

## ASHBY PRIMARY SCHOOL PRIVACY NOTICE

### **Information about the Enrolment Form. Please Read This Notice Before Completing The Enrolment Form.**

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Ashby Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Ashby Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Ashby Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Ashby depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Ashby Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Ashby Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Steven Trotter, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

#### **Emergency Contacts**

These are people that Ashby Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Ashby Primary School.

#### **Student Background Information**

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Ashby Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

#### **Immunisation status**

This assists Ashby Primary School in managing health risks for children. This information may also be passed to the Department of Health and Human Services to assess immunisation rates in Victoria. Information sent to the Department of Health and Human Services is aggregate data so no individual is identified.

#### **Visa status**

This information is required to enable Ashby Primary School to process your child's enrolment.

#### **UPDATING YOUR CHILD'S RECORDS**

Please let Ashby Primary School know if any information needs to be changed by sending updated information to the school office. Please contact Ashby Primary School On 03 5223 1291 or by email [ashby.ps@education.vic.gov.au](mailto:ashby.ps@education.vic.gov.au) to update any information. During your child's time with Ashby Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

#### **ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL**

In most circumstances you can access your child's records. Please contact the Principal on 03 5223 1291 to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Ashby Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Ashby Primary School privacy policy is available on the website.

# ASHBY PRIMARY SCHOOL

Student Enrolment Information – 20____	<b>OFFICE USE ONLY</b>	CASES21 Student ID: _____
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## STUDENT DETAILS

<b>Surname:</b>	
<b>First Given Name:</b>	
<b>Second Given Name:</b> <i>(if applicable)</i>	
<b>Preferred First Name:</b> <i>(if applicable)</i>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____	
<b>Date of Birth:</b> <i>(dd-mm-yyyy)</i> ____ / ____ / ____	<b>Student Mobile Number:</b> <i>(if applicable)</i>

<b>Which year are you seeking to enrol this student?</b>
<input type="checkbox"/> Foundation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Ungraded

<b>Intended start date:</b>
<input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> ____ / ____ / ____

<b>Are you seeking to enrol the student at this school full-time?</b> <input type="checkbox"/> Yes <i>(move to next section)</i> <input type="checkbox"/> No								
<b>If No, how many days a week would the student be attending this school?</b>								
<b>If No, provide reason you are seeking part-time enrolment:</b>								
<b>If No, provide details for other schools:</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Other school name:</td> <td style="width: 10%; border-bottom: 1px solid black;">Days / week:</td> <td style="width: 10%; border-bottom: 1px solid black;">Has enrolment been accepted?</td> <td style="width: 10%; border-bottom: 1px solid black;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other school name:</td> <td style="border-bottom: 1px solid black;">Days / week:</td> <td style="border-bottom: 1px solid black;">Has enrolment been accepted?</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> </table>	Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

## STUDENT'S PERMANENT RESIDENCE

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>How often does this student live at this address?</b>	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
<b>If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:</b>	

**STUDENT LIVING ARRANGEMENTS**

<b>What are the student's living arrangements?</b>	
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent
<input type="checkbox"/> Homeless	
<b>If the student has a Case Manager, please provide their contact details below:</b>	

\* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

# If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

**SIBLINGS**

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

<b>Does the student have any siblings at this school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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<i>Name</i>	<i>Current Year Level</i>	<i>Reside at same residential address as the student</i>
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

## STUDENT DEMOGRAPHICS

Does the student speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Does the student speak a language other than English at home?		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
❖ Is the student of Aboriginal or Torres Strait Islander origin?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
Is the student a young carer (providing support/care for other family member/s)? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

## STUDENT RESIDENCY STATUS

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)	____ / ____ / ____
What is the student's residency status? *	
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)
<input type="checkbox"/> New Zealand citizen	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)	

\* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at [www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship](http://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship)

Does the student hold a Bridging Visa?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: (Not required for exchange students)
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\* NOTE: IF YOU ARE UNSURE OF YOUR INTERNATIONAL STUDENT ID, PLEASE CONTACT THE INTERNATIONAL EDUCATION DIVISION VIA PHONE (03 9084 8497) OR EMAIL ([INTERNATIONAL@EDUCATION.VIC.GOV.AU](mailto:INTERNATIONAL@EDUCATION.VIC.GOV.AU)).

## STUDENTS WITH ADDITIONAL LEARNING AND SUPPORT NEEDS

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

<b>Does the student have additional needs and require support for learning?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No ( <i>move to the next section</i> )
Please indicate any adjustments that may assist the student to participate at school:	
<b>Has the student had a disability assessment before?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify outcome</i> ): _____
<b>Has the student received individualised disability funding before?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>please specify</i> ): _____
<b>Has any previous education provider prepared a documented plan to support the student's additional learning needs?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>provide details</i> ): _____

<b>Does the student have additional needs in any of the following areas?</b>	<b>Hearing:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Vision:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Speech/Language:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Physical:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Cognitive/Learning:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Social/Emotional:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____

## PREVIOUS EDUCATION – STUDENTS ENROLLING IN FOUNDATION FOR THE FIRST TIME

Is the student attending a funded kindergarten program* in the year before Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of kindergarten or early childhood service:		

\* NOTE: A KINDERGARTEN PROGRAM THAT IS FUNDED AND APPROVED BY THE VICTORIAN GOVERNMENT, HAS A PLAY-BASED LEARNING PROGRAM, AND IS DELIVERED BY A QUALIFIED TEACHER. FUNDED KINDERGARTEN PROGRAMS CAN BE FOUND AT [WWW.EDUCATION.VIC.GOV.AU/FINDASERVICE](http://WWW.EDUCATION.VIC.GOV.AU/FINDASERVICE)

## PREVIOUS EDUCATION – OTHER

Has the student previously been enrolled at another school?	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas <input type="checkbox"/> No ( <i>move to next section</i> )

If Yes, name of last school attended:	
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If Yes, location of last school attended: <b>(suburb/town/state/country)</b>	
If Yes, date of attendance: <b>(dd-mm-yyyy)</b>	_____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:	

<b>If the student studied overseas, what age did the student first start school?</b>	
What was the language of the student's previous education?	

Period of interruption to education: <b>(months/years)</b>	Is the student repeating a year level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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OFFICE USE ONLY				
Child's Name sighted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year level:	Home Group:	Timetabling Group:	House:	Campus:
Student Email Address:				
Australian residency confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sighted / provided	
Date of birth confirmed:	<input type="checkbox"/> Yes – Birth certificate	<input type="checkbox"/> Yes – Doctor certificate	<input type="checkbox"/> Yes - Other	<input type="checkbox"/> Not sighted / provided
Does the student have a Disability ID number?	<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No			

For Foundation students, has a Transition Learning and Development Statement been provided?	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carer	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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<b>Does the student have a Victorian Student Number (VSN)?</b>		
<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No, the student has never been issued a VSN

OFFICE USE ONLY
Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

# PARENT/CARER DETAIL

## ENROLLING ADULT 1

<b>Surname:</b>	<b>Title:</b>
<b>First Given Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Preferred language of notices:</b>	
<b>Mobile:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Email:</b>

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adult 1's preferred method of contact:</b> <i>(Email shall be used for communication that cannot be sent via phone)</i>	
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact?	

<b>Student lives with Adult 1:</b>
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally

<b>Adult 1 Job Title:</b>
<b>Adult 1 Employer:</b>

<b>Is Adult 1 interested in being involved in school group participation activities?</b> <i>(e.g., School Council, excursions)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Relationship to student:</b>
<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend
<input type="checkbox"/> Self <input type="checkbox"/> Other: _____

<b>What is the highest year of primary or secondary school that Adult 1 has completed?</b>
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below / no schooling

<b>What is the level of the highest qualification that Adult 1 has completed?</b>
<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

In which country was Adult 1 born?
<input type="checkbox"/> Australia
<input type="checkbox"/> Other (please specify): _____
<b>Does Adult 1 speak a language other than English at home?</b>
<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes (please specify): _____
<b>Please indicate any additional languages spoken by Adult 1:</b>
<b>Is an interpreter required?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>What is the occupation group of Adult 1?</b> Please select the appropriate current parental occupation group from the attached list at the end of the document.
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>

**ENROLLING ADULT 2**

<b>Surname:</b>	<b>Title:</b>
<b>First Given Name:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____	

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Preferred language of notices:</b>	
<b>Mobile:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Email:</b>

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adult 2's preferred method of contact:</b> <i>(Email shall be used for communication that cannot be sent via phone)</i>	
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact?	

<b>Student lives with Adult 2:</b>
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally <input type="checkbox"/> Never

<b>Adult 2 Job Title:</b>
<b>Adult 2 Employer:</b>

<b>Is Adult 2 interested in being involved in school group participation activities?</b> <i>(e.g., School Council, excursions)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Relationship to student:</b>
<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend
<input type="checkbox"/> Self <input type="checkbox"/> Other: _____

<b>What is the highest year of primary or secondary school Adult 2 has completed?</b>
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below / no schooling

<b>What is the level of the highest qualification that Adult 2 has completed?</b>
<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>In which country was Adult 2 born?</b>
<input type="checkbox"/> Australia
<input type="checkbox"/> Other (please specify): _____
<b>Does Adult 2 speak a language other than English at home?</b>
<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes (please specify): _____
<b>Please indicate any additional languages spoken by Adult 2:</b>
<b>Is an interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>What is the occupation group of Adult 2?</b> Please select the appropriate current parental occupation group from the attached list at the end of the document.
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>



## EMERGENCY CONTACTS

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

	<b>Name</b>	<b>Relationship</b> <i>(Neighbour, Relative, Friend or Other)</i>	<b>Telephone Contact</b>	<b>Language Spoken</b> <i>(Write E for English)</i>
1				
2				
3				
4				

## CORRESPONDENCE DETAILS

<b>Send correspondence addressed to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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## Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular

<b>Send bills to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Another person / address* (complete details below)
<b>Name to be used for all billing correspondence:</b> _____
No. & Street or PO Box _____
Suburb: _____
State: _____ Postcode: _____
Billing Email: _____

items and activities. For more information, please refer to [www.vic.gov.au/school-costs-and-fees](http://www.vic.gov.au/school-costs-and-fees).

\* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

# STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers. In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

## STUDENT DOCTOR

Doctor's Name:	
Medical Centre:	
Street Address:	
Suburb:	Postcode:
State:	Telephone Number:

## ASTHMA

Does the student have asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication taken:			
Is the medication taken regularly by the student (preventive) or only in response to symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by:		<input type="checkbox"/> Student	<input type="checkbox"/> Adult
		<input type="checkbox"/> Other: _____	
Medication is to be stored:		<input type="checkbox"/> with Student	<input type="checkbox"/> with Staff
		<input type="checkbox"/> Other: _____	
Dosage time:		Reminder required?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## MEDICAL CONDITIONS

Does the student have an allergy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the school with an <a href="#">ASCIA Action Plan for Allergies</a> .			

Is the student at risk of anaphylaxis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> .			

Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes to any of the above, please specify:	

Symptoms:	

If the student displays any of the symptoms above, please:			
Inform emergency contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Administer medication
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other medical action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify: _____

**MEDICATION**

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

**ALLIED HEALTH SUPPORT**

Has the student previously accessed support from an allied health professional?	<b>Occupational therapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Speech pathology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Physiotherapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Exercise physiology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Behaviour support:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Other:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

OFFICE USE ONLY			
Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

\*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

**STUDENT TRAVEL DETAILS**

<b>How will the student primarily travel to and from school?</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
<b>If the student catches public transport to school, what station/stop does their journey commence:</b>				
<b>If the student drives themselves to school, what is their Car Registration Number:</b>				

# STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

## STUDENT RISK

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

**To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?**

Yes

No (move to the next section)

**If Yes, please provide further detail:**

## COURT ORDERS AND OTHER CARE ARRANGEMENTS (PREVIOUSLY REFERRED TO AS AN ACCESS ALERT)

**Is there an intervention order, parenting order or any other court order impacting the student?**

Yes

No (move to the next section)

If Yes, then complete the following questions and **present a current copy of the document to the school.**

**Court Order or other access document type:**

Family Law Order / Parenting Order

Parenting Plan / Agreement

Intervention Order

Child Protection Order

DFFH Authorisation

Other: \_\_\_\_\_

**Please provide further details of the Court Order or other access documents, and any other safety concerns:**

**End Date** (if applicable): (dd-mm-yyyy)

## ACTIVITY RESTRICTIONS AND CONSIDERATIONS

**Are there any activities (organised by the school and/or third parties) that the student cannot participate in?**

Yes

No (move to the next section)

**If Yes, please provide further detail:** (e.g. sport, excursions)

## OFFICE USE ONLY

**Current Court Order or other access document placed on student file?**

Yes

No

## Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: [www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx)) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: [www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx](http://www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx)

## DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

Signature of Enrolling Adult: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Enrolling Adult (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.**

- Both parents/carers have completed and signed this form.
- Parents/carers are completing separate forms (schools can provide additional forms on request).
- One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) \_\_\_\_\_

If there are any court orders about the child, please provide copies of those orders to the school with this form.

### WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from [www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf](http://www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf)
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the [www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy](http://www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy) policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

# ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: TRADESPEOPLE, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

**Tradespeople** generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)