



Flowerdale Primary School

Small Schools Are Great Schools

- 3377 Whittlesea Yea Road, Flowerdale VIC 3717
- Phone: (03) 5780 1264 ▪ Email: flowerdale.ps@edumail.vic.gov.au

ENROLMENT PRIVACY NOTICE

PLEASE READ THIS NOTICE BEFORE COMPLETING THE ENROLMENT FORM.

This confidential enrolment form requests 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 Flowerdale Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Flowerdale Primary School and the Department of Education are required by law to protect the information provided in this enrolment form.

Health information is collected so that staff can 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. Withholding health information may put your child's health at risk.

Flowerdale Primary School requires information about all parents, guardians or carers so that we can be informed of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the school. It is important you tell us as soon as possible about any changes to these arrangements or contact details. 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 Flowerdale Primary School may need to contact in an emergency. In case of an emergency we will try and contact both parents first but sometimes we are unable to make contact and we will then need two other reliable people to contact. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to the school. Please also ensure that any changes to the emergency contact details are passed on to the school as soon as possible.

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 Flowerdale Primary School can receive appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth Government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not disclose the information to others without your consent or as required by law.

IMMUNISATION STATUS

This assists Flowerdale Primary School in managing health risks for children. This information may also be passed to the Department of Health and Human Services to assess immunisation rates in Victoria. Information sent to the Department of Health and Human Services is aggregate data so no individual is identified. The Department of Education requires a statement from Medicare on the current status of your child's immunisation history. You can access this statement from your myGov account or the Medicare website by typing the link in your browser <https://www1.medicareaustralia.gov.au/ssl/acircircert> or contacting your local Medicare office.

VISA STATUS

This information is required to enable Flowerdale Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please advise us in writing if any information needs to be changed anytime throughout your child's school years with us. It is extremely important all information is kept up to date.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the school on 57 801 264 to arrange this.

Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Flowerdale 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.

If you have any concerns about the confidentiality of this information please contact the Principal.

DOCUMENTS REQUIRED TO SUBMIT WITH COMPLETED ENROLMENT FORM

Please note: your child's enrolment form will not be accepted unless the original relevant documentation is provided to the office upon enrolment.

Please tick

Proof of Birth

Birth Certificate / Passport / ImmiCard

Immunisation Status

Medicare Immunisation Certificate

Note: If your child received immunisations overseas and / or your child's Medicare Immunisation Certificate is not up to date, please visit a medical practise and update your child's details.

Additional Documentation (Where applicable)

Visa Status Documentation

Visa Grant Notice

Court Order Documentation

Please specify: _____

Referrals Eg: Speech, Hearing etc

Please specify: _____

School Report

Latest School Report



ENROLMENT APPLICATION FORM

DATE:

___ / ___ / ___

STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

| | | | |
|---------------------------------|-------------------------------|---------------------------------|--|
| Surname: | | Title: (Miss Ms, Mrs, Mx, Mr) | |
| First Given Name: | | | |
| Second Given Name: | | | |
| Preferred Name (if applicable): | | | |
| ❖ Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> _____ (fill in blank) |
| Student Mobile Number: | | Birth Date: (dd-mm-yyyy) | ___ / ___ / ___ |

PRIMARY FAMILY HOME ADDRESS:

| | |
|------------------------------------|--|
| No. & Street: or PO Box details | |
| Suburb: | |
| 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 | Timetabling Group | House | Campus | | |
| Student Email Address: | | | | | | |
| 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 | | |

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):

| |
|---|
| Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank |
| Title: (Ms, Mrs, Mr, Mx, 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): |
| ❖ 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 |
| ❖ 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 highest 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. • 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'. <input style="float: right;" type="checkbox"/> |

ADULT B DETAILS:

| |
|---|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank |
| Title: (Ms, Mrs, Mr, Mx, 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): |
| ❖ 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 |
| ❖ 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 highest 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. • 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'. <input style="float: right;" type="checkbox"/> |

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

| | |
|---|--|
| Main language spoken at home: | Preferred language of notices: |
| 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 |

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

| |
|--|
| Is Adult A usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Telephone No: |
| Other After Hours Contact Information: |
| Mobile No: |
| SMS Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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.) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile |
| Email address: |
| Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fax Number: |

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

| |
|--|
| Is Adult B usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Telephone No: |
| Other After Hours Contact Information: |
| Mobile No: |
| SMS Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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.) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile |
| Email address: |
| Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fax Number: |

PRIMARY FAMILY MAILING ADDRESS:

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

| | |
|------------------------|-----------|
| No. & Street or PO Box | |
| Suburb: | |
| State: | Postcode: |

PRIMARY FAMILY DOCTOR DETAILS:

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

PRIMARY FAMILY EMERGENCY CONTACTS:

| | Name | Relationship (Neighbour, Relative, Friend or Other) | Telephone Contact | 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 |
|--|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|

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 |
| Is the student a young carer (providing support/care for other family member/s)? (tick one) | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 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 Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

| | | | | |
|--|-------------------------------------|--|--------------------------------------|--------------------------------|
| Beginning of journey to school: | Map Type | Melway / VicRoads / Country Fire Authority / Other | | |
| Map Number | X Reference | Y Reference | | |
| Usual mode of transport to school: (tick) | | | | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> School Bus | <input type="checkbox"/> Train | <input type="checkbox"/> Driven | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Tram | <input type="checkbox"/> Self Driven | <input type="checkbox"/> Other |
| If student drives themselves to school: | Car Reg. No. | | Distance to School in kilometres: | |

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

SCHOOL DETAILS

| | | | |
|--|--|---|---|
| Date of first enrolment in an Australian School: _____ / _____ / _____ | | | |
| Name of previous School: | | | |
| Years of previous education: | | What was the language of the student's previous education? | |
| Does the student have a Victorian Student Number (VSN)? | | | |
| <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"/> | | <input type="checkbox"/> Yes, but the VSN is unknown | <input type="checkbox"/> No. The student has never been issued a VSN. |
| Years of interruption to education: | | Is the student repeating a year? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

| |
|----------------------|
| Enrolment conditions |
|----------------------|

OFFICE USE ONLY

| | | |
|---|------------------------------|-----------------------------|
| Has the documentation been provided and retained on school records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have the conditions been met to complete the enrolment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

| | | | | |
|---|--|--|---|---|
| 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 Order |
| | <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: | | | | |

OFFICE USE ONLY

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

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

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

| | | | | |
|---|---|--|--|--|
| 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 |

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) <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 | If my child displays any of these symptoms 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: |
| 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 |
| No. & Street or PO Box No.: | |
| Suburb: | |
| State: | 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 (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 Parent/Guardian: _____ Date: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* 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)

Student Medical Consent

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:

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: ___ / ___ / ___

Local Permission Form

I give permission for my child to participate in excursions planned within the local Flowerdale area in which pupils do not require transport.

This permission notice is valid whilst my child is enrolled at Flowerdale Primary School and will entitle my child to participate in all such local excursions without further consent or notification. Further, I understand that the nature of local excursions is determined at the Principal's discretion.

If I **do not** want my child to participate in a specific excursion it is my responsibility to notify the school in writing.

Student's Name: _____

Signature of Parent/Guardian: _____

Date: ___ / ___ / ___

Head Lice Inspections Consent Form

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Trained staff from our school will conduct the inspection of students. The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

I hereby give my consent for my child to participate in the school's head lice inspection program.

Student's Name: _____

Signature of Parent/Guardian: _____

Date: ___ / ___ / ___

PERMISSION TO PUBLISH PHOTOS, VIDEOS OR DIGITAL IMAGES OF STUDENTS AND WORK SAMPLES AT FLOWERDALE PRIMARY SCHOOL

This permission form provides school approval (inclusive from Prep– 6) to publish my child's digital image and first name including, but not limited to the school website, class photos, newsletter, school brochures, transition information, concert recordings, camps and excursions displays, assembly presentations and class displays. This also includes samples of my child's work.

Where my child's photograph is required for publication beyond the school programs or in the local daily newspapers separate written parental permission will be sought.

I hereby give permission for the school to use my child's photos as detailed in the above permission form.

Student's Name: _____

(Please Print Students Name Clearly)

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

PERMISSION TO WATCH PG MOVIES

I give permission for my child to participate in the viewing of PG movies as deemed suitable by staff.

This permission notice is valid whilst my child is enrolled at Flowerdale Primary School(Interim Name) and will entitle my child to participate in activities involving PG rated movies without further consent or notification.

If I **do not** want my child to participate in a specific viewing it is my responsibility to notify the school in writing.

Student's Name: _____

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