

ATTACHMENT 2 – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Title	
First Given Name	
Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

Adult 3 Relationship to student:	
<input type="checkbox"/> Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Host Family	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Step Parent	
Student lives with Adult 3:	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

No. & Street Address:	
Suburb:	
State:	Postcode

Adult 3 Job Title:	
Adult 3 Employer:	

In which country was Adult 3 born?
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____

❖ Does Adult 3 speak a language other than English at home?	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enrolling Adult 4

Title	
First Given Name	
Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

Adult 4 Relationship to student:	
<input type="checkbox"/> Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Host Family	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Step Parent	
Student lives with Adult 4:	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly
<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

Address is the same as Enrolling Adult 3	<input type="checkbox"/> Yes <input type="checkbox"/> No (complete below)
No. & Street Address:	
Suburb:	
State:	Postcode

Adult 4 Job Title:	
Adult 4 Employer:	

In which country was Adult 4 born?
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____

❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ What is the highest year of primary or secondary school that Adult 3 has completed?	
<input 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 / no schooling
❖ What is the level of the highest qualification that Adult 3 has completed?	
<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 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

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What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the main language spoken between the student and adult at home?	
Preferred language of communications:	
Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult 3 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	
Work Phone:	
Mobile:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult 3's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	<input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact?	

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Is Adult 4 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	
Work Phone:	
Mobile:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult 4's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	<input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact?	