



WILANDRA RISE PRIMARY SCHOOL

25 Aayana Street, Clyde North Vic 3978 Phone: 03 5924 2500

wilandra.rise.ps@edumail.vic.gov.au

STUDENT ENROLMENT INFORMATION

PRIVACY NOTICE – INFORMATION ABOUT 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 our school can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Wilandra Rise Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

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

Wilandra Rise 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.

EMERGENCY CONTACTS

These are the people that our school staff may need to contact in an emergency if Adult A and Adult B cannot be contacted. Please ensure that the people that they have been nominated as emergency contacts and agree to their details being provided to your child's 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 the 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 the 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.

RELIGIOUS AFFILIATION

If you want your child to receive religious instruction while at primary school, please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction.

IMMUNISATION STATUS

This assists the 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 office staff to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let us know if any information needs to be changed by sending updated information to the school office. During your child's time at Wilandra Rise Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have concerns about the confidentiality of this information please contact the Principal. Wilandra Rise 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. The form is available on request.

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STUDENT ENROLMENT APPLICATION
YEAR OF ENROLMENT:

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss / Mr)
First Given Name:		
Second Given Name:		
Preferred Name (if applicable):		
Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Name of 4 year old Pre School Program or Kindergarten Attended:		

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:	Melways Ref:		
State:	Postcode:		
Telephone Number	Silent Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:	Fax Number:		

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level		Home Group	House:	
			Access Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Copy of Order Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation Certificate received?: (tick)	<input type="checkbox"/> Complete		<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted
Is there a Medical Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/>	Allergy <input type="checkbox"/> <input type="checkbox"/> Other
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	<input type="checkbox"/> Not applicable

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student **mostly** lives with".

Additional and Alternative family forms are available from the school if required. These additional forms are designed to cater for varying family circumstances. **Parents who reside at different addresses should also complete an Alternative Family form.**

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
🏠 In which country was Adult A born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
Did you enter Australia on a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the Sub-Class Number:		
❖ 🏠 Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify): _____		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Concession Card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

DO YOU HAVE A WORKING WITH CHILDREN CARD (WWCC)? Y OR N
WWCC Number? _____ **Expiry:** _____
CARD TYPE : VOLUNTEER OR EMPLOYEE

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> 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?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
Did you enter Australia on a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the Sub-Class Number:		
❖ 🏠 Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify): _____		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Concession Card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

DO YOU HAVE A WORKING WITH CHILDREN CARD (WWCC)? Y OR N
WWCC Number? _____ **Expiry:** _____
CARD TYPE : VOLUNTEER OR EMPLOYEE

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

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

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

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

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: <small>(tick)</small>	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
Clinic Name:			
Address:			
Suburb:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: <small>(tick)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Medicare Number:		

PRIMARY FAMILY EMERGENCY CONTACTS:
PLEASE LIST CONTACTS OTHER THAN ADULT A AND ADULT B
(PLEASE SUPPLY AT LEAST 2 CONTACTS)

	Name	Relationship to Student (Neighbour, Relative, Grandparent Friend or Other)	Telephone Contact Numbers Mobile / Work / Landline	Language Spoken (If English Write "E")
1				
2				
3				
4				

PRIMARY FAMILY BILLING ADDRESS:

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


No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email: <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)	

OTHER PRIMARY FAMILY DETAILS

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

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

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

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes) _____	
International Student ID : (Not required for exchange students) _____	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

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

Travel to and from school

Melways reference of home address:			
Map Number	_____	X Reference	_____
		Y Reference	_____
Usual mode of transport to school: (tick)		Distance to School in kilometres: _____	
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Driven	<input type="checkbox"/> Other

Student's Religion: _____

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

SCHOOLING DETAILS OR KINDERGARTEN ATTENDED IF COMMENCING SCHOOL FOR THE FIRST TIME

Date of first attendance in an <u>Australian Primary School</u>:	____ / ____ / ____
Name of previous School OR (if commencing school for the first time) Name or Kindergarten attended and Group:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I give permission for Wilandra Rise Primary School to access any relevant information from previous & future educational institutions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child received additional support in their previous educational setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No Support Provided:

STUDENT ACCESS ALERT AND ACTIVITY RESTRICTIONS DETAILS

ACCESS	
Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) <input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Describe any Access Restriction:	
ACTIVITY ALERT	
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, then describe the Activity Restriction:	

ILLNESS/INJURY AUTHORITY

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: ____ / ____ / ____

OFFICE USE ONLY

Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

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

HAS YOUR CHILD EVER HAD ANY ASSESSMENTS EG. SPEECH PATHOLOGY/PSYCHOLOGY? IF YES, PLEASE PROVIDE COPIES OF REPORTS TO SCHOOL	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ASTHMA MEDICAL CONDITION DETAILS: ANSWER THE FOLLOWING QUESTIONS ONLY IF THE STUDENT SUFFERS FROM ANY ASTHMA MEDICAL CONDITIONS.

Please indicate if the student suffers from any of the following symptoms: (tick)	If my child displays any of these symptoms please: (tick)												
<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	<table style="width: 100%;"> <tr> <td>Inform Doctor</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Inform Emergency Contact</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Administer Medication</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Other Medical Action</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> If yes, please specify:	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
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											
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No											
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:											
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response											
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:												
Medication is usually administered by: (tick)	<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other												
Medication is stored: (tick)	<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere												
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating											

OTHER MEDICAL CONDITIONS

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

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

STUDENT DOCTOR DETAILS

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

Doctor's Name:	
Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
Address:	
Suburb:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS

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

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

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

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

Signature of **Adult A** Parent/Guardian: _____ Date: ____ / ____ / ____

Signature of **Adult B** Parent/Guardian: _____ Date: ____ / ____ / ____

CHECK LIST Please tick ✓

Have you;

- a) Presented original birth certificate/passport for verification & copying?
- b) Attached the School Entry Immunisation Certificate?
(Contact ACIR 1800 653 809 or Medicare Office)
- c) Signed & Dated this form and all Permission Forms
- d) Not enrolled your child elsewhere
- e) Provided Asthma / Serious Medical Condition Management plans (if applicable)

Should you have any queries about how to complete this form, please contact the school office. We are always happy to assist you with any queries.

We welcome you and your family to the Wilandra Rise Primary School community.

PARENTAL OCCUPATION GROUP CODES

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 / services administrator

fire

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)