

ENROLMENT INTERVIEW CHECKLIST

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|-----------------------|--|
| Student Name: | |
| Date of Birth: | |
| Year Level: | |

YOUR ENROLMENT INTERVIEW

| | |
|---------------------------|--|
| Date of Interview: | |
| Interview Time: | |
| Enrolment Officer: | |
| Location: | |

Please be well prepared for the enrolment interview, and ensure you have the following;

| | |
|--------------------------|---|
| <input type="checkbox"/> | STUDENT ENROLMENT FORM – completed and signed. |
| <input type="checkbox"/> | Student PROOF OF IDENTITY <i>i.e. Birth Certificate or Passport, & Medicare Card</i> if not already provided. |
| <input type="checkbox"/> | If enrolling student is from OVERSEAS , Passport <u>and</u> current Visa must be provided. |
| <input type="checkbox"/> | ENROLMENT AGREEMENT – completed and signed. |
| <input type="checkbox"/> | ATT 'A' - MEDIA CONSENT FORM – completed and signed. |
| <input type="checkbox"/> | ATT 'B' - INTERNET ACCESS AGREEMENT FORM – completed and signed. |
| <input type="checkbox"/> | ATT 'C' - CATEGORY 'B' EXCURSION PERMISSION FORM – completed and signed. |
| <input type="checkbox"/> | ATT 'D' – Library Agreement Form – completed and signed. |
| <input type="checkbox"/> | ATT 'E' - LEARNING AND RESOURCE SCHEME PARTICIPATION AGREEMENT FORM – completed and signed. |
| <input type="checkbox"/> | HEALTH MANAGEMENT PLAN (<i>if applicable</i>) – copy provided. |
| <input type="checkbox"/> | SUBJECT SELECTION FORM (<i>if applicable</i>) |

Please answer any of the questions below which are relevant to the enrolment:

Name of parent/carer responsible for paying school fees:

Name/s of siblings enrolled at this school: 1.

2.

3.

OFFICE USE ONLY

(Data Entry by ENROLMENT OFFICER)

INTENDED START DATE:

| | |
|--------------------------|---|
| <input type="checkbox"/> | STATEWIDE SEARCH performed |
| <input type="checkbox"/> | Pre-populated ENROLMENT FORM provided to parent. |
| <input type="checkbox"/> | BIRTH CERTIFICATE supplied. |
| <input type="checkbox"/> | Birth Certificate request dated |
| <input type="checkbox"/> | PASSPORT supplied Document Number: |
| <input type="checkbox"/> | Visa & Associated documents. |
| <input type="checkbox"/> | Custody/Legal Papers attached. |
| <input type="checkbox"/> | Independent student YES NO |
| <input type="checkbox"/> | Medicare Card |
| <input type="checkbox"/> | Special Education Program |
| <input type="checkbox"/> | Learning Support |
| <input type="checkbox"/> | Health Management Plan YES NO |
| <input type="checkbox"/> | EQRN Referral for significant health concerns |
| <input type="checkbox"/> | Enrolment Agreement |
| <input type="checkbox"/> | Media Consent Form |
| <input type="checkbox"/> | Internet Access Agreement Form |
| <input type="checkbox"/> | Excursion Permission Form |
| <input type="checkbox"/> | NDIS Plan |
| <input type="checkbox"/> | Learning and Resource Scheme <i>Refer to Cashier for pro-rata calculation.</i> |
| <input type="checkbox"/> | Subject Selection Form (if applicable) |

AFTER THE ENROLMENT INTERVIEW

| | |
|--------------------------|---|
| <input type="checkbox"/> | OneSchool activated: Actual start date: _____ |
| <input type="checkbox"/> | DATA CAPTURE (<i>Senior students ONLY</i>) |
| <input type="checkbox"/> | EMERGENCY CONTACTS updated. |
| <input type="checkbox"/> | SIBLINGS updated. |
| <input type="checkbox"/> | I.D. Photo |
| <input type="checkbox"/> | DIARY supplied to student |

EQ ID:

Housegroup:

Sport House:

LUI:

