The additional forms below must be accompanied with the Enrolment Form, for students wanting to enrol at Wattle Park Primary School.

- Copy of Birth Certificate
- Completed Immunisation Form
- Visa Information (if applicable)

How do I obtain an immunisation status certificate?

From the Australian Childhood Immunisation Register

- phone 1800 653 809 or
- email acir@medicareaustralia.gov.au
- www.medicareaustralia.gov.au/online
- visit your local Medicare Office.

The most common type of immunisation status certificate is a Child History Statement from the Australian Childhood Immunisation Register (ACIR). You will be sent this statement when your child turns five years old, however you can request a certificate at any time. You should also contact ACIR if you:

- are moving or have recently moved, to ensure your contact details are up to date
- think your child’s statement is incomplete or incorrect.

If you are an overseas family with no immunisation having been given in Australia, you must go to your local Council Office (along with any documentation that you do have) and obtain a form which will say you are fully or not fully immunised. See the Health Dept of your nearest Local Council Offices.

These forms must be accompanied with your enrolment form.
STUDENT ENROLMENT FORM

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

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

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

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

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

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

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

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

For conveyance application forms (that parents need to complete) and for school conveyance claim forms go to the Student Transport site: www.education.vic.gov.au/management/schooloperations/studenttransport.htm
WATTLE PARK PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname: 
First Given Name: 
Second Given Name: 
Preferred Name (if applicable): 

Sex (tick): □ Male □ 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) □ Yes □ No
Mobile Number: Fax Number:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick) □ Yes □ No Enrolment Date:

Year Level Home Group Timetabling Group House Campus

Student Email Address:

Immunisation Certificate received?: (tick) □ Complete □ Not sighted

Is there a Medical Alert for the student? (tick) □ Yes □ No

Does the student have a Disability ID Number? (tick) □ No □ Yes Disability ID No.:

Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) □ Yes □ No □ 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.

Last updated: Sep-11 page 3 version 2.07
PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances. As the School Start Bonus will be sent to the 'Primary Caret' of Prep and 'Year 7' students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):  □ Male  □ Female

Title: (Ms, Mrs, Mr, 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?

☐ Australia  ☐ Other (please specify):

☐ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)

☐ No, English only

☐ Yes (please specify):

Please indicate any additional languages spoken by Adult A:

Is an interpreter required? (tick)  ☐ Yes  ☐ No

☑ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

☑ What is the level of the highest qualification the Adult A has completed? (tick one)

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

☑ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.

• If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.

• If the person has not been in paid work for the last 12 months, enter 'N'.

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

☑ Main language spoken at home:

Preferred language of notices:

☐ Do you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)  □ Adult A  □ Adult B  □ Both  □ Neither

ADULT B DETAILS:

Sex (tick):  □ Male  □ Female

Title: (Ms, Mrs, Mr, 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?

☐ Australia  ☐ Other (please specify):

☑ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)

☐ No, English only

☐ Yes (please specify):

Please indicate any additional languages spoken by Adult B:

Is an interpreter required? (tick)  ☐ Yes  ☐ No

☑ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

☑ What is the level of the highest qualification the Adult B has completed? (tick one)

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

☑ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.

• If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.

• If the person has not been in paid work for the last 12 months, enter 'N'.

Last updated: Sep-11  page 4  version 2.07
### PRIMARY FAMILY CONTACT DETAILS

**ADULT A CONTACT DETAILS:**

**Business Hours:**
- Can we contact Adult A at work? [ ] Yes [ ] No
- Is Adult A usually home during business hours? [ ] Yes [ ] No
- Work Telephone No:

**After Hours:**
- Is Adult A usually home AFTER business hours? [ ] Yes [ ] No
- Home Telephone No:
- Other After Hours Contact Information:
- Adult A’s preferred method of contact: [ ] Mail [ ] Email [ ] Facsimile
- Email address:
- Fax Number:

**ADULT B CONTACT DETAILS:**

**Business Hours:**
- Can we contact Adult B at work? [ ] Yes [ ] No
- Is Adult B usually home during business hours? [ ] Yes [ ] No
- Work Telephone No:

**After Hours:**
- Is Adult B usually home AFTER business hours? [ ] Yes [ ] No
- Home Telephone No:
- Other After Hours Contact Information:
- Adult B’s preferred method of contact: [ ] Mail [ ] Email [ ] Facsimile
- Email address:
- 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: [ ] Individual [ ] Group
- No. & Street or PO Box No.:
- Suburb:
- State: Postcode:
- Telephone Number
- Fax Number
- Current Ambulance Subscription: [ ] Yes [ ] No
- Medicare Number:
PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:
Write "As Above" if the same as Family Home Address

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

OTHER PRIMARY FAMILY DETAILS

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

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

The student lives with the Primary Family: (tick one)
☐ Always ☐ Mostly ☐ Balanced ☐ Occasionally ☐ Never

Send Correspondence addressed to: (tick one) ☐ Adult A ☐ Adult B ☐ Both Adults ☐ Neither

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

- 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, Torres Strait Islander
- Yes, Both Aboriginal & Torres Strait Islander

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

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

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kin 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.

<table>
<thead>
<tr>
<th>Beginning of journey to school</th>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
<td>Y Reference</td>
</tr>
</tbody>
</table>

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: ______________________

Student’s Religion:

Will the student participate in Religious Instruction classes? (tick)

- Yes
- No

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

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)?

☐ Yes  ☐ Yes, but the VSN is unknown  ☐ No. The student has never been issued a VSN.

Please specify:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Years of interruption to education: Is the student repeating a year? (tick)

☐ Yes  ☐ No

Will the student be attending this school full time? (tick)

☐ Yes  ☐ 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: ☐ Yes  ☐ No

Other school Name: Time fraction: 0. Enrolled: ☐ Yes  ☐ 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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (http://www.education.vic.gov.au/management/governance/referenceguide/default.htm).

Enrolment conditions

•

•

OFFICE USE ONLY

Has the documentation been provided and retained on school records? ☐ Yes  ☐ No

Have the conditions been met to complete the enrolment? ☐ Yes  ☐ No
## Student Access or Activity Restrictions Details

<table>
<thead>
<tr>
<th>Is the student at risk?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an Access Alert for the student? (tick)</td>
<td>☐ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)</td>
<td>☐ No (If No, move to the immunisation / medical condition details questions.)</td>
</tr>
</tbody>
</table>

**Access Type:** (tick) ☐ Court Order ☐ Family Law Order ☐ Restraining 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

---

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

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

Signature of Parent/Guardian: _________________________________ Date: ______ / ______ / ______
### Student Medical Details

### Medical Condition Details:

<table>
<thead>
<tr>
<th>Question</th>
<th>Hearing:</th>
<th>Vision:</th>
<th>Speech:</th>
<th>Mobility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student suffer from any of the following impairments? (tick)</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section | [ ] Yes | [ ] No

### Asthma Medical Condition Details:

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

#### Symptoms:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheeze</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits symptoms after exertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tight Chest</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If my child displays any of these symptoms please: (tick)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inform Emergency Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Medical Action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please specify:

#### Management Plan

Has an Asthma Management Plan been provided to School? | [ ] Yes | [ ] No

<table>
<thead>
<tr>
<th>Medication taken:</th>
<th>Preventative</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of medication taken:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is usually administered by: (tick)</th>
<th>Student</th>
<th>Nurse</th>
<th>Teacher</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication is stored: (tick)</td>
<td>with Student</td>
<td>with Nurse</td>
<td>Fridge in Staff Room</td>
<td>Elsewhere</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosage time</th>
<th>Reminder required? (tick)</th>
<th>Yes</th>
<th>No</th>
<th>Poison Rating</th>
</tr>
</thead>
</table>

### Other Medical Conditions

More copies of the other medical condition forms are available on request from the school.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student have any other medical condition? (tick)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please specify:

#### Symptoms:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer Medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If my child displays any of the symptoms above please: (tick)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Emergency Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Medical Action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please specify:

<table>
<thead>
<tr>
<th>Medication taken:</th>
<th>Preventative</th>
<th>Response</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosage time</th>
<th>Reminder required? (tick)</th>
<th>Yes</th>
<th>No</th>
<th>Poison Rating</th>
</tr>
</thead>
</table>

Last updated: Sep-11

Page 10

Version 2.07
**STUDENT DOCTOR DETAILS**
The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

<table>
<thead>
<tr>
<th>Doctor's Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual or Group Practice:</strong> (tick)</td>
</tr>
<tr>
<td>No. &amp; Street or PO Box No.:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Student Medicare Number:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Language Spoken</th>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
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The enrolment form information you provide is entered into the school’s computerised administrative system for educational, administrative and reporting purposes. The information marked with the symbol $U$ is also transferred to the Ultranet (an online learning environment across all Victorian schools) to set up your child’s profile in the Ultranet and for administrative and reporting purposes. Your child’s information will be viewed only by authorised staff. More detail about the Ultranet and privacy is available in the Ultranet guide provided to you. You may ask the school not to activate your child’s profile in the Ultranet however the information marked with $U$ on this form will be provided to the Ultranet.

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

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

Signature of Parent/Guardian: ___________________________ Date: __ / __ / _____
**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** technical / 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 classifier, 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)
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 Wattle Park Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Wattle Park Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

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

Wattle Park 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 Wattle Park Primary 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 Wattle Park 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 Wattle Park 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 Wattle Park 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 Wattle Park 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 Wattle Park Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Wattle Park Primary School know if any information needs to be changed by sending updated information to the school office. Please contact Wattle Park Primary School on 039808 2165 or by email www.wattle.park.ps@edumail.vic.gov.au to update any information. During your child’s time with Wattle Park Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD’S RECORD HELD BY SCHOOL
In most circumstances you can access your child’s records. Please contact the Principal on 03 9808 2165 to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Wattle Park 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.
CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's schooling at:

WATTLE PARK PRIMARY SCHOOL

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection 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.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted, the person conducting the inspections will explain to a student 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 person conducting the inspections will check through a student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent's/guardian's/carer's full name: ..........................................................
Parent's/guardian's/carer's full name: ..........................................................
Address: .......................................................... Post code: ..........................
Name of child attending the school: ..........................................................

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: .......................................................... Date: ......................
Signature of parent/guardian/carer: .......................................................... Date: ......................

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.