



Student Name: \_\_\_\_\_

**ALTERNATIVE FAMILY DETAILS**

**Only complete for a child's SECOND household e.g. split families**

**ADULT A OF ALTERNATIVE FAMILY DETAILS:**

**ADULT B OF ALTERNATIVE FAMILY DETAILS:**

<b>Sex (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Surname:</b>
<b>First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <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
<b>❖ What is the level of the highest qualification the Adult A has completed?</b> (tick one) <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
<b>❖ What is the occupation group of Adult A?</b> 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 their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

<b>Sex (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Surname:</b>
<b>First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <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
<b>❖ What is the level of the highest qualification the Adult B has completed?</b> (tick one) <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
<b>❖ What is the occupation group of Adult B?</b> 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 their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <input type="checkbox"/>

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Group Participation (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

# ALTERNATIVE FAMILY CONTACT DETAILS

## ADULT A OF ALTERNATIVE FAMILY CONTACT DETAILS:

### Business Hours:

Can we contact Adult A at work? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

### After Hours:

Is Adult A usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Other After Hours Contact Information:
Adult A's preferred method of contact: (tick one)
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Facsimile
Email address:
Fax Number:

## ADULT B OF ALTERNATIVE FAMILY CONTACT DETAILS:

### Business Hours:

Can we contact Adult B at work? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

### After Hours:

Is Adult B usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Other After Hours Contact Information:
Adult B's preferred method of contact: (tick one)
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Facsimile
Email address:
Fax Number:

## ALTERNATIVE FAMILY HOME ADDRESS:

No. & Street: or Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

## ALTERNATIVE FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street	
Suburb:	
State:	Postcode:

I certify that the information contained within this form is correct.

Name of Parent/Guardian:.....

Signature:..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_