

STUDENT NAME								
YEAR LEVEL	STUDENT ID. NO.			DATE				
FAMILY DETAILS	thio otyrdant							
Names of adults with whom lives	tnis student	Parent/Caregiver 1				Pa	rent/Caregiver 2	
Family Name								
Given Names								
Title								
Sex					☐ Male ☐ Female			
Relationship To Student								
Occupation Occupation								
Work Location								
Work Phone								
Work Mobile								
Home Phone								
Home Mobile								
E-Mail								
Cultural Background								
Country Of Birth Needs Interpreter			☐ Yes ☐ No				□ Vac □ No	
This question is optional.	Nhat ia tha high			narantalaara	sivere beve comm		☐ Yes ☐ No	
(for persons who have never	er attended scho	ool, mark 'Year 9 or equival	lent or below')	parems/care	givers have comp			
☐ Year 12 or equivalent	aregiver 1	giver 1			Parent/Careg	ver Z		
☐ Year 11 or equivalent☐ Year 10 or equivalent			☐ Year 11	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent				
Year 9 or equivalent or be	elow				or equivalent or be	ow		
This question is optional. V	_		ts/caregivers have	e completed?				
☐ Bachelor degree or above	Parent/Ca	aregiver 1		□ Rachelo	or degree or above	Parent/Careg	ver 2	
☐ Advanced Diploma/Diploma					Advanced Diploma/Diploma Certificate I to IV (including trade certificate)			
☐ Certificate I to IV (includin☐ No non-school qualification	ng trade certificate on	e)		☐ Certifica	ate I to IV (includin school qualificatio	g trade certificat n	re)	
STUDENT & PARENT/CARE		AGE DETAILS						
This question is optional.		t or their parent/caregiver			eak a language o			
No, English Only	udent	Parent/Caregiver 1			<u> </u>	Parent/Caregiver 2		
Yes, Other – Please speci	fy	Yes, Other – Please specify				Yes, Other – Please specify		
ADDRESS DETAILS								
Home Address								
Mailing Title of parent/guardian								
Address Line 1								
Address Line 2								
Suburb/Town			s	tate	Postcoo	le		
Mailing address (if it is the	same as home a	address, write 'AS ABOVE"	)					
Mailing Title of parent/guard		1						
Address Line 1								
Address Line 2								
Suburb/Town			S	tate	Postcoo	le		
		1						
EMERGENCY CONTACT DE	TAILS (Parent/C	Caregivers are automatically	the 1 <sup>st</sup> and 2 <sup>nd</sup> ame	ergency contac	et unless otherwise	stated)		
DENOTINO DE	Training	Emergency Contact 3		s.gonoy contac	. amous orienwise	Emergency Co	ontact 4	
Name								
Relationship (eg Aunt)								
Home Phone								
Work Phone								
Home Mobile								
Work Mobile								
Parent/Caregiver si	gnature:							
Parent/Caregiver si	gnature:							