# **ALTERNATIVE FAMILY DETAILS**

STUDENT Surname:	STUDENT First Name:
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## ADULT A OF ALTERNATIVE FAMILY DETAILS:

# **ADULT B OF ALTERNATIVE FAMILY DETAILS:**

Ē								
Gender:	☐ Male ☐ Female	□	Fill in blan	Gender	: C	I Male □ Female	□	Fill in blank
Title: (Ms, I	Mrs, Mr, Mx Dr etc)			Title: (N	∕ls, Mrs,	Mr, Mx Dr etc)		
Legal Surname:				Legal Surnan	ne:			
Legal First	t			Legal F Name:	irst			
What is A	dult A's occupation	?		What is	Adult	B's occupation?		
Who is Ad	ult A's employer?			Who is	Adult	B's employer?		
In which c	ountry was Adult A	born?		In whic	h cour	ntry was Adult B b	orn?	
☐ Australi	a	se specify):		□ Aust	ralia	☐ Other (please	specify):	
home? (If r	lult A speak a langu more than one language is spoken most often.) (	is spoken at	_	home?	(If more	B speak a language is than one language is poken most often.) (tio	s spoken at home	_
	English only					glish only		
	(please specify):					ease specify):		
	icate any additional spoken by Adult A					te any additional oken by Adult B:		
Is an inter	preter required? (ticl	x) 🗆 Yes	s □ No	Is an in	terpre	ter required? (tick)	□ Yes	□ No
school Ad have never a Year 12  Year 11  Year 10	the highest year of pult A has completed attended school, mark of or equivalent or equivalent or equivalent or equivalent or equivalent or below	I? (tick one) ⁄ear 9 or equ	(For persons wh	school have ner Year Year	Adult ver atter 12 or e 11 or e 10 or e	highest year of pr B has completed? Inded school, mark 'Ye equivalent equivalent equivalent or below	(tick one) (For p	ersons who
♦ What is to the second of	the level of the high	est qualific	ation the Adu	t	t is the	level of the highe	st qualificatio	n the
□ Bachelo □ Advance □ Certifica	r degree or above digital digi	ade certifica	ate)	□ Bach □ Adva □ Certi	elor de inced d ficate l	ompleted? (tick one egree or above liploma / Diploma to IV (including trac ool qualification		
the appropria  If the period the last use their occupate  If the period wo	the occupation ground at the parental occupation between is not currently in parents of the parents occupation to select in last occupation to select in group list.  The parents occupation group list.	group from to paid work but ed in the last	ne attached list. has had a job in 12 months, pleas	the appropriate the appropriat	opriate personate personate the personate the personate	parental occupation group parental occupation group is not currently in parenths, or has retired st occupation to select group list.  In has not been in paid ter 'N'.	oup from the atta id work but has h in the last 12 mo from the attache	ached list. nad a job in nths, please

<sup>❖</sup> 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:		Preferred language of notices:	
Are you interested in being involv participation activities? (eg. School		☐ Adult A ☐ Adult B ☐	Both ☐ Neither
ALTERNATIVE FAMILY C ADULT A OF ALTERNATIVE FAM DETAILS:	ILY CONTACT	ADULT B OF ALTERNATIVE FAN DETAILS:	MILY CONTACT
Business Hours:		Business Hours:	
Can we contact Adult A at work?	?	Can we contact Adult B at work	Yes □ No
Is Adult A usually home during business hours? (tick)	□ Yes □ No	Is Adult B usually home during business hours? (tick)	□ Yes □ No
Work Telephone No:		Work Telephone No:	
Other Work Contact information:		Other Work Contact information:	
After Hours:		After Hours:	
Is Adult A usually home AFTER business hours? (tick)	□ Yes □ No	Is Adult B usually home AFTER business hours? (tick)	Page 1 Yes □ No
Home Telephone No:		Home Telephone No:	
Other After Hours Contact Information:		Other After Hours Contact Information:	
Mobile No:		Mobile No:	
SMS Notifications:	□ Yes □ No	SMS Notifications:	□ Yes □ No
Adult A's preferred method of co (If Phone is selected, Email shall be us cannot be sent via phone.)		Adult B's preferred method of of (If Phone is selected, Email shall be u cannot be sent via phone.)	
☐ Mail ☐ Email ☐ Pho	one □ Facsimile	☐ Mail ☐ Email ☐ Pho	one □ Facsimile
Email address:		Email address:	
Email Notifications:	□ Yes □ No	Email Notifications:	□ Yes □ No
Fax Number:		Fax Number:	

State:		. & Street: or Box								
State:  Telephone Number  Silent Number: (tick)										
Telephone Number  Silent Number: (tick)	Suk	burb:				1				
Mobile Number:  LTERNATIVE FAMILY MAILING ADDRESS: rite "As Above" if the same as Family Home Address  No. & Street  Suburb:  State:  Postcode:  LTERNATIVE FAMILY DOCTOR DETAILS:  Doctor's Name  Individual or Group Practice: (lick)  No. & Street or Box No.:  Suburb:  State:  Postcode:  Postcode:  Telephone Number  Current Ambulance Subscription: (lick)	Sta	te:				Postcoo	le:			
LTERNATIVE FAMILY MAILING ADDRESS:  Irite "As Above" if the same as Family Home Address  No. & Street  Suburb:  State:  Postcode:  Individual or Group Practice:   Individual   Group  No. & Street or Box No.:  Suburb:  State:  Postcode:  Individual or Group Practice:   Individual   Group  No. & Street or Box No.:  Suburb:  State:  Postcode:  Telephone Number  Current Ambulance Subscription: (tick)   Yes   No   Medicare Number:  LTERNATIVE FAMILY EMERGENCY CONTACTS:  Name Relationship Telephone Contact Language Spoker	Tel	ephone Number				Silent N	umber: (tick)	ΠY	es	□ No
No. & Street  Suburb:  State:  Postcode:  LTERNATIVE FAMILY DOCTOR DETAILS:  Doctor's Name  Individual or Group Practice:   Individual   Group  No. & Street or Box No.:  Suburb:  State:  Postcode:  Individual or Group Practice:   Individual   Group  No. & Street or Box No.:  Suburb:  State:  Postcode:  Fax Number  Current Ambulance Subscription: (tick)   Yes   No   Medicare Number:  LTERNATIVE FAMILY EMERGENCY CONTACTS:  Name Relationship Telephone Contact Language Spoker	Mol	bile Number:				Fax Nur	nber:			
Suburb:  State:  Postcode:  LTERNATIVE FAMILY DOCTOR DETAILS:  Doctor's Name  Individual or Group Practice: Individual or Group  No. & Street or Box No.:  Suburb:  State:  Postcode:  Fax Number  Current Ambulance Subscription: (tick)	rite	"As Above" if the sa	_		SS .					
No. & Street or Box No.:  Suburb:  State:  Postcode:  Telephone Number  Current Ambulance Subscription: (tick)   Yes   No   Medicare Number:  Name  Relationship  Individual or Group Practice:   Individual   Group   Group										
Individual or Group Practice:	Sta	te:				Po	ostcode:			
Suburb:  State: Postcode:  Telephone Number Fax Number  Current Ambulance Subscription: (tick)										
State:  Telephone Number  Current Ambulance Subscription: (tick)			NILY DOCTO	OR DETAI	Indi		Group Practice:	□ In	dividual	□ Group
Telephone Number  Current Ambulance Subscription: (tick)	Doc	ctor's Name		OR DETAI	Indi		Group Practice:	□In	dividual	□ Group
Current Ambulance Subscription: (tick)	Doc No.	ctor's Name		OR DETAI	Indi		Group Practice:	□In	dividual	□ Group
ALTERNATIVE FAMILY EMERGENCY CONTACTS:    Name   Relationship   Telephone Contact   Language Spoker	No.	ctor's Name  . & Street or Box No.		OR DETAI	Indi			□ In	dividual	□ Group
Name Relationship Telephone Contact Language Spoker	No. Sub	ctor's Name  . & Street or Box No. burb:		OR DETAI	Indi		Postcode:	□ In	dividual	□ Group
	No. Sub	ctor's Name  . & Street or Box No. burb:  tte:  ephone Number			Indi (tick)		Postcode: Fax Number	□ In	dividual	□ Group
	No. Sult Sta Tele	ctor's Name  . & Street or Box No. burb:  tte:  ephone Number  rrent Ambulance Sul	escription: (tick)	□ Yes □	Indi (tick)	Medicare	Postcode: Fax Number	□ In	dividual	□ Group
	No. Sult Sta Tele	ctor's Name  . & Street or Box No. burb:  tte:  ephone Number  rrent Ambulance Sul	escription: (tick)	□ Yes □	Indi (tick)	Medicare	Postcode: Fax Number Number:		Langu	age Spoken

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

# **ALTERNATIVE FAMILY BILLING ADDRESS:**

Write "As Above" if the same as Family Home Address No. & Street or PO Box Suburb: State: Postcode: ☐ Adult A ☐ Other (Please Specify) **Billing Email** ☐ Adult B OTHER ALTERNATIVE FAMILY DETAILS □ Parent ☐ Step-Parent ☐ Adoptive Parent Relationship of Adult A of Alternative Family to ☐ Relative ☐ Foster Parent ☐ Host Family Student: (tick one) □ Friend □ Self □ Other ☐ Parent ☐ Step-Parent ☐ Adoptive Parent Relationship of Adult B of Alternative Family to ☐ Foster Parent ☐ Host Family ☐ Relative Student: (tick one) ☐ Friend ☐ Self □ Other The student lives with the Alternative Family: (tick one) ☐ Mostly ☐ Balanced □ Occasionally □ Never □ Always Send Correspondence addressed to: (tick one) ☐ Adult A ☐ Adult B ☐ Both Adults □ Neither Is the Alternative Family to receive Academic Reports? ☐ Yes □ No 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:

# PARENTAL OCCUPATION GROUP CODES

# 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