STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

Schools, please note:
It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ✯ (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated, provided to the Ministerial Council on Education, Employment, Training and Youth Affairs and published in such publications as the National Report on Schooling in Australia. No individual student or school is identifiable through the published information. [Refer to Circular 291/2004 for more information.]

The information that is marked with the symbol ✯ is also transferred to the Ultranet to set up a student's profile and for administrative and reporting purposes. It is also imperative that the questions marked with this symbol are not removed.

A copy of the School Enrolment Privacy Notice must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the Information Privacy Act. A template of the School Enrolment Privacy Notice is located at https://www.eduweb.vic.gov.au/privacy/resources.htm

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:
- Student enrolment form – alternative family
- Student enrolment form – additional family
- Student medical condition

go to:
https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx

For conveyance application forms (that parents need to complete) and for school conveyance claim forms go to the Student Transport site:
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 Flemington Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Flemington Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Flemington 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. Flemington Primary School depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

Flemington 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 Flemington Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Flemington Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS
These are people that Flemington 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 Flemington 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 Flemington 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.

Religious Affiliation
If you want your child to receive religious instruction while at Flemington Primary School please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Flemington Primary School.

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

VISa STATUS
This information is required to enable Flemington Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Flemington Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Flemington 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 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. The (Insert School Name) can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.
# FLEMINGTON PRIMARY SCHOOL

## STUDENT ENROLMENT INFORMATION – 20__

*Computer Generated Student ID:__*

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>(Miss Ms Mr)</td>
</tr>
<tr>
<td>First Given Name</td>
<td></td>
</tr>
<tr>
<td>Second Given Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Name (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Sex (tick)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Birth Date (dd-mm-yyyy)</td>
<td>_______ / _______ / _______</td>
</tr>
</tbody>
</table>

**Student Mobile Number:**

## PRIMARY FAMILY HOME ADDRESS:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. &amp; Street: or PO Box details</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Silent Number: (tick)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
</tbody>
</table>

## OFFICE USE ONLY

**Child’s Name and Birth Date proof sighted (tick):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Enrolment Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Home Group</th>
<th>Timetabling Group</th>
<th>House</th>
<th>Campus</th>
</tr>
</thead>
</table>

**Student Email Address:**

**Immunisation Certificate received?: (tick):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not sighted</th>
</tr>
</thead>
</table>

**Is there a Medical Alert for the student? (tick):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Does the student have a Disability ID Number? (tick):**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Disability ID No.:</th>
</tr>
</thead>
</table>

**Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick):**

For prep students only

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Pending</th>
</tr>
</thead>
</table>

## 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.*
### 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.

As the School Start Bonus will be sent to the ‘Primary Carer’ of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

#### Adult A Details (Primary Carer):

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td>(Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Surname:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal First Name:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **What is Adult A’s occupation?**
- **Who is Adult A’s employer?**
  - ☐ 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’.

- 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:**

#### Adult B Details:

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td>(Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Surname:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal First Name:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **What is Adult B’s occupation?**
- **Who is Adult B’s employer?**
  - ☐ 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’.

- **Preferred language of notices:**
**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

**Business Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can we contact Adult A at work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Adult A usually home during business hours? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Work Contact information:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**After Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Adult A usually home AFTER business hours? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Telephone No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other After Hours Contact Information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult A's preferred method of contact: (tick one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Facsimile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADULT B CONTACT DETAILS:**

**Business Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can we contact Adult B at work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Adult B usually home during business hours? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Work Contact information:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**After Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Adult B usually home AFTER business hours? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Telephone No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other After Hours Contact Information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult B's preferred method of contact: (tick one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Facsimile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY FAMILY MAILING ADDRESS:**

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. &amp; Street or PO Box</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY FAMILY DOCTOR DETAILS:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Name</td>
<td></td>
</tr>
<tr>
<td>Individual or Group Practice</td>
<td></td>
</tr>
<tr>
<td>(tick)</td>
<td></td>
</tr>
<tr>
<td>□ Individual</td>
<td></td>
</tr>
<tr>
<td>□ Group</td>
<td></td>
</tr>
<tr>
<td>No. &amp; Street or PO Box No.</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Current Ambulance Subscription</td>
<td></td>
</tr>
<tr>
<td>(tick)</td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>Medicare Number</td>
<td></td>
</tr>
</tbody>
</table>
**PRIMARY FAMILY EMERGENCY CONTACTS:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English Write &quot;E&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY FAMILY BILLING ADDRESS:**

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

<table>
<thead>
<tr>
<th>No. &amp; Street or PO Box</th>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

**OTHER PRIMARY FAMILY DETAILS**

<table>
<thead>
<tr>
<th>Relationship of Adult A to Student: (tick one)</th>
<th>Parent</th>
<th>Step-Parent</th>
<th>Adoptive Parent</th>
<th>Foster Parent</th>
<th>Host Family</th>
<th>Adoptive Parent</th>
<th>Step-Parent</th>
<th>Relative</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship of Adult B to Student: (tick one)</td>
<td>Parent</td>
<td>Step-Parent</td>
<td>Adoptive Parent</td>
<td>Foster Parent</td>
<td>Host Family</td>
<td>Relative</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friend</td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.
### 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?**

- [ ] 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)

**International Student ID:** (Not required for exchange students)

**Does the student 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)

- [ ] No, English only
- [ ] Yes (please specify):

**Does the student speak English?**

- [ ] Yes
- [ ] No

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

- [ ] No
- [ ] Yes, Aboriginal
- [ ] Yes, Torres Strait Islander
- [ ] Yes, Both Aboriginal & Torres Strait Islander

**What is the student's living arrangements?**

- [ ] At home with TWO Parents/ Guardians
- [ ] At home with ONE Parent/ Guardian
- [ ] Independent
- [ ] State Arranged Out of Home Care # (See Note)
- [ ] Homeless Youth

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-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:**

- [ ] 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:**

**Student's Religion:**

**Will the student participate in Religious Instruction classes?**

- [ ] Yes
- [ ] No

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

<table>
<thead>
<tr>
<th>Date of first enrolment in an Australian School:</th>
<th>_____ / _____ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of previous School:</td>
<td></td>
</tr>
<tr>
<td>☐ Years of previous education:</td>
<td>What was the language of the student's previous education?</td>
</tr>
<tr>
<td>☐ Does the student have a Victorian Student Number (VSN)?</td>
<td>☐ Yes. ☐ Yes, but the VSN is unknown ☐ No. The student has never been issued a VSN.</td>
</tr>
<tr>
<td>☐ Years of interruption to education:</td>
<td>☐ Is the student repeating a year? (tick) ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Will the student be attending this school full time? (tick)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)</td>
<td></td>
</tr>
<tr>
<td>Other school Name:</td>
<td>Time fraction: 0.</td>
</tr>
<tr>
<td>Other school Name:</td>
<td>Time fraction: 0.</td>
</tr>
</tbody>
</table>

### 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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (http://www.education.vic.gov.au/management/governance/referenceguide/default.htm).

- Enrolment conditions

- 

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Has the documentation been provided and retained on school records?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the conditions been met to complete the enrolment?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>
## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<table>
<thead>
<tr>
<th></th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the student at risk?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is there an Access Alert for the student? (tick)</strong></td>
<td>☐ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)</td>
<td>☐ No (If No, move to the immunisation / medical condition details questions.)</td>
</tr>
<tr>
<td><strong>Access Type: (tick)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Court Order</td>
<td>☐ Family Law Order</td>
<td>☐ Restraining Order</td>
</tr>
<tr>
<td><strong>Describe any Access Restriction:</strong></td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td><strong>Is there an Activity Alert for the student? (tick)</strong></td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>If Yes, then describe the Activity Restriction:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th></th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current custody document placed on student file?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: _____ / _____ / ______
# Student Medical Details

## Medical Condition Details:

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing:</th>
<th>Yes</th>
<th>No</th>
<th>Vision:</th>
<th>Yes</th>
<th>No</th>
<th>Mobility:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Speech:</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Asthma Medical Condition Details:

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

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the following symptoms: (tick)</th>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cough</td>
<td>Inform Doctor</td>
</tr>
<tr>
<td>□ Difficulty Breathing</td>
<td>Inform Emergency Contact</td>
</tr>
<tr>
<td>□ Wheeze</td>
<td>Administer Medication</td>
</tr>
<tr>
<td>□ Exhibits symptoms after exertion</td>
<td>Other Medical Action</td>
</tr>
<tr>
<td>□ Tight Chest</td>
<td>If yes, please specify:</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Does the student have any other medical condition? (tick)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If my child displays any of the symptoms above please: (tick) | Inform Doctor | Yes | No | Inform Emergency Contact | Yes | No | Other Medical Action | Yes | No |
| | Administer Medication | 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.

<table>
<thead>
<tr>
<th>Doctor's Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual or Group Practice: (tick)</th>
<th>☐ Individual ☐ Group</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. &amp; Street or PO Box No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Medicare Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**STUDENT EMERGENCY CONTACTS**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Language Spoken (If English Write “E”)</th>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Travel Details for Special Schools

### How will the student travel to school? (tick)
- □ Walk
- □ School Bus
- □ Bicycle
- □ Public Bus
- □ Train
- □ Public Taxi
- □ Tram
- □ Tram
- □ Driven by parent/carer

### First date of travel? (tick)
- □ Next school year
- Alternate date: (dd-mm-yyyy) _____ / _____ / _____

### Is the student applying to travel on a school bus or for other travel assistance? (tick)
- □ Yes
- □ No

### Type of travel assistance requested?
- (completion of additional form required)
- □ Access to School Bus
- □ Conveyance Allowance

### If by School Bus, please advise local bus stop if known:
- Landmark:
- Map Type:
- X _______  Y ______

### Assisted Mobility (if applicable):
- If applicable, specify the student’s mode of assisted mobility.
- □ Wheelchair
- □ Walker

### Comments relevant to travel:

### Office Use Only:
- Can the student Individual Learning Plan (ILP) include travel training? □ Yes □ No
- Is the student attending their nearest school? □ Yes □ No
- Does the student reside in Designated Transport Area (DTA) (if attending special school)? □ Yes □ No
- Can the student be accommodated on existing route (if applicable)? □ Yes □ No

### Pick-up Point:
- Map Ref:
- Time AM:

### Set Down Point:
- Map Ref:
- Time PM:

**NOTE:** Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.
The enrolment form information you provide is entered into the school’s computerised administrative system for educational, administrative and reporting purposes. The information marked with the symbol ∇ is also transferred to the Ultranet (an online learning environment across all Victorian schools) to set up your child’s profile in the Ultranet and for administrative and reporting purposes. Your child’s information will be viewed only by authorised staff. More detail about the Ultranet and privacy is available in the Ultranet guide provided to you. You may ask the school not to activate your child’s profile in the Ultranet however the information marked with ∇ on this form will be provided to the Ultranet.

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: _____ / _____ / ______
**Child’s Name:** ________________________________

**VALID FOR THE PERIOD THE CHILD ATTENDS THIS SCHOOL**

**CONSENT TO MEDICAL ATTENTION**

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:

- 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** ________________________________

---

**PERMISSION TO SPEAK TO KINDERGARTEN (future prep)**

I give permission for Flemington Primary School’s Principal to contact my child’s kindergarten / child care centre.

<table>
<thead>
<tr>
<th>Kindergarten/Childcare Centre</th>
<th>Tel No.:</th>
</tr>
</thead>
</table>

**Signature of Parent/Guardian** ________________________________

---

**PERMISSION TO BE INCLUDED ON GRADE LISTS**

- I give permission for my name and telephone number to be included on a grade list. School will treat this list confidential and will only use it for school related purposes.

**Signature(s) of Parents/Guardians** ___________________________  ___________________________

**DATE** / /20  **DATE** / /20

---

**HEADLICE CHECK**

Headlice is a common problem in all schools and childcare facilities. Because of the working environment of schools, when a child has headlice it quickly spreads to other students in the grade.

The best way to way to treat headlice in schools is to carry out headlice checks and identify students so parents can treat students immediately.

Local councils no longer offer schools a free service of headlice checks, but at Flemington Primary we have a number of trained parents that assist the school in providing their services to conduct headlice checks when the need arises throughout the year.

Permission is requested to allow trained parents to carry out these checks. If permission is not given, it will be the responsibility of the parents to arrange their own headlice inspections at the City of Moonee Valley Health Dept or local Doctors upon the request of the school.

**I give permission for trained persons to check my child’s head for lice/nits when required.**

**Signature(s) of Parents/Guardians** ___________________________  ___________________________

**DATE** / /20  **DATE** / /20

---

**PHOTOGRAPH PERMISSION**

At Flemington Primary School we are very proud of our programs and activities and are keen to share what happens at our school with the wider community. At times throughout the year we have representatives from the media (mainly newspapers) taking photographs etc. in various aspects of the school's programs.

It is a requirement that parent/guardian permission is given before children’s photographs can be taken for media requirements, displays, website, promotional events and/or published. Please indicate your willingness to allow your child to have his/her photograph taken for this purpose, if it should arise whilst a student at this school, by signing the permission section below. Only students first names, and not surnames, would be released for publication.

I give permission for my child to have his/her photograph taken and possibly published by the media in relation to Flemington Primary School activities whilst he/she is a student at this school.

**Signature(s) of Parents/Guardians** ___________________________  ___________________________

**DATE** / /20  **DATE** / /20

---

**LOCAL EXCURSION**

I give permission for my child to be involved in any local excursion (walking) from Flemington Primary School. I authorise the teacher in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical treatment as may be deemed necessary.

Excursions further afield, information and permission notes will be sent home to parents.

**Signature(s) of Parents/Guardians** ___________________________  ___________________________

**DATE** / /20  **DATE** / /20
### STUDENTS INTERNET CODE OF PRACTICE – *EARLY YEARS (PREP – YEAR 2)*

I agree to allow my child to access the Internet. This is on the understanding that the material has been previously viewed by the classroom teacher or quality assured and available through Department of Education, Employment and Training’s web site or other sources approved by the school.

I expect that adequate supervision will always be available when my child is using the Internet.

I have explained to my child that he/she should click on the Home button and inform the teacher if he/she encounters any material on the web that makes him/her feel uncomfortable at any time or knows that the subject matter is for adults only.

My child is aware that he/she should never give out personal information, including their phone number, last name or home address when using the Internet.

I give my permission for my child to use the Internet at Flemington Primary School.

Signature of Parent/Guardian  ________________________________  Dated  __ / ___ / ______

### STUDENTS INTERNET CODE OF PRACTICE – *(YEAR 3 – YEAR 6)*

#### Student Agreement

I agree to use the Internet in a responsible manner, but if I find myself in unsuitable locations I will immediately click on HOME or turn the monitor off and inform the teacher.

When using the Internet at Flemington Primary School I will:
- only work on the web for purposes specified by my teacher.
- not give out personal information such as my surname, address, telephone number, parents’ work address/telephone number.
- never send a person my picture without first checking with my teacher.
- always have my teacher's permission before sending e-mail.
- compose e-mail messages using only language I understand is acceptable in my school.
- not respond to any messages that are unpleasant or that make me feel uncomfortable in any way. It is not my fault if I get a message like that.
- I will not use material from other web sites unless I have permission for the person who created the material. If I am unsure I will check with my teacher.
- not use the Internet to frighten or annoy another person.
- follow school guidelines and procedures when preparing materials for publication on the web.

I understand that breaches of the rules will see me lose my Internet access rights for a period of time determined by the school.

**STUDENT NAME**  ________________________________

Student Signature  ________________________________

Date  ________________________________

#### PARENT/GUARDIAN AGREEMENT

I agree to  ________________________________ using the Internet at school for educational purposes in accordance with the Student Agreement above.

I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

Parent/Guardian Signature  ________________________________

Parent/Guardian Name  ________________________________

Date  ________________________________
STUDENT AND PARENT/GUARDIAN CONSENT
FOR ELECTRONIC RECORDING &/OR PUBLISHING

Flemington Primary School

Name of Student: ______________________________________________________

Year Level: ____________________

Name of Teacher Requesting Permission: The Principal

Date: __________________

Permission is being requested to publish, reproduce and communicate the photographic / video / audio recording of the above-named student and samples of the above-named student’s schoolwork (eg. art work, photograph, school project, poem, article, blog, podcast, video, digital portfolio or digital story) on:

 The school’s publicly accessible website
 The school’s secure intranet for students and teachers to access at school only
 An educational password protected wiki on the world wide web
 An educational website on the world wide web
 Published by the media in relation to Flemington Primary School activities.
 DVD production of the School Concert

This consent is for an indefinite period of time.

STUDENT AND PARENT/GUARDIAN CONSENT

I, ……………………………………………………………………………………………………,
(full name of student)
give permission to the State of Victoria (Department of Education and Early Childhood Development) to publish, reproduce and communicate any of my:

□ Art work
□ Photograph
□ Video or digital story
□ Blog
□ Wiki
□ School project
□ Podcast
□ Poem
□ School Concert DVD
□ Other (please describe)

STUDENT IDENTIFICATION AND PRIVACY

If published, reproduced and communicated I understand that for privacy purposes my work will be identified using the title of the work, my first name only, my year level and school. No other personal information will be published although I accept that my identity may nevertheless be apparent by association to a number of people. If my work identifies a living person other than myself, I have advised my teacher/the DEECD how to contact that person to obtain their consent for my work to be published.

INTELLECTUAL PROPERTY AND COPYRIGHT

I understand that I hold the intellectual property rights but grant the State of Victoria (Department of Education and Early Childhood) licence to use them at no cost.

I grant permission for the State of Victoria (Department of Education and Early Childhood Development) to allow my work to be made available to other government and not for profit, non-government schools in
Australia which are members of the National Education Access Licence for Schools (NEALS). This means that other schools may reproduce and communicate my work.

With reference to the above material, I grant permission to the Department of Education and Early Childhood to use, reproduce, distribute, communicate to the public, publish, publicly perform, publicly display, modify, adapt, translate, upload, download in any form or manner, and incorporate this material into other materials or works in any format or medium for any non commercial purpose and the right to sublicence those rights. This consent is for an indefinite period of time.

I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the Communications Division, Department of Education and Early Childhood, Level 2, 2 Treasury Place, East Melbourne, 3002.

Student Name (print) ......................................................
Age........... Year Level ...................... Parent/Legal Guardian Name (print)
Signature ................................................................. Parent Signature
Date ...................... Date .................................

(where student is under 18 years of age)
Dear Parent / Guardian

Family Statements
In an attempt to further reduce our impact on the environment by minimising paper usage, Flemington Primary School now has the ability to email a variety of reports, to both families and creditors. If you would like to receive your statement by email, please return the completed permission slip below to the School Office.

If you would prefer to continue to receive your statements being sent home with your child/ren, please ignore this request.

Emailing InTouch
With overwhelming support of a weekly InTouch to be distributed via email or the website, families will automatically receive the InTouch via email.

If you do not wish to receive your InTouch via email and require a hard copy, please complete the appropriate section below and return to the Office.

Hard copies of InTouch will not be distributed via the classroom. Parents will need to collect a hard copy from the School Office on a Thursday afternoon.

STATEMENT OF INTENDED PURPOSE: should you wish to receive your statement online, the email and any attachments will be confidential and will be intended solely for the information of the individual to whom it is addressed.

Yours sincerely

Lesley McCarthy
Principal

EMAILING - FAMILY STATEMENT

Yes, I agree to receive my statements via email.

EMAILING – INTOUCH

No, I do not want to have the InTouch emailed and I will collect a hard copy from the School Office.

Student Name/s

Parent / Guardian Name

Signature

Email Address
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:

- 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:

- 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 (laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)