



TOORADIN 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 Tooradin Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Tooradin Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

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

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

Emergency Contacts

These are people that Tooradin 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 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 Tooradin 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 Tooradin 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 Tooradin Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Tooradin 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.



TOORADIN PRIMARY SCHOOL OSHC and Vacation Care

Enrolment Form 2020

CHILD'S NAME:

ENROLMENT DATE:

PARENT (cardholder) CRN #:

CHILD'S CRN #:

DAYS REQUIRED:

Before School Care: (6.30—8.30am) Monday Tuesday Wednesday Thursday Friday

After School Care: (3.30—6.30pm) Monday Tuesday Wednesday Thursday Friday

Vacation Care: (6.30am — 6.30pm) Monday Tuesday Wednesday Thursday Friday

Requested start date: ___ / ___ / ___

OFFICE USE ONLY

Date entered:..... Orientation date:

Birth Certificate attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Immunisation details sighted and attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Anaphylaxis / Asthma/ Allergy Action Plan attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Notes:

.....
.....
.....

Note: Parents need to fill out their Date of Birth (page 6) and Email address on page 7 as a CRN requirement.



Priority for allocating places in child care services

The Priority of Access Guidelines are set out in the Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000. They are primarily referred to when a service has a large waiting list and a number of parents competing for a limited number of vacancies. All families are informed of the guidelines at the time of enrolling their child or children in a Child Care Service.

Priorities for filling vacant places

The Priority of Access Guidelines must be used by approved services to allocate available childcare places where there are more families requiring care than places available. When filling vacant places, a service must fill them according to the following priorities:

Priority 1 – a child at risk of serious abuse or neglect

Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy the work, training, study test

Priority 3 – any other child.

Within these main Priority categories, priority should also be given to children in:

- * Aboriginal and Torres Strait Islander families
- * families which include a disabled person Priority of Access Guidelines for Child Care Services 2
- * families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016 or who or whose partner is on income support
- * families from a non-English speaking background
- * socially isolated families
- * single parent families.

Note: Where a service is funded by an employer to provide childcare solely or primarily for the children of the employer's employees, the service may give priority to those children.

Parent Signature: Date:



Tooradin Primary School

STUDENT ENROLMENT INFORMATION

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student Mobile Number:			

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:

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) <small>For prep students only</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other family members attending Tooradin Primary 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):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
Date of Birth: (for OSHC only)		
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:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
Date of Birth: (for OSHC only)		
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
Fax Number:		

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
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box		
Suburb:	State:	Post Code:

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:	Post Code:	
Telephone Number	Fax Number		
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box		
Suburb:	State:	Post Code:
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"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <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
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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)	<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	If my child displays any of these symptoms 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:	
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) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

Sunscreen

Educators will supervise children to apply sunscreen in accordance with SunSmart Victoria Guidelines.

For more information about how we use sunscreen to protect your child, please ask for a copy of the *Weather Protection Guidelines* at your child's kindergarten. This authorisation remains valid until such time that the parent notifies the educator in writing of change.

I authorise educators at the kindergarten to apply the sunscreen I have provided for my child

Yes No

I authorise educators to apply sunscreen provided by the kindergarten if I have not provided sunscreen for my child.

Yes No

COURT ORDERS – STUDENT ACCESS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
OFFICE USE ONLY				
Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

You must provide OSHC with updated or amended court orders, parenting orders or parenting plans if they are changed.

AUTHORISED CONTACTS

This section is for you to authorise other people to act on your behalf in certain circumstances.

You **cannot** authorise a Tooradin Primary School OSHC and Vacation Care Educator if you are paying them for your child’s care while your child is attending OSHC or Vacation Care.

Instructions:

- » List the details of those persons who you authorise as contacts for your child
- » You can list more than one person
- » Only include people who are over 16 years of age and who are not already listed as parents
- » The list may be amended at any time
- » Please complete all fields.

Contact 1

Full name: _____

Home address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Relationship to your child: _____

Please tick the boxes below to confirm the level of authorisation you give to this person

This authorised person contact can:

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the service on excursions/regular outings

Contact 2

Full name: _____

Home address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Relationship to your child: _____

This authorised person contact can:

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the service on excursions/regular outings

Contact 3

Full name: _____

Home address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Relationship to your child: _____

This authorised person contact can:

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the service on excursions/regular outings

Contact 4

Full name: _____

Home address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Relationship to your child: _____

This authorised person contact can:

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the service on excursions/regular outings

Additional needs your child might have:

Tooradin Primary School OSHC and Vacation Care is committed to providing an environment that values and respects the needs of all children to fully participate.

- My child has an additional health care need, a medical condition or a diagnosis that is relevant to their education and care.
- I have concerns regarding my child's development.
- I believe my child may need other additional support or guidance to participate fully in the program.
- There are special cultural or religious considerations required for my child and/or family.

Please provide details and attach any supporting documentation

Is your child linked to other professional services?

Examples include a paediatrician, an early intervention service, therapists, Preschool Field Officers, Inclusion Support Facilitator:

Yes No

Immunisation and health

Immunisation

By law, your child's immunisation must be up-to-date to start kindergarten.

You must provide either an:

- » Immunisation History Statement – available from myGov, Medicare or the the Australian Childhood Immunisation Register (ACIR)
- » Immunisation Status Certificate – Issued by the child's Immunisation Provider

What your Immunisation Status Certificate must include

- » your child's full name, date of birth and address
- » a list of vaccines your child has received and when the vaccine was given (this can be an attachment).
- » the date of your child's next due vaccine OR a statement saying your child has completed all their childhood vaccinations
- » if relevant, a list of any vaccines your child cannot receive for medical reasons
- » the immunisation provider's name, organisation name and Medicare Provider Number or the Australian Childhood Immunisation Register number.
- » the immunisation provider's signature and the date

If you have a medical reason why your child is not immunised, we can accept an Immunisation History Statement from myGov, Medicare or ACIR.

Documents we cannot accept

- » The child's Health Record (blue book)
- » The child's Health & Development Record (green book)
- » Overseas immunisation documents
- » Homeopathic immunisation documents
- » Statutory declarations
- » Conscientious objection and vaccination objection on non-medical grounds

Immunisation History Statements can be requested at any time by contacting Medicare:

- » Phone 1800 653 809
- » Email: acir@medicareaustralia.gov.au

- » Visit the Medicare website
- » Visit your local Medicare office

A copy of the child's Immunisation History Statement is attached: Yes No

Does your child have a sibling who is not fully immunised or under 12 months of age? Yes No

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> 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) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> 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)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

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

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)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> 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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. 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"/>	
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 Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions
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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

HEAD LICE

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice infestation works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The inspection of students will be conducted by authorised staff.

The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, parents will be informed.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

I/We hereby give my consent for my/our child to participate in the school's head lice inspection program.

Signed: (Parent / Guardian)Date:.....

Newspaper & Public Display of Photographs/Name

Many times throughout the year, we have the local or city newspapers at the school to photograph our children doing something special or we may display your child's photo and or work in a public area. We need to obtain your permission for this to happen.

I/We give permission for my/our child _____ to be photographed, should the occasion arise and have his/her photograph and name printed in the newspaper or placed on public display.

Signed: (Parent / Guardian)Date:.....

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

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

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

Declaration and consent

I _____ (print full name) the

parent completing this form

- » declare that the information in this *Child's Confidential Record* is true and correct and undertake to immediately inform the educators at the service in the event of any change to this information
- » understand that during an emergency or drill where evacuation is necessary that the child may need to leave the service under the direction and supervision of the educators
- » authorise the Person with Management and Control, the Nominated Supervisors or educators at the service to seek necessary medical treatment for the child from a registered medical practitioner, hospital, dental or ambulance that includes the transportation of the child by an ambulance from the service in the event of an emergency. I agree that all associated medical expenses will be my responsibility
- » understand the conditions under which I am enrolling the child and abide by the fee payment terms

Parent full name: _____

Signature: _____ Date: _____

11. Child's Confidential Record checked/updated by the educator (Educator Use Only):

Anaphylaxis:

Parent provided with a copy of the *Anaphylaxis Management Guidelines* Date ___/___/___
Anaphylaxis Management Plan and RMCP attached Date ___/___/___

Asthma:

Parent provided with a copy of the *Asthma Management Guidelines* Date ___/___/___
Completed Asthma Action Plan and RMCP attached Date ___/___/___

Epilepsy:

Parent provided with a copy of the *Epilepsy Management Guidelines* Date ___/___/___
Completed Epilepsy Action Plan and RMCP attached Date ___/___/___

Diabetes:

Parent provided with a copy of the *Diabetes Management Guidelines* Date ___/___/___
Completed Diabetes Action Plan and RMCP attached Date ___/___/___

Allergies:

Parent provided with a copy of the *Allergy Management Guidelines* Date ___/___/___
Parent provided with a *City of Casey Allergy Management Plan* Date ___/___/___
Completed *City of Casey Allergy Management Plan* and RMCP attached: Date ___/___/___

Dietary Restrictions:

Completed Dietary Restrictions form attached: Date ___/___/___

Immunisation:

A copy of the child's immunisation status that is compliant with legislation is attached to this record
..... Yes

Educator full name: _____

Educator signature: _____ Date: ___/___/___

Educators may customise this list to suit their own needs. Examples of notes may include:

Family induction, door security procedures, introductions, educators informed of enrolment, sign in/out procedures explained, specific medical requirements actioned, immunisation status updated, allergies, photo non-consent lists updated, curriculum process discussed with the family.

Task	Date completed
Child's start date ____ / ____ / ____	
Exit Date:	

<p data-bbox="108 801 871 835">I certify that the information contained within this form is correct.</p> <p data-bbox="108 958 1473 994">Signature of Parent/Guardian: _____ Date: ____ / ____ / ____</p>

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.

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)