



DATA COLLECTION FORM

Please complete and return this form to Admissions by Monday 16 October.

Information required for assessment and reporting purposes.

Please note that information collected from this form is covered by the School's Privacy Policy (please go to Kilvington website). If you need help with this form, please telephone the Director of Admissions on 9578 6231.

Name of student:

First name

Surname

Home address of student:

(No. and street name)

Suburb

Postcode

1 Gender

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

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/Parent 1
Guardian 1

Father/Parent 2
Guardian 2

No, English only

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/Parent 1 Guardian 1	Father/Parent 2 Guardian 2
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 or below	<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/Parent 1 Guardian 1	Father/Parent 2 Guardian 2
Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
Non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

6(a) What is the occupation group of the Mother/Guardian 1

6(b) What is the occupation group of the Father/Guardian 2

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 person's last occupation.

If the person has not been in paid work in the last 12 months, enter '8' in the box above

PARENT/GUARDIAN SIGNATURE:

DATE: _____