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# Logo Description automatically generatedFLEMINGTON PRIMARY SCHOOL

**Enrolment Booklet**

Checklist for Parents/Guardians

**Student Name:**

**Enrolment Form** ☐

**All** details completed in Enrolment Booklet

**Consent Forms** ☐

Signed in Enrolment Booklet

**Proof of Birth** ☐

Provide Birth Certificate or Passport and Visa (if not born in Australia)

**School Entry Immunisation History Statement** *Call 1800 653 809 or via MyGov* ☐

**Foundation Confidential Information Form (gold if provided by school** ☐

**Proof of Address (only if new to school)** ☐

Provide bill, rental agreement, drivers licence

**Most recent school report** (when student has already started school) ☐ *or CIRCLE* N/A

**Custody Documents** (if applicable) ☐ *or CIRCLE* N/A

**Medical Condition** (please provide copies of plans/reports) ☐ *or CIRCLE* N/A

**Medication Supplied** (only if a medical condition is present) ☐ *or CIRCLE* N/A

Additional information to be provided (if applicable):

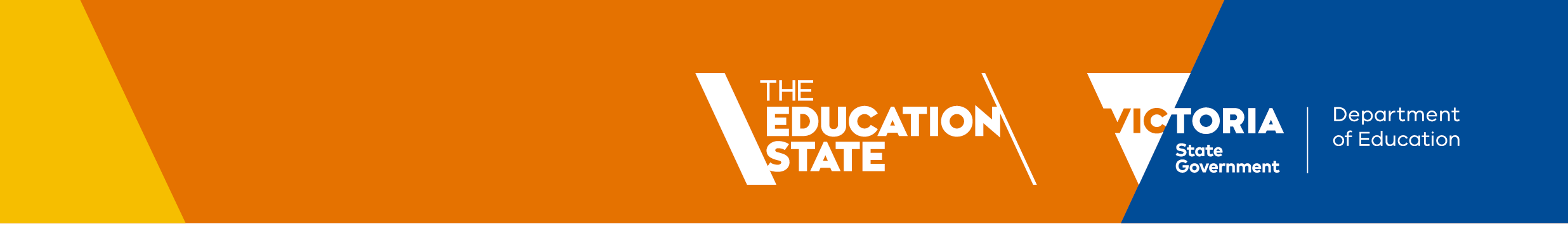
**PSD** (Program for Students with Disabilities) ☐

**ESL** (English as a Second Language) ☐

**School Transfer Documentation** (if available) ☐

**Note: Places are granted in the following order:**

1. **Within our boundary ie. We are your designated neighbourhood school. Check your address against our boundary on https://**[**www.findmyschool.vic.gov.au/**](http://www.findmyschool.vic.gov.au/) **to check your designated neighbourhood school.**
2. **Will have a sibling at our school when your child will start**
3. **Distance out of our boundary providing we are not at capacity**

**Form to Enrol in a Victorian Government School**

**FLEMINGTON PRIMARY SCHOOL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT ENROLMENT INFORMATION - 20** |  | **OFFICE USE ONLY** | **CASES21 Student ID:** |  |

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

##### This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child’s enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

# STUDENT DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** | | |  | | |
| **First Given Name:** | | |  | | |
| **Second Given Name:** *(if applicable)* | | |  | | |
| **Preferred First Name:** *(if applicable)* | | |  | | |
| Gender: | Male Female Self-described: | | | | |
| **Date of Birth:** *(dd-mm-yyyy)* | |  | | **Student Mobile Number:** *(if applicable)* |  |

**Which year are you seeking to enrol this student?**

Foundation

1

2

3

4

5

6

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11

12

Ungraded

**Intended start date:**

Day 1, Term 1

Other: *(dd-mm-yyyy)* / \_ /

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you seeking to enrol the student at this school full-time?** | | Yes *(move to next section)* No | | | | |
| **If No, how many days a week would the student be attending this school?** | | | |  | | |
| **If No, provide reason you are seeking part-time enrolment:** | | | | | | |
|  | | | | | | |
| **If No, provide details for other schools:** | | | | | | |
| ***Other school name:*** |  | ***Days / week:*** |  | | ***Has enrolment been accepted?*** | Yes No |
| ***Other school name:*** |  | ***Days / week:*** |  | | ***Has enrolment been accepted?*** | Yes No |

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**Student’s Permanent Residence**

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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.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

|  |  |  |  |
| --- | --- | --- | --- |
| **No. & Street Address:** |  | | |
| **Suburb:** |  | | |
| **State:** |  | **Postcode:** |  |
| **How often does this student live at this address?** | | | |
| Always Mostly Balanced (50%) | | | |
| **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:** | | | |
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## Student Living Arrangements

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

\* 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.

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# If the student is living in an informal care arrangement, please contact the school for a 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.

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**Does the student have any siblings at this school?**

Yes

No *(move to next section)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **Current Year Level** | **Reside at same residential address as the student** | | |
| **1** |  |  | Yes | No | Sometimes |
| **2** |  |  | Yes | No | Sometimes |
| **3** |  |  | Yes | No | Sometimes |
| **4** |  |  | Yes | No | Sometimes |

## Student Demographics

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| **Does the student speak English?** | Yes No |
| Does the student speak a language other than English at home? | |
| No, English only  Yes (please specify the main language spoken at home): | |
| * **Is the student of Aboriginal or Torres Strait Islander origin?** | |
| 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)? *\**** | Yes 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 mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

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## Student Residency Status

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| --- | --- | --- | --- | --- |
| In which country was the student born? | | | | |
| Australia 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?** \* | | | | |
| Australian citizen – holds Australian Passport Permanent Resident (provide visa details below)  Australian citizen – eligible for Australian Passport Temporary Resident (provide visa details below) 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](https://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship)

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| **Does the student hold a Bridging Visa?** | Yes *(provide further detail below)* 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)*

\* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or via email (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.

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| **Does the student have additional needs and require support for learning?** |
| Yes No *(move to the next section)* |
| **Please indicate any adjustments that may assist the student to participate at school:** |
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| **Has the student had a disability assessment before?** | No  Yes *(specify outcome):* |
| **Has the student received individualised disability funding before?** | No  Yes (*please specify*): |
| **Has any previous e****ducation provider prepared a doc****umented plan to support the students additional learning needs?** | No  Yes *(provide details):* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the student have** | ***Hearing:*** | No | Yes *(please specify):* |
| ***Vision:*** | No | Yes *(please specify):* |
| ***Speech/Language:*** | No | Yes *(please specify):* |
| **additional needs in one** | No | Yes *(please specify):* |
| ***Physical:*** |
| **of the following areas?** |
| ***Cognitive/Learning:*** | No | Yes *(please specify):* |
| ***Social/Emotional:*** | No | Yes *(please specify):* |

## Previous Education – Students Enrolling in Foundation for the First Time

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| **Is the student attending a funded kindergarten program\* in the year before Foundation?** | | Yes 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 run 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

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| **Has the student previously been enrolled at another school?** | Yes, in Victoria – Government School | Yes, in Victoria – Catholic or Independent School | |
| Yes, interstate | Yes, overseas | No *(move to next section)* |

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| --- | --- |
| **If Yes, name of last school attended:** |  |
| **If Yes, location of last school attended:**  *(suburb/town/state/country)* |  |
| **If Yes, date of attendance:** *(dd-mm-yyyy)* | \_ / \_ / \_ to \_ / / |
| **If Yes, year levels of previous education:** |  |

|  |  |
| --- | --- |
| **If the student studied overseas, what age did the student first start school?** |  |
| **What was the language of the student’s previous education?** |  |

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| --- | --- | --- | --- |
| ***Period of interruption to education:***  *(months/years)* |  | **Is the student repeating a year level?** | Yes No |

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| **OFFICE USE ONLY** | | | | | | | | | | | |
| **Child’s Name sighted:** | | | | | Yes No | | | **Enrolment Date:** | |  | |
| **Year Level:** |  | **Home Group:** |  | **Timetabling Group:** | |  | **House:** |  | **Campus:** | |  |
| **Student Email Address:** | | |  | | | | | | | | |
| **Australian residency confirmed:** | | | | | Yes No Not sighted / provided | | | | | | |
| **Date of birth confirmed:** | | | | | Yes – Birth Yes – Doctor Yes - Other Not sighted */*  certificate certificate provided | | | | | | |
| **Does the student have a Disability ID number?** | | | | | Yes (please specify): No | | | | | | |

**For Foundation students, has a Transition**

**Learning and Development Statement been provided?**

Yes, via Insight

Assessment Platform

Yes, direct from

teacher/parent/carer

Pending

No

**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

|  |
| --- |
| **OFFICE USE ONLY - ADDITIONAL NOTES** |
| **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) |
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**PARENT/CARER DETAILS**

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**6WXGHQW OLYHV ZLWK $GXOW 1**

Always

Mostly

Balanced (50%)

Occasionally

**Relationship to student:**

Parent

Step Parent

Foster Parent

Host Family

Relative

Friend

Self

Other:

**Is Adult 1 interested in being involved in school group participation activities**? *(e.g., School Council, excursions)*

Yes No

|  |  |  |
| --- | --- | --- |
| **Can we contact Adult 1 during school hours?** | | Yes No |
| **Is Adult 1 usually home during school hours?** | | Yes No |
| **SMS Notifications:** | | Yes No |
| **Email Notifications:** | | Yes No |
| **Adult 1’s preferred method of contact:** *(Email shall be*  *used for communication that cannot be sent via phone)* | | |
| Mobile Email Mail  Home Phone Work Phone | | |
| **Specify any other special conditions or times related to contact?** |  | |

|  |  |
| --- | --- |
| **Adult 1 Job Title:** |  |
| **Adult 1**  **Employer:** |  |

|  |  |
| --- | --- |
| **In which country was Adult 1 born?** | |
| Australia  Other *(please specify):* | |
| Does Adult 1 speak a language other than English at home? | |
| No, English only  Yes (please specify): | |
| **Please indicate any additional languages spoken by Adult 1:** |  |
| **Is an interpreter required?** | Yes No |

**Enrolling Adult 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | **Title:** |  |
| **First Given Name:** |  | | | | |
| **Gender:** | Male | Female | Self-described: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. & Street Address:** | | |  | | | | |
| **Suburb:** | | |  | | | | |
| **State:** | |  | | | **Postcode:** | |  |
| **Preferred language of notices:** | | |  | | | | |
| **Mobile:** |  | | | **Work Phone:** | |  | |
| **Home Phone:** |  | | | **Email:** | |  | |

|  |  |
| --- | --- |
| **What is the highest year of primary or secondary school Adult 1 has completed?** | |
| Year 12 or equivalent Year 10 or equivalent  Year 9 or equivalent  Year 11 or equivalent  or below / no schooling | |
| **What is the level of the highest qualification that Adult 1 has completed?** | |
| 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 1?** Please select the appropriate current parental occupation group from the attached list at the end of the document.   * 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. | |
| * If the person has not been in paid work for the last 12 months, enter ‘N’. |  |

## Enrolling Adult 2

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**6WXGHQW OLYHV ZLWK $GXOW 2**

Always

Mostly

Balanced (50%)

Occasionally

Never

**Relationship to student:**

Parent

Step Parent

Foster Parent

Host Family

Relative

Friend

Self

Other:

**Is Adult 2 interested in being involved in school group participation activities**? *(e.g., School Council, excursions)*

Yes No

|  |  |  |
| --- | --- | --- |
| **Can we contact Adult 2 during school hours?** | | Yes No |
| **Is Adult 2 usually home during school hours?** | | Yes No |
| **SMS Notifications:** | | Yes No |
| **Email Notifications:** | | Yes No |
| **Adult 2’s preferred method of contact:** *(Email shall be used for communication that cannot be sent via phone)* | | |
| Mobile Email Mail  Home Phone Work Phone | | |
| **Specify any other special conditions or times related to contact?** |  | |

|  |  |
| --- | --- |
| **Adult 2 Job Title:** |  |
| **Adult 2**  **Employer:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | **Title:** |  |
| **First Given Name:** |  | | | | |
| **Gender:** | Male | Female | Self-described: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. & Street Address:** | | |  | | | | |
| **Suburb:** | | |  | | | | |
| **State:** | |  | | | **Postcode:** | |  |
| **Preferred language of notices:** | | |  | | | | |
| **Mobile:** |  | | | **Work Phone:** | |  | |
| **Home Phone:** |  | | | **Email:** | |  | |

|  |  |
| --- | --- |
| **What is the highest year of primary or secondary school Adult 2 has completed?** | |
| Year 12 or equivalent Year 10 or equivalent  Year 9 or equivalent  Year 11 or equivalent  or below / no schooling | |
| **What is the level of the highest qualification that Adult 2 has completed?** | |
| 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 2?** Please select the appropriate current parental occupation group from the attached list at the end of the document.   * 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. | |
| * If the person has not been in paid work for the last 12 months, enter ‘N’. |  |

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| --- | --- |
| **In which country was Adult 2 born?** | |
| Australia  Other *(please specify):* | |
| Does Adult 2 speak a language other than English at home? | |
| No, English only  Yes (please specify): | |
| **Please indicate any additional languages spoken by Adult 2:** |  |
| **Is an interpreter required?** | Yes No |

## Additional Parents/Carers

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| --- | --- | --- |
| **Are there additional parents/carers in the student’s life?** | | Yes (provide details below) No (move to next section) |
| **Name of Adult 3:** |  | |
| **Name of Adult 4:** |  | |

##### If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

**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.

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

## Correspondence Details

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**Send correspondence addressed to:** *(select one)*

Adult 1

Adult 2

Both Adults

Neither

**Billing Details**

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

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| --- | --- | --- | --- | --- |
| **Send any bills to:** *(select one)* | | Adult 1 Adult 2 Another person / address\* (complete details below) | | |
| **Name to be used for all billing correspondence:** | | | | |
|  | | | | |
| **No. & Street or PO Box** |  | | | |
| **Suburb:** |  | | | |
| **State:** |  | | **Postcode:** |  |
| **Billing Email:** |  | | | |

\*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

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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 unless the Department of Education is liable in negligence (liability is not automatic). 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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the student have asthma?** | | | Yes 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 | | | | | | | | | Yes No | | |
| **Does the student take medication?** | | | | Yes No | | | **Name of medication taken:** | | |  | |
| **Is the medication taken regularly by the student (preventive) or only in response to symptoms?** | | | | | | | | | Preventative Response | | |
| **Indicate the usual dosage of medication taken:** | |  | | | | | **Indicate how frequently the medication is taken:** | | | |  |
| **Medication is usually administered by:** | | | | | Student Adult Other: | | | | | | |
| **Medication is to be stored:** | | | | | with Student with Staff Other: | | | | | | |
| **Dosage time:** |  | | | | | **Reminder required?** | | Yes No | | | |

## Medical Conditions

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**Does the student have an allergy?**

If yes, please provide the schools with an [ASCIA Action Plan for Allergies.](https://www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a)

Yes

No

**Is the student at risk of anaphylaxis?**

If yes, please provide the school with an [ASCIA Action Plan for Anaphylaxis.](https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis)

Yes

No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.** | | | | | Yes No |
| **If Yes to any of the above, please specify:** | | | | | |
| **Symptoms:** |  | | | | |
| **If the student displays any of the symptoms above, please:** | | | | | |
| ***Inform emergency contact***  ***Other medical action*** | | Yes No | ***Administer medication*** | Yes No | |
| Yes No *If Yes, please specify:* | | | |

## Medication

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| **Does the student take medication?** | Yes 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.** | Yes No |
| **Name of medications taken:** | |
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## Allied Health Support

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| **Has the student previously** | ***Occupational therapy:*** | No | Yes |
| ***Speech pathology:*** | No | Yes |
| ***Physiotherapy:*** | No | Yes |
| **accessed support from an** | No | Yes |
| ***Exercise physiology:*** |
| **allied health professional?** |
| ***Behaviour support:*** | No | Yes |
| ***Other:*** | No | Yes (specify): |

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY** | | |
| **Immunisation Certificate recei****ved:** | Yes – Up to date Yes – Not up to date Not sighted / provided | |
| **Are there any Notice/s on the Immunisation History Statement:** | Yes No | |
| **Does the student have asthma, a****llergies or anaphylaxis?** | Yes No | |
| **Does the student need to take medication during school hours****?** | Yes No | |
| **\*Have the required medical forms been provided to the school?** | | Yes No N/A – no medical conditions |

\* Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx)

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# STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

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## 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 the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

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| **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.**

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| **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

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| **Are there any activities (either 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) | | |

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| --- | --- |
| **OFFICE USE ONLY** | |
| **Current Court Order or other access document placed on student file?** | Yes No |

# STUDENT TRAVEL DETAILS

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| **How will the student primarily travel to and from school?** | |
| Walking School Bus Train Driven by parent/carer Taxi / Ride Share  Bicycle Public Bus Tram Self-Driven Other: | |
| **If the student catches public transport to school, what station/stop does their journey commence:** |  |
| **If the student drives themself to school, what is their Car Registration Number:** |  |

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

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**OFFICE USE ONLY**

**Can the student Individual Education Plan (IEP) include travel training?**

Yes

No

**Is the student attending their nearest school?**

**Does the student reside in Designated Transport Area (DTA) (if attending special school)?**

**Can the student be accommodated on an existing route (if applicable)?**

Yes

No

Yes

No

Yes

No

**Pick-up Point:**

Map Ref:

Time AM:

**Set Down Point:**

Map Ref:

Time PM:

##### 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)](https://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.](https://www.education.vic.gov.au/Pages/Schools%E2%80%99-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-](https://www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf)  [template.pdf](https://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 th[e www.education.vic.gov.au/pal/decision-making-](https://www2.education.vic.gov.au/pal/decision-making-responsibilities-students/policy)  [responsibilities-students/policy policy.](https://www2.education.vic.gov.au/pal/decision-making-responsibilities-students/policy)
  + **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

**ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS**

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**Relationship to student:**

Parent

Step Parent

Foster Parent

Host Family

Relative

Friend

Self

Other:

**Is Adult 3 interested in being involved in school group participation activities**? *(e.g., School Council, excursions)*

Yes No

|  |  |  |
| --- | --- | --- |
| **Can we contact Adult 3 during school hours?** | | Yes No |
| **Is Adult 3 usually home during school hours?** | | Yes No |
| **SMS Notifications:** | | Yes No |
| **Email Notifications:** | | Yes No |
| **Adult 3’s preferred method of contact:** *(Email shall be used for communication that cannot be sent via phone)* | | |
| Mobile Email Mail  Home Phone Work Phone | | |
| **Specify any other special conditions or times related to contact?** |  | |

|  |  |
| --- | --- |
| **Adult 3 Job Title:** |  |
| **Adult 3**  **Employer:** |  |

|  |  |
| --- | --- |
| **In which country was Adult 3 born?** | |
| Australia  Other *(please specify):* | |
| Does Adult 3 speak a language other than English at home? | |
| No, English only  Yes (please specify): | |
| **Please indicate any additional languages spoken by Adult 3:** |  |
| **Is an interpreter required?** | Yes No |

**Enrolling Adult 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | **Title:** |  |
| **First Given Name:** |  | | | | |
| **Gender:** | Male | Female | Self-described: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. & Street Address:** | | |  | | | | |
| **Suburb:** | | |  | | | | |
| **State:** | |  | | | **Postcode:** | |  |
| **Preferred language of notices:** | | |  | | | | |
| **Mobile:** |  | | | **Work Phone:** | |  | |
| **Home Phone:** |  | | | **Email:** | |  | |

The student lives with this family:

Always Mostly

Balanced(50%)

Occasionally

Never

|  |  |
| --- | --- |
| **What is the highest year of primary or secondary school Adult 3 has completed?** | |
| Year 12 or equivalent Year 10 or equivalent  Year 9 or equivalent  Year 11 or equivalent  or below / no schooling | |
| **What is the level of the highest qualification that Adult 3 has completed?** | |
| 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 3?** Please select the appropriate current parental occupation group from the attached list at the end of the document.   * 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. | |
| * If the person has not been in paid work for the last 12 months, enter ‘N’. |  |

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**Relationship to student:**

Parent

Step Parent

Foster Parent

Host Family

Relative

Friend

Self

Other:

**Is Adult 4 interested in being involved in school group participation activities**? *(e.g., School Council, excursions)*

Yes No

|  |  |  |
| --- | --- | --- |
| **Can we contact Adult 4 during school hours?** | | Yes No |
| **Is Adult 4 usually home during school hours?** | | Yes No |
| **SMS Notifications:** | | Yes No |
| **Email Notifications:** | | Yes No |
| **Adult 4’s preferred method of contact:** *(Email shall be used for communication that cannot be sent via phone)* | | |
| Mobile Email Mail  Home Phone Work Phone | | |
| **Specify any other special conditions or times related to contact?** |  | |

|  |  |
| --- | --- |
| **Adult 4 Job Title:** |  |
| **Adult 4**  **Employer:** |  |

|  |  |
| --- | --- |
| **In which country was Adult 4 born?** | |
| Australia  Other *(please specify):* | |
| Does Adult 4 speak a language other than English at home? | |
| No, English only  Yes (please specify): | |
| **Please indicate any additional languages spoken by Adult 4:** |  |
| **Is an interpreter required?** | Yes No |

**Enrolling Adult 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | **Title:** |  |
| **First Given Name:** |  | | | | |
| **Gender:** | Male | Female | Self-described: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. & Street Address:** | | |  | | | | |
| **Suburb:** | | |  | | | | |
| **State:** | |  | | | **Postcode:** | |  |
| **Preferred language of notices:** | | |  | | | | |
| **Mobile:** |  | | | **Work Phone:** | |  | |
| **Home Phone:** |  | | | **Email:** | |  | |

The student lives with this family:

Always Mostly

Balanced(50%)

Occasionally

Never

|  |  |
| --- | --- |
| **What is the highest year of primary or secondary school Adult 4 has completed?** | |
| Year 12 or equivalent Year 10 or equivalent  Year 9 or equivalent  Year 11 or equivalent  or below / no schooling | |
| **What is the level of the highest qualification that Adult 4 has completed?** | |
| 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 4?** Please select the appropriate current parental occupation group from the attached list at the end of the document.   * 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. | |
| * If the person has not been in paid work for the last 12 months, enter ‘N’. |  |

A picture containing text, sign

Description automatically generated**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/digital story | □ Blog  □ Wiki  □ School project  □ School Concert DVD | □ Podcast  □ Poem  □ 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 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 …………………**  **Signature ……………………………………………….**  **Date …………………** | (where student is under 18 years of age)  **Parent/Legal Guardian Name (print) ……………………………………………….**  **Parent Signature ……………………………………………….**  **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:   1. consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, 2. 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 FOUNDATION)** |
| I give permission for Flemington Primary School’s Principal to contact my child’s kindergarten / child care centre.  Kindergarten/Childcare Centre Tel No.:  **Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **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 staff that assist the school in providing their services to conduct headlice checks when the need arises throughout the year.  **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** |

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| **STUDENTS INTERNET CODE OF PRACTICE – *EARLY YEARS (FOUNDATION – 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  | ***Flemington Primary School***  Mt Alexander Road (PO Box 7), Flemington 3031  Telephone: 9376 7137  Facsimile: 9376 2230  [www.flemingtonps.vic.edu.au](http://www.flemingtonps.vic.edu.au) |

**Confidential Information**

**FOUNDATION 20\_ \_**

In order to make the transition process from kindergarten to school smoother, we are asking all parents to supply us with some background information about their child. This information will:

* allow us to take as many factors as possible into account when making placements in classes
* give individual teachers a more detailed profile of students and their needs
* lead to fewer anxieties developing in students as they settle into their new school environment

**To be completed and presented with Student Enrolment Form**

**All information will be treated in a confidential manner.**

*Amanda Williams*

*Principal*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name of Child: …………………………………………………… Date of Birth ………………………….*

*Kindergarten Teacher: ………………………………………………………………………………..*

*Kindergarten/Childcare Centre: ………………………………………………………………………………..*

*Kindergarten Address: ………………………………………………………………………………..*

*Kindergarten Telephone Number: ………………………………………………………………………………..*

**MEDICAL HISTORY**

List any factors we should be aware of. For example, asthma, epilepsy, anaphylaxis, specific treatment for any illness, special medication, recent operations, allergies, bed wetting, toileting problems, delayed development, problems with speech, vision, hearing.

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**REFERRALS**

List specialist reports providing information relevant to school entry. For example, speech, sight, hearing, motor skills, attention span, physical disabilities, behaviour.

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**SOCIAL/EMOTIONAL DEVELOPMENT**

Degree of independence, confidence and interaction (any worries about making friends, special friends, ability to work co-operatively, behaviours). Shyness, fears, worries, phobias (especially in new environments), readiness for school.

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**PHYSICAL DEVELOPMENT**

Any evidence of poor motor skills (both fine and motor gross).

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**STRENGTHS AND WEAKNESS**

eg. personal interests, ability to work alone, concentrate on a task and follow instructions.

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**LANGUAGE SKILLS**

Languages spoken at home and fluency of speech.

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**FAMILY BACKGROUND**

Anything the school should know about your family, for example, composition, relationships, siblings, custody issues.

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**WHY HAVE YOU CHOSEN THIS SCHOOL?**

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***FOR FOUNDATIONERS STARTING IN THE FOLLOWING YEAR ONLY***

**QUESTIONS YOU HAVE FOR THE NOVEMBER INFORMATION EVENING**

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# 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