# CARRUM PRIMARY SCHOOL – ENROLMENT FORM

**Privacy Collection Notice**

Information for students, parents and carers

The Department of Education and Training (the Department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools’ Privacy Policy](https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx). This notice explains how the Department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, ‘staff’ includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the Department.

On enrolment, and during the ordinary course of a student’s attendance at a school, schools will collect information about students and their families for the following purposes:

* educating students
* supporting students’ social and emotional wellbeing, and health
* fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
* communicating and engaging with parents
* student administration
* school management
* supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child’s doctor. If parents do not provide all relevant health information, this may put their child’s health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](https://www.education.vic.gov.au/about/research/Pages/reportdatahealth.aspx) (SEHQ) and the [Early Childhood Intervention Service](https://www.education.vic.gov.au/childhood/professionals/needs/Pages/ecisabout.aspx) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

* **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the Department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
* **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to schools. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.
* **Immunisation status** – This assists schools to manage health risks and legal obligations. The Department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
* **Visa status** – This is required to process a student’s enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the Department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and Department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](https://www2.education.vic.gov.au/pal/enrolment/guidance/student-transfers-between-schools)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](https://www.education.vic.gov.au/about/working/Pages/foi.aspx) (FOI) application.

To update student or family information, parents should contact their school. All requests need to be in writing.

For more information about how schools and the Department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools’ Privacy Policy](https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx)

# CARRUM PRIMARY SCHOOL

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT ENROLMENT INFORMATION – 2023 | Computer Generated Student ID: |  |  |  |  |  |  |  |

# Student Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname**:** |  |  |  |  |
| First Given Name: |  |  |
| Second Given Name: |  |  |

#### OFFICE USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name and Birth Date proof sighted (tick) | 🞎 Yes | 🞎 No | Enrolment Date: |  |
| Year Level  |  | Home Group  |  | House |  |
| **MEDICAL** |
| Head Lice – When a student is identified with live headlice, the school will inform the parent via phone and send a note home with the student. Students will be excluded from school until after treatment has commenced. |
| Immunisation Certificate received?: (tick) | 🞎 Complete | 🞎 Not sighted / Not complete  |
| Is there a Medical Alert for the student? (tick) | 🞎 Yes (please complete Medical Condition Form) | 🞎 No |
| Does this child have asthma? (tick) | 🞎 Yes (please provide Asthma Management Plan) | 🞎 No |
| **PERMISSIONS** |
| Student Photograph/Image/Work permission - permission is given to use student image and work in school newsletter, school website/social media, publications, newspaper articles, performances and school displays. Should you wish to “opt out” of this permission, please ask the school office for an “opt out” form. |
| Digital Technologies including Internet Use – The Acceptable User Agreement describes the programs and processes the school has in place to support students to be safe, ethical and responsible users. An agreement is sent home annually to outline the expected behaviour of students and seeks informed agreement from parents. |
| **MORE INFORMATION** |
| Does the student have a Disability ID Number? (tick) – school office will contact previous school | 🞎 No | 🞎 Yes | Disability ID No.: |  |
| Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick)For prep students only | 🞎 Yes | 🞎 No | 🞎 Pending |

## Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

|  |  |
| --- | --- |
| Enrolment conditions (and date that the condition must be met by): |  |
| First attempt to follow up requirement:(Date, method of contact) |  |
| Second attempt to follow up requirement:(Date, method of contact) |  |
| Third attempt to follow up requirement:(Date, method of contact) |  |
| Has the documentation been provided and retained on school records? | 🞎 Yes |  🞎 No |
| Have the conditions been met to complete the enrolment? | 🞎 Yes |  🞎 No |

# Student Details

## Personal Details of Student

|  |  |  |  |
| --- | --- | --- | --- |
| Surname**:** |  | Title: (Miss Ms, Mrs, Mx, Mr) |  |
| First Given Name: |  |
| Second Given Name: |  |
| Preferred Name (if applicable): |  |
| ❖Gender |  🞎 Male 🞎 Female  | 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill in blank) |
| Student Mobile Number: |  | Birth Date: (dd-mm-yyyy) | \_\_\_ / \_\_\_ / \_\_\_ |
|  |  |  |  |

### Primary Family Home Address:

|  |  |
| --- | --- |
| No. & Street: or PO Box details |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number: |  | Silent Number: (tick) | 🞎 Yes | 🞎 No |
| Mobile Number: |  | Fax Number: |  |

# Family Details

|  |
| --- |
| List any other family members attending this school: |
|  |

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

NOTE:

If parents are separated or no longer living together, details of any court orders that impact on the relationship between the family and the school **must** be provided to the school. If there is no court order which clearly gives the authority to one parent over the other to enrol the child at the school, written consent is required from both parents agreeing to admission to the school. This can be done by completing an Alternate Family form.

**Please speak to the office if you require a copy of this form for Adult B to complete.**

## Primary Family Details

NOTE: The ‘PRIMARY’ Family is: “the family or parent the student mostly lives with”. Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

### Adult A Details (Primary Carer):

|  |  |  |
| --- | --- | --- |
| Gender : | 🞎 Male  | 🞎 Female 🞎\_\_\_\_\_\_\_\_\_\_\_ fill in blank |
| Title: (Ms, Mrs, Mr, Mx, Dr etc) |  |
| Legal Surname:  |  |
| Legal First Name:  |  |
| What is Adult A’s occupation? |  |
| Who is Adult A’s employer? |  |
| In which country was Adult A born? |
| 🞎 **Australia** | 🞎 Other (please specify): |  |
| ❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) |
| * No, English only
* Yes (please specify):
 |
| Please indicate any additional languages spoken by Adult A: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 No |
| ❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) |
| 🞎 Year 12 or equivalent |
| 🞎 Year 11 or equivalent |
| 🞎 Year 10 or equivalent |
| 🞎 Year 9 or equivalent or below |
| ❖What is the level of the *highest* qualification the Adult A has completed? (tick one) |
| 🞎 Bachelor degree or above |
| 🞎 Advanced diploma / Diploma |
| 🞎 Certificate I to IV (including trade certificate) |
| 🞎 No non-school qualification |
| ❖What is the occupation group of Adult A? 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 paid work for the last 12 months, enter ‘N’.
 |  |

### Adult B Details:

|  |  |  |
| --- | --- | --- |
| Gender: | 🞎 Male | 🞎 Female 🞎\_\_\_\_\_\_\_\_\_\_\_ fill in blank |
| Title: (Ms, Mrs, Mr, Mx, Dr etc) |  |
| Legal Surname:  |  |
| Legal First Name:  |  |
| What is Adult B’s occupation? |  |
| Who is Adult B’s employer? |  |
| In which country was Adult B born? |
| 🞎 **Australia** | 🞎 Other (please specify): |  |
| ❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) |
| * No, English only
* Yes (please specify):
 |
| Please indicate any additional languages spoken by Adult B: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 No |
| ❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) |
| 🞎 Year 12 or equivalent |
| 🞎 Year 11 or equivalent |
| 🞎 Year 10 or equivalent |
| 🞎 Year 9 or equivalent or below |
| ❖ What is the level of the *highest* qualification the Adult B has completed? (tick one) |
| 🞎 Bachelor degree or above |
| 🞎 Advanced diploma / Diploma |
| 🞎 Certificate I to IV (including trade certificate) |
| 🞎 No non-school qualification |
| ❖What is the occupation group of Adult 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 paid work for the last 12 months, enter ‘N’.
 |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Main language spoken at home: |  | Preferred language of notices: |  |
| Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)  | 🞎 Adult A | 🞎 Adult B | 🞎 Both | 🞎 Neither |

## Primary Family Contact Details

### Adult A Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult A at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult A usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No: |  |
| Other Work Contact information: |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult A usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Mobile No: |  |
| SMS Notifications:  | 🞎 Yes | 🞎 No |
| Adult A’s preferred method of contact: (tick one)(If Phone is selected, Email shall be used for communication that cannot be sent via phone.) |
| 🞎 Mail | 🞎 Email  | 🞎 Phone |  |
| Email address: |  |
| Email Notifications:  | 🞎 Yes | 🞎 No |

### Adult B Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult B at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult B usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No: |  |
| Other Work Contact information: |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult B usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Mobile No: |  |
| SMS Notifications:  | 🞎 Yes | 🞎 No |
| Adult B’s preferred method of contact: (tick one)(If Phone is selected, Email shall be used for communication that cannot be sent via phone.) |
| 🞎 Mail | 🞎 Email  | 🞎 Phone |  |
| Email address: |  |
| Email Notifications:  | 🞎 Yes | 🞎 No |

### Primary Family Mailing Address:

Write “As Above” if the same as Family Home Address

|  |  |
| --- | --- |
| No. & Street or PO Box |  |
| Suburb: |  |
| State: |  | Postcode: |  |

### Primary Family Doctor Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor’s Name |  | Individual or Group Practice: (tick) | 🞎 Individual | 🞎 Group |
| No. & Street or PO Box No.: |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number |  | Fax Number |  |
| Current Ambulance Subscription: (tick) | 🞎 Yes | 🞎 No | Medicare Number: |  |

## Primary Family Emergency Contacts:

## these must be people other than the primary family.

## primary family would be contacted first in an emergency.

## \*\*\*\*\* PLEASE LIST OTHER PEOPLE WE CAN CONTACT

## SHOULD YOU BE UNAVAILABLE\*\*\*\*\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relationship | Telephone Contact | Language Spoken |
|  |  | (Neighbour, Relative, Friend or Other) |  | (If English Write “E”) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

## Primary Family Billing Address:

Write “As Above” if the same as Family Home Address

|  |  |
| --- | --- |
| No. & Street or PO Box |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Billing Email  | 🞎 Adult A 🞎 Adult B  | 🞎 Other (Please Specify) |

## Other Primary Family Details

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship of Adult A to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |
| Relationship of Adult B to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |

|  |
| --- |
| The student lives with the Primary Family: (tick one) |
| 🞎 Always | 🞎 Mostly | 🞎 Balanced | 🞎 Occasionally | 🞎 Never |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Send Correspondence addressed to: (tick one) | 🞎 Adult A | 🞎 Adult B | 🞎 Both Adults | 🞎 Neither |

## Demographic Details of Student

|  |
| --- |
| ❖ In which country was the student born? |
| 🞎 Australia | 🞎 Other (please specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) |  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| What is the Residential Status of the student? (tick) | 🞎 Permanent | 🞎 Temporary  |
| Basis of Australian Residency: |
| 🞎 Eligible for Australian Passport | 🞎 Holds Australian Passport |
| 🞎 Holds Permanent Residency Visa |
| Visa Sub Class: |  | Visa Expiry Date: (dd-mm-yyyy) | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| Visa Statistical Code: (Required for some sub-classes) |  |
| ❖ Does the student speak a language other than English at home? (tick) ( If more than one language is spoken at home, indicate the one that is spoken most often) |
| 🞎 No, English only | 🞎 Yes (please specify): |
| Does the student speak English? (tick) | 🞎 Yes | 🞎 No |
| ❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one) |
| 🞎 No | 🞎 Yes, Aboriginal  |
| 🞎 Yes, Torres Strait Islander | 🞎 Yes, Both Aboriginal & Torres Strait Islander |
|  |  |
| Is the student a young carer (providing support/care for other family member/s)? (tick one) |
| 🞎 No | 🞎 Yes  |
| What is the student’s living arrangements? (tick one): |
| 🞎 At home with TWO Parents/ Guardians | 🞎 State Arranged Out of Home Care # (See Note) |
| 🞎 At home with ONE Parent/ Guardian | 🞎 Homeless Youth |
| 🞎 Independent |  |

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

|  |  |  |
| --- | --- | --- |
| Beginning of journey to school: | Map Type | Melway / VicRoads / Country Fire Authority / Other |
| Map Number |  | X Reference |  | Y Reference |  |
| Usual mode of transport to school: (tick) |
| 🞎 Walking | 🞎 School Bus | 🞎 Train | 🞎 Driven | 🞎 Taxi |
| 🞎 Bicycle | 🞎 Public Bus | 🞎 Tram | 🞎 Self Driven | 🞎 Other |
| If student drives themself to school: | Car Reg. No. |  | Distance to School in kilometres: |  |

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

## School Details

|  |  |
| --- | --- |
| Date of first enrolment in an Australian School: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ |
| Name of previous School: |  |
| Years of previous education: |  | What was the language of the student’s previous education? |  |
| Does the student have a Victorian Student Number (VSN)? |
| * Yes.

Please specify:🞎🞎🞎🞎🞎🞎🞎🞎🞎 | * Yes, but the VSN is unknown
 | 🞎 No. The student has never been issued a VSN. |
| Years of interruption to education: |  | Is the student repeating a year? (tick) | 🞎 Yes | 🞎 No |
| Will the student be attending this school full time? (tick) | 🞎 Yes | 🞎 No |
| If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week) |  |
| Other school Name: |  | Time fraction: | 0. | Enrolled: | 🞎 Yes | 🞎 No |
| Other school Name: |  | Time fraction: | 0. | Enrolled: | 🞎 Yes | 🞎 No |

## Student Access or Activity Restrictions Details

|  |  |  |
| --- | --- | --- |
| Is the student at risk? | 🞎 Yes | 🞎 No |
| Is there an Access Alert for the student? (tick) | 🞎 Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | 🞎 No (If No, move to the immunisation / medical condition details questions.) |
| Access Type: (tick) | 🞎 Parenting Order | 🞎 Parenting Plan | 🞎 Intervention Order | 🞎 Protection Order |
|  | 🞎 Informal Carer Stat Dec | 🞎 DHHS Authorisation | 🞎 Witness Protection Program Order | 🞎 Other |
| Describe any Access Restriction: |  |
| Is there an Activity Alert for the student? (tick) | 🞎 Yes | 🞎 No |
| If Yes, then describe the Activity Restriction: |  |

### OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| Current custody document placed on student file? | 🞎 Yes |  🞎 No |

## Student Medical Details

### Medical Condition Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the student suffer from any of the following impairments? (tick) | Hearing: | 🞎 Yes | 🞎 No | Vision | 🞎 Yes | 🞎 No |
| Speech:  | 🞎 Yes | 🞎 No | Mobility: | 🞎 Yes | 🞎 No |
| Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section | 🞎 Yes | 🞎 No |

### Asthma Medical Condition Details:

Answer the following questions ONLY if the student suffers from any asthma medical conditions.

|  |  |
| --- | --- |
| Please indicate if the student suffers from any of the following symptoms: (tick) | If my child displays any of these symptoms please: (tick) |
| 🞎 Cough | Inform Doctor | 🞎 Yes | 🞎 No |
| 🞎 Difficulty Breathing | Inform Emergency Contact | 🞎 Yes | 🞎 No |
| 🞎 Wheeze | Administer Medication | 🞎 Yes | 🞎 No |
| 🞎 Exhibits symptoms after exertion | Other Medical Action | 🞎 Yes | 🞎 No |
| 🞎 Tight Chest | If yes, please specify: |  |
| Has an Asthma Management Plan been provided to School? | 🞎 Yes | 🞎 No |
| Does the student take medication? (tick) | 🞎 Yes | 🞎 No | Name of medication taken: |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | 🞎 Preventative | 🞎 Response |
| Indicate the usual dosage of medication taken: |  | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick) | 🞎 Student | 🞎 Nurse | 🞎 Teacher | 🞎 Other |
| Medication is stored: (tick) | 🞎 with Student | 🞎 with Nurse | 🞎 Fridge in Staff Room | 🞎 Elsewhere |
| Dosage time |  | Reminder required? (tick) | 🞎 Yes | 🞎 No | Poison Rating |  |

### Other Medical Conditions

(More copies of the other medical condition forms are available on request from the school.)

|  |  |  |
| --- | --- | --- |
| Does the student have any other medical condition? (tick) | 🞎 Yes | 🞎 No |
| If yes, please specify: |  |
| Symptoms: |  |
| If my child displays any of the symptoms above please: (tick) |
| Inform Doctor | 🞎 Yes | 🞎 No | Inform Emergency Contact | 🞎 Yes | 🞎 No |
| Administer Medication | 🞎 Yes | 🞎 No | Other Medical Action | 🞎 Yes | 🞎 No |
|  | If yes, please specify: |  |
| Does the student take medication? (tick) | 🞎 Yes | 🞎 No | Name of medication taken: |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | 🞎 Preventative | 🞎 Response |
| Indicate the usual dosage of medication taken: |  | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick) | 🞎 Student | 🞎 Nurse | 🞎 Teacher | 🞎 Other |
| Medication is stored: (tick) | 🞎 with Student | 🞎with Nurse | 🞎 Fridge in Staff Room | 🞎 Elsewhere |
| Dosage time |  | Reminder required? (tick) | 🞎 Yes | 🞎 No | Poison Rating |  |

## Student Doctor Details

The following details should only be provided if this student has a Doctor and/or Medicare number different to the Primary Family.

|  |  |
| --- | --- |
| Doctor’s Name: |  |
| Individual or Group Practice: (tick) | 🞎 Individual | 🞎 Group |
| No. & Street or PO Box No.: |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number |  | Fax Number |  |
| Student Medicare Number: |  |

## Student Emergency Contacts

This section should ONLY be filled out if THIS student has emergency contacts other than the Primary Family Emergency Contacts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relationship | Language Spoken | Telephone Contact |
|  |  | (Neighbour, Relative, Friend or Other) | (If English Write “E”) |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

* consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
* administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

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

Signature of Parent/Guardian: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

# Parental Occupation Group Codes

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

Group A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

* Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
* Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
* Air/sea transport (aircraft / ship’s captain / officer / pilot, flight officer, flying instructor, air traffic controller)

Group B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

* Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / associate professional
* Business / administration (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
* Defence Forces senior Non-Commissioned Officer

Group C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

* Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
* Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
* Service (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Group D Machine operators, hospitality staff, assistants, labourers and related workers

#### Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

* Office (typist, word processing / data entry / business machine operator, receptionist, office assistant)
* Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
* Assistant / aide (trades’ assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

#### Labourers and related workers

* Defence Forces - ranks below senior NCO not included above
* Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
* Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor