

Data Collection Form



The Government requires this information for all students enrolling at school, for the purpose of assessing and reporting. Information will be filed with students' enrolment form and kept confidential.

Note: If you need help with this form please telephone the school office. Ph: 46340113

Name of student:

First Name

Last name

Home address of student

(No. and street name)

Suburb

Post code

- 1 **Sex** Male.....
Female.....

2 Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait islander origin, mark both 'Yes' boxes)

- No.....
Yes, Aboriginal.....
Yes, Torres Strait Islander....

3 In which country was the student born?

- Australia.....
New Zealand.....
England.....
China.....
Philippines.....
South Africa.....
Hong Kong.....
India.....
United States of America.....
South Korea.....
Other- please specify.....

4 Does the student or their mother/ guardian or their father/guardian speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often).

	Student	mother/parent1/ guardian1	father/parent2/ guardian2
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Italian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Arabic (incl. Lebanese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Mandarin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Tagalog (Filipino).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Macedonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify			

5(a) What is the highest year of primary or secondary school the parents/guardians have completed?

(For persons who have never attended school, mark ‘Year 9’ or equivalent or below)

Mark one box only in each column

	mother/parent1/ guardian1	father/parent2/ guardian2
Year 12 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent.....	<input type="checkbox"/>	<input type="checkbox"/>

5(b) What is the level of the highest qualification the parents/guardians have completed?

Mark one box only in each column

	mother/parent1/ guardian1	father/parent2/ guardian2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced diploma/Diploma.....	<input type="checkbox"/>	<input type="checkbox"/>
Certificate 1 to IV (including trade Certificate	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

6(a) What is the occupation group of the mother/parent1/guardian?

6(b) What is the occupation group of the father/parent2/guardian?

Please select the appropriate parental occupation group from the attached list.

- 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 the persons last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.