

# LUCAS PRIMARY SCHOOL

## Grade 1 – 6 Enrolment 2022



### PRIVACY NOTICE

#### Information about the Enrolment / Transfer Form

Please Read This Information Carefully Before Completing The Enrolment / Transfer Form

This confidential enrolment/transfer form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that Lucas Primary School can register the student and allocate staff and resources to provide for their educational and support needs.

The information you provide is entered into the school's computerised administrative system for educational, administrative and reporting purposes. If you have any concerns about the confidentiality of this information please contact the Principal. Lucas Primary School can provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

Health information is asked for so that staff at Lucas Primary School can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. Lucas Primary School depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

Lucas 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 Lucas 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 Lucas 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 Lucas 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, reporting, 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.

#### **VISA STATUS**

This information is required to enable Lucas Primary School to process the student's enrolment/transfer.

#### **UPDATING YOUR SCHOOL RECORDS**

Please let Lucas Primary School know if any information needs to be changed by sending updated information in writing, to the school office.

#### **EMAIL/SMS**

Lucas Primary School will use your email address/mobile number for official school correspondence/notification. These communications may include school reports, absence alerts, newsletters and family statements.

For **conveyance application** forms (that parents need to complete) and for **school conveyance claim** forms go to the Student Transport site:

<https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

# ENROLMENT / TRANSFER FORM COMPLETION CHECKLIST

- Copy of birth certificate (or if born overseas, a passport)
- Copy of immunisation certificate
- Personal details of student (Page 3)
- Primary Family details: (Pages 4,5,6,and 7) – Student lives with **MOSTLY** or in **BALANCED CARE**
  - Adult A – including current email address
  - Adult B (if applicable) – including current email address
  - Address details – home and mailing
  - Doctor details
  - Emergency contacts (other than Adult A and/or B)
  - Other details
  - Family Billing Details

**PLEASE NOTE:** Split billing between **PRIMARY** and **ALTERNATIVE** families can be arranged. Please contact the General Office for details.
- Alternative Family details – only if applicable. Please request additional form.
- Student place of birth/nationality details (Page 8)
- School details (Page 9)
- Student access or activity restrictions (Page 9)

**Please provide the necessary supporting documentation**
- Program for Students with Disabilities – only if applicable (Page 9)
- Student medical condition details (Page 10)

**Please provide the necessary supporting documentation**
- Illness and injury permission signature (Page 11)
- Information correct signature (Page 11)
- Parental Occupation Group Codes – for your information (Page 12)

# Enrolment/Transfer Form

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

A copy of a Birth Certificate (or if born overseas, a passport) <b>AND</b> Immunisation Certificate - <b>MUST</b> be provided with this enrolment/transfer form	
Surname:	Title: (Miss Ms Mr Mx )
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖ Gender (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)
Birth Date	___/___/___

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

### 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			House		
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		
Email addresses entered		<input type="checkbox"/> Prim	<input type="checkbox"/> Altern			

## FAMILY DETAILS

List any other family members who are attending or have attended this school:

What are the student's living arrangements? (tick one):
<input type="checkbox"/> At home with TWO Parents/ Guardians – <b>Primary Family</b>
<input type="checkbox"/> At home with ONE Parent/ Guardian – <b>Alternative Family</b> section may need to be completed
<input type="checkbox"/> State Arranged Out of Home Care # (See Note)

# 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.

## PRIMARY FAMILY DETAILS

**NOTE: The 'PRIMARY' Family is: "the family or parent/guardian/carer the student lives with mostly, or in a balanced arrangement."**

**NOTE: The 'ALTERNATIVE' Family is: "the family or parent/guardian/carer the student occasionally lives with, or in a balanced arrangement."**

Alternative family forms are attached if required – please see pages 8, 9 and 10.

### ADULT A DETAILS (PRIMARY FAMILY):

<b>Gender (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____
<b>Title:</b> (Ms, Mrs, Mr, ,Mx, Dr etc)			
<b>Legal Surname:</b>			
<b>Legal First Name:</b>			
<b>What is Adult A's occupation?</b>			
<b>Who is Adult A's employer?</b>			

#### Business Hours:

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

#### After Hours:

<b>Is Adult A usually home AFTER business hours?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other After Hours Contact Information:</b>		

<b>Mobile No:</b>	
-------------------	--

<b>In which country was Adult A born?</b>
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult A speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)
<input type="checkbox"/> Year 12 or equivalent <b>4</b>
<input type="checkbox"/> Year 11 or equivalent <b>3</b>
<input type="checkbox"/> Year 10 or equivalent <b>2</b>
<input type="checkbox"/> Year 9 or equivalent or below <b>1</b>
<b>❖ What is the level of the highest qualification the Adult A has completed?</b> (tick one)
<input type="checkbox"/> Bachelor degree or above <b>7</b>
<input type="checkbox"/> Advanced diploma / Diploma <b>6</b>
<input type="checkbox"/> Certificate I to IV (including trade certificate) <b>5</b>
<input type="checkbox"/> No non-school qualification <b>8</b>
<b>❖ What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.
<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>
<b>Working With Children's Check No.</b>
<b>Expiry Type</b>

<b>Adult A Email Address:</b>	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

<b>Main language spoken at home:</b>	
--------------------------------------	--

**PRIMARY FAMILY DETAILS**

NOTE: The 'PRIMARY' Family is: "the family or parent/guardian/carer the student lives with mostly, or a balanced arrangement."

NOTE: The 'ALTERNATIVE' Family is: "the family or parent/guardian/carer the student occasionally lives with, or a balanced arrangement."

Alternative family forms are available on request.

**ADULT B DETAILS (PRIMARY FAMILY):**

<b>Gender (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)			
<b>Legal Surname:</b>			
<b>Legal First Name:</b>			
<b>What is Adult B's occupation?</b>			
<b>Who is Adult B's employer?</b>			

**Business Hours:**

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

**After Hours:**

<b>Is Adult B usually home AFTER business hours?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other After Hours Contact Information:</b>		
<b>Mobile No:</b>		

<b>In which country was Adult B born?</b>
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult B speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)
<input type="checkbox"/> Year 12 or equivalent <b>4</b>
<input type="checkbox"/> Year 11 or equivalent <b>3</b>
<input type="checkbox"/> Year 10 or equivalent <b>2</b>
<input type="checkbox"/> Year 9 or equivalent or below <b>1</b>
<b>❖ What is the level of the highest qualification the Adult B has completed?</b> (tick one)
<input type="checkbox"/> Bachelor degree or above <b>7</b>
<input type="checkbox"/> Advanced diploma / Diploma <b>6</b>
<input type="checkbox"/> Certificate I to IV (including trade certificate) <b>5</b>
<input type="checkbox"/> No non-school qualification <b>3</b>
<b>❖ What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list.
<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>

<b>Working With Children's Check No.</b>	
<b>Expiry</b>	
<b>Type</b>	

<b>Adult B Email Address:</b>	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES																																								
	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						

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

<b>❖ Main language spoken at home:</b>	
--	--

## PRIMARY FAMILY DETAILS

### PRIMARY FAMILY HOME ADDRESS:

Number & Street Name:	
Suburb:	
State:	Postcode:
Home Landline	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Mobile:	

### PRIMARY FAMILY BILLING ADDRESS:

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

Number & Street Name or PO Box:	
Suburb:	
State:	Postcode:
Billing Email:	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> _____ other

### OTHER PRIMARY FAMILY DETAILS:

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

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
--	----------------------------------	----------------------------------	--------------------------------------	----------------------------------

### FAMILY BILLING DETAILS:

Financial responsibility will default to the **PRIMARY** family. If you wish to alter this, split billing between **PRIMARY** and **ALTERNATIVE** families can be arranged. Please contact the General Office for details. Written consent from both families will be required.

**PRIMARY FAMILY DETAILS**

**PRIMARY FAMILY DOCTOR DETAILS:**

<b>Doctor's Name:</b>		<b>Individual or Group Practice:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Group <small>(tick)</small>	
<b>Practice Name:</b>			
<b>No. &amp; Street or PO Box No.:</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number:</b>		<b>Fax Number:</b>	
<b>Current Ambulance Subscription:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Medicare Number:</b> Enter Below	

												Card Sequence

**PRIMARY FAMILY EMERGENCY CONTACTS:**

	Name	Relationship <small>(Neighbour, Relative, Friend or Other)</small>	Telephone Contact	Language Spoken <small>(If English Write "E")</small>
1				
2				
3				
4				

## DEMOGRAPHIC DETAILS OF STUDENT

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy)    ____ / ____ / ____	
<b>What is the Residential Status of the student?</b> (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b>	<b>Visa Expiry Date:</b> (dd-mm-yyyy)    ____ / ____ / ____
<b>*** Please supply the School with a coloured copy of the VISA from the Passport ***</b>	
<b>Visa Statistical Code:</b> (Required for some sub-classes)	
<b>International Student ID :</b> (Not required for exchange students)	
<b>❖ What is the main language spoken at home?</b> (tick) ( If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> English only	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> <b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (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
<b>Is the student a young carer (providing support/care for other family member/s)?</b> (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

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



## SCHOOL DETAILS

Name of Previous School attended:		State	
Current year Level	What was the language of the student's previous education?		
<b>Does the student have a Victorian Student Number (VSN)?</b> (for more information about VSN please refer to <a href="http://www.education.vic.gov.au/management/governance/vsn/parents.htm">www.education.vic.gov.au/management/governance/vsn/parents.htm</a> )			
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes, but the VSN is unknown	
<input type="checkbox"/> No. The student has never been issued a VSN.			
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

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<b>IMPORTANT PLEASE NOTE:          THIS SECTION CANNOT BE PROCESSED UNLESS COPIES OF DOCUMENTATION ARE PROVIDED WITH THIS ENROLMENT/TRANSFER FORM.</b>			
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 Other
	<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:			

## PROGRAM FOR STUDENTS WITH DISABILITIES

Is this student receiving Program for Students with Disability funding? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

## 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

**Please tick if the student suffers from any of the following symptoms:** (please specify)

<input type="checkbox"/> Asthma (please attach GP management plan)	<input type="checkbox"/> Migraines / Headaches
<input type="checkbox"/> Diabetes (please attach GP management plan)	<input type="checkbox"/> Blackouts / Fainting / Dizzy Spells
<input type="checkbox"/> Epilepsy / Seizures (please attach GP management plan)	<input type="checkbox"/> Travel Sickness
<input type="checkbox"/> Anaphylaxis (please attach GP management plan)	<input type="checkbox"/> Heart Conditions (please attach GP management plan)
<input type="checkbox"/> ADHD / ADD / OCD	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Other.....

**Please tick if your student suffers allergic reactions to any of the following:**

<input type="checkbox"/> Penicillin .....
<input type="checkbox"/> Other Drugs (please specify) .....
<input type="checkbox"/> Foods (please specify).....
<input type="checkbox"/> Other .....

**What special care is recommended for the above allergies:** (please specify)

--

Are there any other pre-existing injuries, major surgical procedures, physical or psychological limitations that could affect the health and wellbeing of your student at school (including camps and excursions): If Yes, please specify below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If my child displays any of the symptoms of the above ticked conditions 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 any medication/s during the school day? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:
Medication is required to treat what condition?			
Indicate the usual dosage of medication taken:			Indicate how frequently the medication is taken:
Medication is usually administered by: (tick)			<input type="checkbox"/> Sickbay
Medication is stored:		<input type="checkbox"/> in Sickbay	<b>**Please refer to note below**</b>
Dosage time:			Poison Rating:

**\*\* Please note:** students are not allowed to carry any medication while at school.

If your student requires medication during school time it must:

- i) be supplied from home (sick bay does not supply any over the counter or prescription medications),
- ii) be stored and dispensed through Sick Bay.
- iii) be in its original container
- iv) parent/carer's need to fill in a short term medical form at the office or send an explanatory note with current date, student name, name of medication, dosage and time of dosage, and parent's / carer's signature.

## ILLNESS AND INJURY

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/Carer: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ (Please print)

***\*Please Note Signature Required***

---

## INFORMATION CORRECT

Thank you for taking the time to complete this Student Enrolment/Transfer 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/Carer: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ (Please print)

***\*Please Note Signature Required***

---

# 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).