

WILANDRA RISE PRIMARY SCHOOL

25 Aayana Street, Clyde North Vic 3978 Phone: 03 5924 2500 wilandra.rise.ps@education.vic.gov.au

 STUDENT ENROLMENT INFORMATION

**PRIVACY NOTICE – INFORMATION ABOUT THE ENROLMENT FORM**

This confidential enrolment form asks for personal information about you 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.

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

**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.

**IMMUNISTATION 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.

**Before Continuing.**

Do any of these conditions apply to your child?

* They live at some times in a separate household (e.g. shared custody arrangement).
* The child’s parents/guardians live in separate households, even if the child lives 100% of the time with one parent.

If yes, **do not** put both adults from different households on this form.

In this case you will need an Alternative and/or Additional Family Form, which is available from the school office.

My child lives 100% of the time with both parents in one household. Proceed with this form.

My child lives some time in one house, and some time in another house. Please contact the office for an Alternative and/or Additional Family Form

My child lives full-time in my house, but their other parent/guardian lives in a different house. Please contact the office for an Alternative and/or Additional Family Form.

I have a different living arrangement with my family, or I’m unsure. Please contact the office.

 Examples:

|  |
| --- |
| **This Enrolment Form** |
|  Adult A | Adult B |
| Address 1 |
| Biological Mother | Step Parent/Partner |

|  |
| --- |
| **Alternative Family Form** |
|  Adult A | Adult B |
| Address 2 |
| Biological Father  | Blank |

 **OR**

|  |
| --- |
| **This Enrolment Form** |
|  Adult A | Adult B |
| Address 1 |
| Biological Father  | Step Parent/Partner |

|  |
| --- |
| **Alternative Family Form** |
|  Adult A | Adult B |
| Address 2 |
| Biological Mother | Step Parent/Partner |

|  |
| --- |
|  **Documents to be returned with Enrolment Form** |
|   | Completed Student Enrolment Form |
|   | Signed Permission Form and Cyber Safety Agreement |
|   | Original Birth Certificate (School Office will photocopy)and/or |
|   | Original Passport or Travel Documents (Visa) for non-Australian born students |
|   | Medicare Immunisation Certificate  |
|  | Proof of address (either utility bill, car registration or purchase/rental contract) |
|  | Student’s recent school report from previous school for students starting in Year 1 to Year 6 |

|  |  |
| --- | --- |
| STUDENT ENROLMENT APPLICATION **YEAR OF ENROLMENT:** 20\_\_ | Computer Generated |
| Date Entered: **Entered by:**  | **Family ID:**  |  | **Student ID:** |  |  |  |  |  |

# Student Details

## Personal Details of Student

|  |  |  |  |
| --- | --- | --- | --- |
| **Ultranet Logo 2** Surname**:** |  | Title: (Miss / Mr) |  |
| **Ultranet Logo 2** First Given Name: |  |
| **Ultranet Logo 2** Second Given Name: |  |
| **Ultranet Logo 2** Preferred Name (if applicable): |  |
| ❖ **Ultranet Logo 2** Sex (tick): | 🞎 Male 🞎 Female |  | **Ultranet Logo 2** Birth Date: (dd-mm-yyyy) | \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_ |
| Name of 4 year old Pre School Program or Kindergarten Attended: |  Name of Kinder Teacher  and Group:  |

### Primary Family Home Address:

|  |  |
| --- | --- |
| No. & Street: or PO Box details |  |
| Suburb: |  **Melways Ref:** |
| State: |   | Postcode: |  |
| Telephone Number |  | Silent Number: (tick) | 🞎 Yes | 🞎 No |
| Mobile Number: |  | Fax Number: |  |

####  OFFICE USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name and Birth Date proof sighted (tick) | 🞎 Yes | 🞎 No | Enrolment Date: |  |
| Year Level  |  | Home Group  |  |  House: |  |
|  |  **Access Alert** 🞎 Yes 🞎 No  Copy of Order Provided 🞎 Yes 🞎 No  |
| Immunisation Certificate received?: (tick) | 🞎 Complete | 🞎 Incomplete | 🞎 Not sighted |
| Is there a Medical Alert for the student? (tick) | 🞎 Yes | 🞎 No | **Asthma** 🞎 **Allergy** 🞎Anaphylaxis 🞎 | **🞎 Other** |
| Does the student have a Disability ID Number? (tick) | 🞎 No | 🞎 Yes | Disability ID No.: |  |
| Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick)For prep students only | 🞎 Yes | 🞎 No | 🞎 Pending | 🞎 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 this is required. These additional forms are designed to cater for varying family circumstances.

### Adult A Details (Primary Carer):

|  |  |  |
| --- | --- | --- |
| Sex (tick): | 🞎 Male | 🞎 Female  |
| Title: (Ms, Mrs, Mr, Dr etc) |  |
| Legal Surname:  |  |
| Legal First Name:  |  |
| What is Adult A’s occupation? |  |
| Who is Adult A’s employer? |  |
| **Ultranet Logo 2** In which country was Adult A born? |
| 🞎 **Australia** | 🞎 Other (please specify): |  |
| Did you enter Australia on a Visa?  Yes  No If Yes, please specify the Sub-Class Number: |
| ❖ **Ultranet Logo 2** Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) |
| * No, English only
* Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Please indicate any additional languages spoken by Adult A: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 No |
| Are you a Concession Card holder? | 🞎 Yes | 🞎 No |
| ❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) |
| 🞎 Year 12 or equivalent |
| 🞎 Year 11 or equivalent |
| 🞎 Year 10 or equivalent |
| 🞎 Year 9 or equivalent or below |
| ❖What is the level of the *highest* qualification the Adult A has completed? (tick one and please provide details) |
| 🞎 Bachelor’s degree or above in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Advanced diploma / Diploma in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Certificate I to IV in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 No non-school qualificationWas this qualification completed in Australia? Yes No |
| ❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. * If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.
 |
| * If the person has not been in paid work for the last 12 months, enter ‘N’.
 |  |

### Do you have a working with children card (WWCC)? Y or N

**WWCC** Number?\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry:\_\_\_\_\_\_\_

Card Type : Volunteer Employee

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

###  Adult B Details:

|  |  |  |
| --- | --- | --- |
| Sex (tick): | 🞎 Male | 🞎 Female  |
| Title: (Ms, Mrs, Mr, Dr etc) |  |
| Legal Surname:  |  |
| Legal First Name:  |  |
| What is Adult B’s occupation? |  |
| Who is Adult B’s employer? |  |
| **Ultranet Logo 2** In which country was Adult B born? |
| 🞎 **Australia** | 🞎 Other (please specify): |  |
| Did you enter Australia on a Visa?  Yes  No If Yes, please specify the Sub-Class Number: |
| ❖ **Ultranet Logo 2** Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) |
| * No, English only
* Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Please indicate any additional languages spoken by Adult B: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 No |
| Are you a Concession Card holder? | 🞎 Yes | 🞎 No |
| ❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) |
| 🞎 Year 12 or equivalent |
| 🞎 Year 11 or equivalent |
| 🞎 Year 10 or equivalent |
| 🞎 Year 9 or equivalent or below |
| ❖ What is the level of the *highest* qualification the Adult B has completed? (tick one and please provide details) |
| 🞎 Bachelor’s degree or above in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Advanced diploma / Diploma in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Certificate I to IV in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 No non-school qualificationWas this qualification completed in Australia? Yes No |
| ❖What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. * If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.
 |
| * If the person has not been in paid work for the last 12 months, enter ‘N’.
 |  |

### Do you have a working with children card (WWCC)? Y or N

**WWCC** Number?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry:\_\_\_\_\_\_\_\_\_\_\_

### Card Type : Volunteer Employee

### Primary Family Contact Details

### Adult B Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult B at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult B usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No:**Work Mobile No**. |  |
| Other Work Contact information: (ie days worked) |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult B usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Other After Hours Contact Information: |  |
| Mobile No. |  |
|

|  |  |
| --- | --- |
| SMS Notification: | 🞎 Yes 🞎 No |

 |
| Email address:  |
| Adult B’s preferred method of contact: **(tick one)**(If phone is selected, Email shall be used for communication that cannot be sent via phone). |
|   | 🞎 Email  |  🞎 Phone |
|  Email Notification: | 🞎 Yes 🞎 No |
| Residential Address: No. & Street name: |  |
| Suburb: |  |
| State: | **Post Code:**  |

### Adult A Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult A at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult A usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No:**Work Mobile No**. |  |
| Other Work Contact information: (ie days worked) |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult A usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Other After Hours Contact Information: |  |
| Mobile No. |  |
|

|  |  |
| --- | --- |
| SMS Notification: | 🞎 Yes 🞎 No |

 |
| Email address:  |
| Adult A’s preferred method of contact: **(tick one)**(If phone is selected, Email shall be used for communication that cannot be sent via phone). |
|   | 🞎 Email  |  🞎 Phone |
| Email Notification: | 🞎 Yes 🞎 No |
| Residential Address: No. & Street name: |  |
| Suburb: |  |
| State:  | **Post Code:**  |

 **Primary Family Doctor Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor’s Name |  | Individual or Group Practice: (tick) | 🞎 Individual | 🞎 Group |
| Clinic Name:  |  |
| Address: |  |
| Suburb: |  | Postcode: |  |
| Telephone Number |  | Fax Number |  |
| Current Ambulance Subscription: (tick) | 🞎 Yes | 🞎 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 | Telephone Contact Numbers Mobile / Work / Landline | Language Spoken |
|  |  | (Neighbour, Relative, Grandparent Friend or Other) |  | (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: | 🞎 Adult A 🞎 Adult B 🞎 Other (Please Specify) |  |  |

## Other Primary Family Details

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship of Adult A to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |
| Relationship of Adult B to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Send Correspondence addressed to: (tick one) | 🞎 Adult A | 🞎 Adult B | 🞎 Both Adults | 🞎 Neither |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ultranet Logo 2** 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)  | 🞎 Adult A | 🞎 Adult B | 🞎 Both | 🞎 Neither |

## Demographic Details of Student

|  |
| --- |
| ❖ **Ultranet Logo 2** In which country was the student born? |
| 🞎 Australia | 🞎 Other (please specify):  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) |   \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_  |
| What is the Residential Status of the student? (tick) | 🞎 Permanent | 🞎 Temporary  |
| Basis of Australian Residency: |
| 🞎 Eligible for Australian Passport | 🞎 Holds Australian Passport |
| 🞎 Holds Permanent Residency Visa \* Please provide a copy of your Visa Grant Notification  |
| **Ultranet Logo 2** 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) |  |
| ❖ **Ultranet Logo 2** 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) |
| 🞎 No, English only | 🞎 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the student speak English? (tick) | **🞎 Yes** | **🞎 No** |
| ❖ **Ultranet Logo 2** Is the student of Aboriginal or Torres Strait Islander origin? (tick one) |
| 🞎 No | 🞎 Yes, Aboriginal  |
| 🞎 Yes, Torres Strait Islander | 🞎 Yes, both Aboriginal & Torres Strait Islander |
| What is the student’s living arrangements? (tick one): |
| 🞎 At home with TWO Parents/ Guardians | 🞎 State Arranged Out of Home Care # (See Note) |
| 🞎 At home with ONE Parent/ Guardian | 🞎 Homeless Youth |
| 🞎 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 🞎 Walking | 🞎 School Bus | 🞎 Train | 🞎 Taxi |  |
| 🞎 Bicycle | 🞎 Public Bus | 🞎 Driven | 🞎 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 Australian Primary School: |  \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |
| Name of previous School OR (if commencing school for the first time) Name or Kindergarten attended and Group: |  |
| **Ultranet Logo 2** Years of previous education: |  | What was the language of the student’s previous education? |  |
| **Ultranet Logo 2** Does the student have a Victorian Student Number (VSN)? |
| * Yes.

Please specify:🞎🞎🞎🞎🞎🞎🞎🞎🞎 | * Yes, but the VSN is unknown
 | 🞎 No. The student has never been issued a VSN. |
| **I give permission for Wilandra Rise Primary School to access any relevant information from previous & future educational institutions:** | 🞎 Yes 🞎 No |  |  |  |
| **Ultranet Logo 2** Years of interruption to education: |  | Is the student repeating a year? (tick) | 🞎 Yes | 🞎 No |
| **Will the student be attending this school full time? (tick)** |  |  | 🞎 Yes | 🞎 No |
| Has your child received additional support in their previous educational setting? | 🞎 YesSupport Provided: | 🞎No |

## Student Access Alert and Activity Restrictions Details

|  |  |  |
| --- | --- | --- |
| ACCESS Is the student at risk? | 🞎 Yes | 🞎 No |
| Is there an Access Alert for the student? (tick) | 🞎 Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | 🞎 No (If No, move to the immunisation / medical condition details questions.) |
| Access Type: (tick) | 🞎 Court Order🞎Informal Care Stat Dec  | 🞎 Parenting Order🞎DHHS Authorisation | 🞎 Parenting Plan🞎Witness Protection Program Order | 🞎 Protection Order🞎Other |
| Describe any Access Restriction: |  |
| ACTIVITY ALERTIs there an Activity Alert for the student? (tick) | 🞎 Yes | 🞎 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? | 🞎 Yes |  🞎 No |

## Student Medical Details

### Medical Condition Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ultranet Logo 2** Does the student suffer from any of the following impairments? (tick) | Hearing: | 🞎 Yes | 🞎 No | Vision | 🞎 Yes | 🞎 No |
| Speech:  | 🞎 Yes | 🞎 No | Mobility: | 🞎 Yes | 🞎 No |
| Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section | 🞎 Yes | 🞎 No |

|  |  |  |
| --- | --- | --- |
| HAS YOUR CHILD EVER HAD ANY ASSESSMENTS EG. SPEECH PATHOLOGY/PSYCHOLOGY? IF YES, PLEASE PROVIDE COPIES OF REPORTS TO SCHOOL |  🞎Yes |  🞎 No |

###  Asthma Medical Condition Details: Answer the following questions

###  ONLY if the student suffers from any asthma medical conditions.

|  |  |
| --- | --- |
| Please indicate if the student suffers from any of the following symptoms: (tick) | If my child displays any of these symptoms please: (tick) |
| 🞎 Cough | Inform Doctor | 🞎 Yes | 🞎 No |
| 🞎 Difficulty Breathing | Inform Emergency Contact | 🞎 Yes | 🞎 No |
| 🞎 Wheeze | Administer Medication | 🞎 Yes | 🞎 No |
| 🞎 Exhibits symptoms after exertion | Other Medical Action | 🞎 Yes | 🞎 No |
| 🞎 Tight Chest | If yes, please specify: |  |
| Has an Asthma Management Plan been provided to School? | 🞎 Yes | 🞎 No |
| Does the student take medication? (tick) | 🞎 Yes | 🞎 No | Name of medication taken: |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | 🞎 Preventative | 🞎 Response |
| Indicate the usual dosage of medication taken: |  | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick) | 🞎 Student | 🞎 Nurse | 🞎 Teacher | 🞎 Other |
| Medication is stored: (tick) | 🞎 with Student | 🞎 with Nurse | 🞎 Fridge in Staff Room | 🞎 Elsewhere |
| Dosage time |  | Reminder required? (tick) | 🞎 Yes | 🞎 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) | 🞎 Yes | 🞎 No |
| If yes, please specify: |  |
| Symptoms: |  |
| If my child displays any of the symptoms above please: (tick) |
| Inform Doctor | 🞎 Yes | 🞎 No | Inform Emergency Contact | 🞎 Yes | 🞎 No |
| Administer Medication | 🞎 Yes | 🞎 No | Other Medical Action | 🞎 Yes | 🞎 No |
|  | If yes, please specify: |  |
| Does the student take medication? (tick) | 🞎 Yes | 🞎 No | Name of medication taken: |  |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | 🞎 Preventative | 🞎 Response |
| Indicate the usual dosage of medication taken: |  | Indicate how frequently the medication is taken: |  |
| Medication is usually administered by: (tick) | 🞎 Student | 🞎 Nurse | 🞎 Teacher | 🞎 Other |
| Medication is stored: (tick) | 🞎 with Student | 🞎with Nurse | 🞎 Fridge in Staff Room | 🞎 Elsewhere |
| Dosage time |  | Reminder required? (tick) | 🞎 Yes | 🞎 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) | 🞎 Individual | 🞎 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 | Language Spoken | Telephone Contact |
|  |  | (Neighbour, Relative, Friend or Other) | (If English Write “E”) |  |
| 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) Proof of Address

d) Signed & Dated this form and all Permission Forms 🞏

e) Not enrolled your child elsewhere 🞏

f) 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 / 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