
Student Enrolment Form

Macarthur Street Primary School



ENROLMENT REQUIREMENTS

The following documents must be returned to the school office to finalise the enrolment.

- The completed **Enrolment Form** with signatures where applicable – please make sure you have completed all fields highlighted in red.
 - A photocopy of the **Student's Birth Certificate**
- A photocopy of the **Immunisation Certificate (the actual certificate must be provided, unfortunately we cannot accept the immunisation book).**
- A photocopy of any additional details which are relevant (e.g. **family restrictions with court orders, medical condition plans or educational support needs**).

If you cannot photocopy the documents, the school can photocopy the originals.

MACARTHUR STREET 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 Macarthur Street Primary School may register your child and allocate staff and resources to provide for their educational and support needs. All staff at Macarthur Street Primary School and the Department of Education & Training (DET) are required by law to protect the information provided by this enrolment form.

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

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

EMERGENCY CONTACTS

These are people that Macarthur Street 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 Macarthur Street 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 Macarthur Street Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

IMMUNISATION STATUS

This assists Macarthur Street 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 Macarthur Street Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Macarthur Street Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Macarthur Street 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. Macarthur Street Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

SPECIAL RELIGIOUS INSTRUCTION

The school may offer, as per DET policy, Special Religious Instruction (SRI). If approached by an accredited and approved SRI volunteer, the principal will decide whether there are sufficient resources and parent interest to enable SRI to be offered at the school each year.

Participation in SRI is voluntary, requiring annual parental consent for the child to participate (opt-in). SRI materials are available online and via the agency delivering SRI for parents to review. Parents are requested to read form CFMD141 (included in enrolment form) and return it to the school if they wish their child to participate in SRI. Students will not participate in SRI without this consent. Students not participating in SRI will be engaged in educationally valuable activities that are outside the core curriculum in a separate classroom or learning space to the students participating in SRI. You may withdraw your child/children from SRI at any time by notifying the school principal in writing.

MACARTHUR STREET PRIMARY SCHOOL ENROLMENT FORM



STUDENT ENROLMENT INFORMATION – 20__

Computer Generated
Student ID:

STUDENT DETAILS

Personal Details of Student

Surname:

Title: (Miss Ms, Mrs, Mx, Mr)

First Given Name:

Second Given Name:

Preferred Name (if applicable):

❖ **Gender** Male Female _____ (fill in blank)

Do you give permission to publish photos/ name to the media platforms: Yes No

Student Mobile Number:

Birth Date:
(dd-mm-yyyy)

___ / ___ / ___

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level	Home Group	Timetabling Group	House	Campus		
Student Email Address:						
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		

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.

ADULT A DETAILS (PRIMARY CARER):

Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?	<input type="checkbox"/> Australia <input type="checkbox"/> 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)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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'.)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖What is the level of the highest qualification the Adult A has completed? (tick one)	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> 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 <u>paid</u> work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?	<input type="checkbox"/> Australia <input type="checkbox"/> 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)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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'.)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult B has completed? (tick one)	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> 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 <u>paid</u> work for the last 12 months, enter 'N'. 		

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

Main language spoken at home:		Preferred language of notices:	
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

BUSINESS HOURS:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

AFTER HOURS:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADULT B CONTACT DETAILS:

BUSINESS HOURS:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

AFTER HOURS:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIMARY FAMILY HOME ADDRESS:	
No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:
PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address	
No. & Street or PO Box	
Suburb:	
State:	Postcode:

PRIMARY FAMILY DOCTOR DETAILS:			
Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	
<p>The Department of Education does not provide personal accident insurance or ambulance cover for students. Parents/carers of students, who do not have student accident insurance/ambulance cover, are responsible for paying the cost of medical treatment for injured students, including the cost of ambulance attendance or transport as well as any other transport costs.</p>			

PRIMARY FAMILY EMERGENCY CONTACTS:				
	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

PRIMARY FAMILY BILLING ADDRESS:	
Write "As Above" if the same as Family Home Address	
No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)

OTHER PRIMARY FAMILY DETAILS			
Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither

DEMONOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?

Australia Other (please specify): _____

Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____

What is the Residential Status of the student? (tick) Permanent Temporary

Basis of Australian Residency:

Eligible for Australian Passport Holds Australian Passport
 Holds Permanent Residency Visa

Visa Sub Class: _____ Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____

Visa Statistical Code: (Required for some sub-classes)

International Student ID : (Not required for exchange students)

❖ Does the student speak a language other than English at home? (tick)

(If more than one language is spoken at home, indicate the one that is spoken most often)

No, English only Yes (please specify): _____

Does the student speak English? (tick) Yes No

❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)

No Yes, Aboriginal
 Yes, Torres Strait Islander Yes, Both Aboriginal & Torres Strait Islander

Is the student a young carer (providing support/care for other family member/s)? (tick one)

No Yes

What is the student's living arrangements? (tick one):

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

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

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

Beginning of journey to school: _____ Map Type _____ Melway / VicRoads / Country Fire Authority / Other

Map Number _____ X Reference _____ Y Reference _____

Usual mode of transport to school: (tick)

Walking School Bus Train Driven Taxi
 Bicycle Public Bus Tram Self Driven Other

If student drives themselves to school: Car Reg. No. _____ Distance to School in kilometres: _____

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

SCHOOL DETAILS			
Date of first enrolment in an Australian School:		____ / ____ / ____	
Name of previous School:			
Years of previous education:		What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Years of interruption to education:		Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)			
Other school Name:		Time fraction: 0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:		Time fraction: 0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS
In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information https://www2.education.vic.gov.au/pal/enrolment/policy
Enrolment conditions
<ul style="list-style-type: none"> • •

OFFICE USE ONLY		
Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?

Yes

No

Is there an Access Alert for the student?

(tick)

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

No (If No, move to the immunisation / medical condition details questions.)

Access Type:

(tick)

Parenting Order

Parenting Plan

Intervention Order

Protection Order

Informal Carer Stat Dec

DHHS
Authorisation

Witness Protection
Program Order

Other

Describe any Access Restriction:

Is there an Activity Alert for the student?

(tick)

Yes

No

If Yes, then describe the Activity Restriction:

OFFICE USE ONLY

Current custody document placed on student file? Yes

No

ACCIDENT AUTHORITY AND PERMISSIONS

(cross out any unacceptable statement)

- 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.
- I understand that the School does not provide personal accident insurance or ambulance cover for students. Parents/carers of students, who do not have student accident insurance/ambulance cover, are responsible for paying the cost of medical treatment for injured students, including the cost of ambulance attendance or transport as well as any other transport costs.
- Consent to the School using a **photograph** of my child to promote the School in the **media, School publications and School website, School social media platforms and Compass** *(Cross out if you do not consent to this statement)*
- Agree to discuss the School Values (supplied in the transition packs) with my child and I will support and work with the School in maintaining appropriate behaviour and culture.

Name of Parent/Guardian: _____ Child's Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

STUDENT MEDICAL DETAILS					
Medical Condition Details:					
Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

OTHER MEDICAL CONDITIONS					
(More copies of the other medical condition forms are available on request from the school.)					
Does the student have any other medical condition? (tick)					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:					
Symptoms:					
If my child displays any of the symptoms above please: (tick)					
Inform Doctor		<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:					
Does the student take medication? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:		
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)				<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:			Indicate how frequently the medication is taken:		
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating		

STUDENT DOCTOR DETAILS

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

Doctor's Name:

Individual or Group Practice: (tick)

Individual

Group

No. & Street or PO Box No.:

Suburb:

State:

Postcode:

Telephone Number

Fax Number

Student Medicare Number:

STUDENT EMERGENCY CONTACTS

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

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

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

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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