Jan 2018	Measles Mumps Rubella	MMR II
		Hib Meningococcal C	Menitorix
18 months	05 Jul 2018	Diphtheria Tetanus Pertussis	Infanrix
		Measles Mumps Rubella Varicella	Priorix-Tetra
4 years	27 Oct 2020	Diphtheria Tetanus Pertussis Poliomyelitis	Infanrix IPV

Next NIP immunisation/s due	Date due
No vaccines due.	
Notice/s	
This individual has received all vaccines required under the National Immunisation Program childhood schedule.	

Disclaimer

The Australian Immunisation Register is a national register that records vaccinations given to people of all ages in Australia. Vaccinations given before 1 January 1996 are not displayed on the statement.

NIP immunisations refer to immunisations required under the National Immunisation Program schedule only, not including COVID-19 vaccinations.

Every effort is made to ensure that the information contained on the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided.

If any of the vaccination details shown on the statement are not correct, please ask your vaccination provider to provide the correct details. They can call us on 1800 653 809 (call charges may apply).

If you have any questions about this statement, please call the Australian Immunisation Register on 1800 653 809 (call charges may apply).

