

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

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

| | |
|---|------------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |
| How often does this student live at this address? | |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) | |
| If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there: | |
| | |

Student Living Arrangements

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

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

| | |
|---|--|
| Does the student have any siblings at this school? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(move to next section)</i> |
|---|--|

| Name | Current Year Level | Reside at same residential address as the student |
|------|--------------------|---|
| 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |

Student Demographics

| | | |
|---|--|-----------------------------|
| Does the student speak English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ Does the student speak a language other than English at home? | | |
| <input type="checkbox"/> No, English only | | |
| <input type="checkbox"/> Yes (please specify the main language spoken at home): _____ | | |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? | | |
| <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 | |
| Is the student a young carer (providing support/care for other family member/s)? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

Student Residency Status

| | | |
|---|--|--------------------|
| ❖ In which country was the student born? | | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify): _____ | |
| If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy) | ____ / ____ / ____ | |
| What is the student's residency status? * | | |
| <input type="checkbox"/> Australian citizen – holds Australian Passport | <input type="checkbox"/> Permanent Resident (provide visa details below) | |
| <input type="checkbox"/> Australian citizen – eligible for Australian Passport | <input type="checkbox"/> Temporary Resident (provide visa details below) | |
| <input type="checkbox"/> New Zealand citizen | | |
| Visa Sub Class: | Visa Expiry Date: (dd-mm-yyyy) | ____ / ____ / ____ |
| Visa Statistical Code: (Required for some sub-classes) | | |

* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

| | | |
|---|---|-----------------------------|
| Does the student hold a Bridging Visa? | <input type="checkbox"/> Yes (provide further detail below) | <input type="checkbox"/> No |
| If Yes, what was the student's previous visa? | | |
| If Yes, what visa has the student applied for? | | |

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

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

Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

| | |
|--|--|
| Does the student have additional needs and require support for learning? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to the next section) |
| Please indicate any adjustments that may assist the student to participate at school: | |
| | |

| | |
|---|---|
| Has the student had a disability assessment before? | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes (specify outcome): _____ |
| Has the student received individualised disability funding before? | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes (please specify): _____ |
| Has any previous education provider prepared a documented plan to support the student's additional learning needs? | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes (provide details): _____ |

| | | | |
|--|----------------------------|-----------------------------|--|
| Does the student have additional needs in any of the following areas? | Hearing: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____ |
| | Vision: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____ |
| | Speech/Language: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____ |
| | Physical: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____ |
| | Cognitive/Learning: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____ |
| | Social/Emotional: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please specify): _____ |

Previous Education – Students Enrolling in Foundation for the First Time

| | | |
|---|------------------------------|-----------------------------|
| Is the student attending a funded kindergarten program* in the year before Foundation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of kindergarten or early childhood service: | _____ | |

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is delivered by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

| | | |
|--|---|---|
| Has the student previously been enrolled at another school? | <input type="checkbox"/> Yes, in Victoria – Government School | <input type="checkbox"/> Yes, in Victoria – Catholic or Independent School |
| | <input type="checkbox"/> Yes, interstate | <input type="checkbox"/> Yes, overseas <input type="checkbox"/> No (move to next section) |

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

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

| | | | | |
|---|-------|---|------------------------------|-----------------------------|
| Period of interruption to education: (months/years) | _____ | Is the student repeating a year level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-------|---|------------------------------|-----------------------------|

PARENT/CARER DETAILS

Enrolling Adult 1

| | | |
|--|-------------------------------|---------------------------------|
| Surname: | | Title: |
| First Given Name: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Self-described: _____ | | |

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

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

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|---|--|
| In which country was Adult 1 born? | |
| <input type="checkbox"/> Australia | |
| <input type="checkbox"/> Other (please specify): _____ | |
| ❖ Does Adult 1 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 1: | |
| Is an interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---------------------------------------|---------------------------------|---|
| Student lives with Adult 1: | | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced (50%) |
| <input type="checkbox"/> Occasionally | | |

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

| | |
|---|-----------------------------|
| Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Enrolling Adult 2

| | | |
|--|-------------------------------|---------------------------------|
| Surname: | | Title: |
| First Given Name: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Self-described: _____ | | |

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

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

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|---|--|
| In which country was Adult 2 born? | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify): _____ |
| ❖ Does Adult 2 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 2: | |
| Is an interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---------------------------------------|---------------------------------|---|
| Student lives with Adult 2: | | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced (50%) |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never | |

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

| | |
|---|-----------------------------|
| Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Additional Parents/Carers

| |
|---|
| Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section) |
| Name of Adult 3: |
| Name of Adult 4: |

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

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

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

Correspondence Details

| |
|--|
| Send correspondence addressed to: <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither |
|--|

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

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

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

| | |
|-----------------|-------------------|
| Doctor's Name: | |
| Medical Centre: | |
| Street Address: | |
| Suburb: | Postcode: |
| State: | Telephone Number: |

Asthma

| | | | |
|---|------------------------------|--|--|
| Does the student have asthma? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No (move to next section) |
| Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student take medication? | <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? | | <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: | | <input type="checkbox"/> Student | <input type="checkbox"/> Adult |
| Medication is to be stored: | | <input type="checkbox"/> with Student | <input type="checkbox"/> with Staff |
| Dosage time: | | Reminder required? | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No |

Medical Conditions

| | | |
|--|------------------------------|-----------------------------|
| Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergies . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If Yes to any of the above, please specify:

Symptoms:

If the student displays any of the symptoms above, please:

Inform emergency contact Yes No **Administer medication** Yes No

Other medical action Yes No If Yes, please specify: _____

Medication

| | | |
|--|------------------------------|-----------------------------|
| Does the student take medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of medications taken: | | |
| | | |

Allied Health Support

| | | | |
|---|------------------------------|-----------------------------|---|
| Has the student previously accessed support from an allied health professional? | Occupational therapy: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Speech pathology: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Physiotherapy: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Exercise physiology: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Behaviour support: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | Other: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (specify): _____ |

| OFFICE USE ONLY | | | |
|---|---|---|--|
| Immunisation Certificate received: | <input type="checkbox"/> Yes – Up to date | <input type="checkbox"/> Yes – Not up to date | <input type="checkbox"/> Not sighted / provided |
| Are there any Notice/s on the Immunisation History Statement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student have asthma, allergies or anaphylaxis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student need to take medication during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| *Have the required medical forms been provided to the school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A – no medical conditions |

*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

| | |
|--|---|
| To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(move to the next section)</i> |
| If Yes, please provide further detail: | |
| | |

Court Orders and Other Care Arrangements *(previously referred to as an Access Alert)*

| | |
|--|---|
| Is there an intervention order, parenting order or any other court order impacting the student? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(move to the next section)</i> |

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

| | | | |
|--|---|---|---|
| Court Order or other access document type: | <input type="checkbox"/> Family Law Order / Parenting Order | <input type="checkbox"/> Parenting Plan / Agreement | <input type="checkbox"/> Intervention Order |
| | <input type="checkbox"/> Child Protection Order | <input type="checkbox"/> DFFH Authorisation | <input type="checkbox"/> Other: _____ |
| Please provide further details of the Court Order or other access documents, and any other safety concerns: | | | |
| | | | |
| End Date (if applicable): <i>(dd-mm-yyyy)</i> | | | |

Activity Restrictions and Considerations

| | |
|--|---|
| Are there any activities (organised by the school and/or third parties) that the student cannot participate in? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(move to the next section)</i> |
| If Yes, please provide further detail: (e.g. sport, excursions) | |
| | |

| | |
|---|--|
| OFFICE USE ONLY | |
| Current Court Order or other access document placed on student file? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STUDENT TRAVEL DETAILS

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

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

| |
|--|
| <p>Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.</p> <p><input type="checkbox"/> Both parents/carers have completed and signed this form.</p> <p><input type="checkbox"/> Parents/carers are completing separate forms (schools can provide additional forms on request).</p> <p><input type="checkbox"/> One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.</p> <p><input type="checkbox"/> One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.</p> <p><input type="checkbox"/> There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.</p> <p><input type="checkbox"/> Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____</p> |
|--|

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.

Adult Students: a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. This information is used for determining funding allocations to schools.

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

Group C: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group

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

Skilled office, sales, and service staff:

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

Group D: Machine operators, hospitality staff, assistants, labourers and related workers

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

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

Office assistants, sales assistants, and other assistants:

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

Labourers and related workers

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

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

| | | |
|-----------------------|-------------------------------|---------------------------------|
| Surname: | | Title: |
| First Given Name: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Self-described: _____ | | |

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

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

| | | |
|---------------------------------------|---------------------------------|---|
| Student lives with Adult 3: | | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced (50%) |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never | |

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

| | |
|---|-----------------------------|
| Is Adult 3 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|--|---|
| What is the highest year of primary or secondary school Adult 3 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below / no schooling |

| |
|--|
| In which country was Adult 3 born? |
| <input type="checkbox"/> Australia |
| <input type="checkbox"/> Other <i>(please specify)</i> : _____ |

| |
|--|
| What is the level of the highest qualification that Adult 3 has completed? |
| <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 |

| |
|--|
| Does Adult 3 speak a language other than English at home? |
| <input type="checkbox"/> No, English only |
| <input type="checkbox"/> Yes <i>(please specify)</i> : _____ |

| |
|---|
| What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document. |
| <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 list. If the person has not been in paid work for the last 12 months, enter 'N'. |

| | | |
|---|------------------------------|-----------------------------|
| Please indicate any additional languages spoken by Adult 3: | | |
| Is an interpreter required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Enrolling Adult 4

| | | |
|--|-------------------------------|---------------------------------|
| Surname: | | Title: |
| First Given Name: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Self-described: _____ | | |

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

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

| | | |
|--------------------------------------|---------------------------------------|--|
| Relationship to student: | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step 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: _____ | |

| | |
|---|--|
| In which country was Adult 4 born? | |
| <input type="checkbox"/> Australia | |
| <input type="checkbox"/> Other (please specify): _____ | |
| ❖ Does Adult 4 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 4: | |
| Is an interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---------------------------------------|---------------------------------|---|
| Student lives with Adult 4: | | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced (50%) |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never | |
| Adult 4 Job Title: | | |
| Adult 4 Employer: | | |

| | |
|--|---|
| Is Adult 4 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ What is the highest year of primary or secondary school Adult 4 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below / no schooling |
| ❖ What is the level of the highest qualification that Adult 4 has completed? | |
| <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 4? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |