Form to Enrol in a Victorian Government School ALTONA PRIMARY SCHOOL

Department

of Education

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Student Enrolment Information – 20____ OFFICE USE ONLY CASES21 Student ID:

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ***** are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:				
First Given Name:				
Second Given Name: (if applicable)				
Preferred First Name: (if applicable)				
Gender: D Male Female Self-described:				
Date of Birth: (dd-mm-yyyy) // Student Mobile Number: (if applicable)				
Which year are you seeking to enrol this student?				
□ Foundation □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □ Ungraded				
Intended start date:				
Intended start date:				
□ Day 1, Term 1 □ Other: (<i>dd-mm-yyyy</i>) /				
Are you seeking to enrol the student at this school full-time?				
If No, how many days a week would the student be attending this school?				
If No, provide reason you are seeking part-time enrolment:				
If No, provide details for other schools:				
Other school name: Days / week: Has enrolment been accepted? Yes No				
Other school name: Days / week: Has enrolment been accepted? I Yes No				

Student's Permanent Residence

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

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

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

Student Living Arrangements

What are the student's living arrangements?				
Student lives with parents/carers together at the same residence	\Box Student lives with each parent/carer at different times			
□ Student lives with one parent/carer only	□ State Arranged Out of Home Care*			
□ Informal care arrangement [#]	□ Student is independent			
□ Homeless				
If the student has a Case Manager, please provide their contact details below:				

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units. # If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

Siblings

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

Does the student have any siblings at this school?		kt section)			
Na	me	Current Year Level		at same re as the st	
1			□ Yes	🗆 No	□ Sometimes
2			□ Yes	□ No	□ Sometimes
3			□ Yes	□ No	□ Sometimes
4			□ Yes	□ No	□ Sometimes

Student Demographics

Does the student speak English?	□ Yes	□ No		
Does the student speak a language other than English at ho	me?			
□ No, English only				
□ Yes (please specify the main language spoken at home):				
♦ Is the student of Aboriginal or Torres Strait Islander origin?				
□ No	□ Yes, Aboriginal			
□ Yes, Torres Strait Islander □ Yes, Both Aboriginal & Torres Strait Islander			slander	
Is the student a young carer (providing support/care for other family member/s)? *			□ No	

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

Student Residency Status

✤ In which country was the student born?					
□ Australia	□ Other (please specify):				
If born overseas, or	If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)				
What is the student	's residency status? *				
□ Australian citizen -	□ Australian citizen – holds Australian Passport □ Permanent Resident (provide visa details below)				
□ Australian citizen -	n citizen – eligible for Australian Passport				
□ New Zealand citize	en				
Visa Sub Class:		Visa Expiry Date: (dd-mm-yyyy)	//		
Visa Statistical Code: (Required for some sub-classes)					
* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at					

Does the student hold a Bridging Visa?	□ Yes (provide further detail below)	□ No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

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

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

Students with Additional Learning and Support Needs

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

Does the student have addit	ional needs and require support for learning?		
□ Yes	□ No (move to the next section)		
Please indicate any adjustments that may assist the student to participate at school:			

Has the student had a disability assessment before?	□ No
	Yes (specify outcome):
Has the student received individualised disability funding	□ No
before?	Yes (please specify):
Has any previous education provider prepared a documented plan to support the student's	□ No
additional learning needs?	Yes (provide details):

Does the student have additional needs in any of the following areas?	Hearing:	□ No	Yes (please specify):
	Vision:	□ No	Yes (please specify):
	Speech/Language:	□ No	□ Yes (please specify):
	Physical:	□ No	□ Yes (please specify):
	Cognitive/Learning:	□ No	□ Yes (please specify):
	Social/Emotional:	□ No	□ Yes (please specify):

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?			□ No
Name of kindergarten or early childhood service:			

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

Previous Education – Other

Has the student previously been enrolled	□ Yes, in Victoria – Government School		□ Yes, in Victoria – Catholic or Independent School		
at another school?	□ Yes, intersta	ate	□ Yes, overseas	□ No (move to next section)	
If Yes, name of last schoo	attended:				
If Yes, location of last sch (suburb/town/state/country)	ool attended:				
If Yes, date of attendance: (dd-mm-yyyy)		///	to /	/	
If Yes, year levels of previous education:					
If the student studied over start school?	seas, what age	did the student first			
What was the language of the student's previous education?					
Period of interruption to en (months/years)	ducation:		Is the student repeatin a year level?	g □ Yes □ No	

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Child's Name sig	hted:		□ Yes		□ No		Enrolment Date:	
Year level:	Home Group:	Timeta Group:	•	House	:	Campus:		
Student Email Ad	ldress:							
Australian residency confirmed:		□ Yes	1 🗆	□ No		□ Not sighted / provided		
Date of birth confirmed:		□ Yes – Bir certificate		Ƴes – Doctor tificate	□ Yes - □ Not sigl Other / provided		Not sighted ovided	
Does the student have a Disability ID number?		□ Yes (please specify):			🗆 No			
For Foundation students, has a Transition Learning and Development Statement been provided?		☐ Yes, via Insight ☐ Yes, direc Assessment Platform teacher/pare] No	□ Pending		

Does the student have a Victorian Student Number (VSN)?							
□ Yes, please specify:	□ Yes. but the VSN is unknown	\Box No, the student has never					
		been issued a VSN					

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Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

PARENT/CARER DETAILS

First Given Name: Gender: Imale Gender: Imale No. & Street Address: Suburb: State: Postcode: Preferred language of notices: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes State: Postcode: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes Stadut 1 vsually home during school hours? Yes SMS Notifications: Yes Mobile Email Parent Stop Parent Parent Stop Parent In which country was Adult 1 born? Australia	Surname:		Title:			
No. & Street Address: Suburb: State: Postcode: Preferred language of notices: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? I was in the second in	First Given Name:					
Suburb: State: Postcode: Preferred language of notices: Work Phone: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes No is Adult 1 usually home during school hours? Yes No Student I usually home during school hours? Yes No SMS Notifications: Yes No Adult 1 sprefered method of contact: (Email shall be used for communication that cannot be sent via phone) Adult 1 Email Mobile: Home Phone Work Phone Adult 1 Email I Home Phone Work Phone Mail Is Adult 1 Interested in being Involved in school group participation activities? (e.g., School Council, excursions) Specify any other special conditions or times related to contact? Mail Is Adult 1 Interested in being Involved in school group participation activities? (e.g., School Council, excursions) Parent Student Is the highest year of primary or secondary school that Adult 1 has completed? Ves I 1 or equivalent Year 10 or equivalent Year 10 or equivalent Parent Student I born? Adult 1 has completed? In which country was Adult 1 born? Bachelor degree or above <th>Gender:</th> <th>□ Male</th> <th>Female Self-described:</th>	Gender:	□ Male	Female Self-described:			
Suburb: State: Postcode: Preferred language of notices: Work Phone: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes No Is Adult 1 usually home during school hours? Yes No Is Adult 1 usually home during web sent via phone) Student lives with Adult 1: Mobile: Yes No Adult 1's prefered method of contact: (Email shall be used for communication that cannot be sent via phone) Adult 1 Mobile Email Adult 1 Mobile Email Is Adult 1 Interested in being involved in school group participation activities? (e.g., School Council, excursions) Specify any other special conditions or ontact? Yes No Relationship to student: Friend Year 12 or equivalent Year 10 or equivalent Parent Step Parent Friend Year 10 or equivalent Year 10 or equivalent Year 3 or quivalent Year 10 or equivalent Year 10 or equivalent Year 10 or equivalent What is the level of the highest year of primary or secondary school dualification that Adult 1 has completed? Year 9 or quivalent Parant Student 1 born? Adukt						
State: Postcode: Preferred language of notices: Mobile: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes No Is Adult 1 usulty home during school hours? Yes No State: Yes No SMS Notifications: Yes No Adult 1's prefered method of contact: (Email shall be used for communication that cannot be sent via phone) Adult 1 Job Title: Mobile: Adult 1 she highest year of primary or secondary school Council, excursions) I home Phone Work Phone Special conditions or times related to contact? Friend Parent Student I born? I host Family Relative Parent Student I born? I how far country was Adult 1 born? What is the highest year of primary or secondary school dualification that Adult 1 has completed? I which country was Adult 1 born? Bachelor degree or above Adult 1 speek a language other than English at home? No non-school qualification that Adult 1 Please select the appropriate current parental accupation group of Adult 1? Please select the appropriate current parental accupation group from the attached list at the end of the document. Other (please specify): Soes Adult 1 speek	No. & Street Address:					
Preferred language of notices: Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes No Is Adult 1 usually home during school hours? Yes No Is Adult 1 usually home during school hours? Yes No SMS Notifications: Yes No Email Notifications: Yes No Adult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone) Adult 1 Job Title: Mobile Email Mail Home Phone Work Phone Specify any other special conditions or times related to contact? Student 1 interested in being involved in school group participation activities? (e.g., School Council, excursions) Parent Step Parent Foster Parent Host Family Relative Friend Self Other: Bachelor degree or above Advanced diploma / Diploma Certificate 1 to IV (including trade certificate) No, English only No non-school qualification No, English only In the attached is at the end of the document. Ye (please specify): If the person is not currently in paid work but has had	Suburb:					
Mobile: Work Phone: Home Phone: Email: Can we contact Adult 1 during school hours? Yes No Is Adult 1 usually home during school hours? Yes No SMS Notifications: Yes No Email Notifications: Yes No Cadult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone) Adult 1 Job Title: Mobile Email Mail Home Phone Work Phone Specify any other special conditions or times related to contact? Step Parent Foster Parent Parent Step Parent Foster Parent Year 10 or equivalent or below / no schooling Parent Step Parent Foster Parent Year 10 or equivalent or below / no schooling Self Other: Year 11 or equivalent Year 30 or equivalent or below / no schooling Australia Other (please specify): Bachelor degree or above Advanced diploma / Diploma Other (please specify): Certificate I to IV (including trade certificate) No non-school qualification No, English only Yes (please specify): In the accupation group of Adult 1? Please select the approprise current parental accupation group from	State:		Postcode:			
Home Phone: Email: Can we contact Adult 1 during school hours? Yes No Is Adult 1 usually home during school hours? Yes No SMS Notifications: Yes No SMS Notifications: Yes No Can we contact Adult 1 for school hours? No Student lives with Adult 1: SMS Notifications: Yes No Can we contact act and be sent via phone) Occasionally Adult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone) Adult 1 Job Title: Mobile Email Mail Home Phone Work Phone Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions) or times related to contact? Yes No Relationship to student: Yes No Parent Step Parent Foster Parent Host Family Relative Friend Self Other: Yes 10 or equivalent Australia Other (please specify): Bachelor degree or above Other (please specify): Cartificate 1 to IV (including trade certificate) No, English only	Preferred language of notices	:				
Can we contact Adult 1 during Yes school hours? Yes is Adult 1 usually home during Yes is Adult 1 is preferred method of contact: (Email shall be used for communication that cannot be sent via phone) Mobile Email Mobile Email Bace for owner is not communication that cannot be sent via phone) Mobile Email Mobile Email Bace for owner is not currently in paid work but has had Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions) remes related to contact? Relationship to student: Parent Bachelor degree or above In which country was Adult 1 born? Australia Other (please specify): <	Mobile:		Work Phone:			
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school hours? If Yes SMS Notifications: If Yes Image: Comparison of the second s	school hours?					
Email Notifications: Yes Adult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone) Mobile Email Mobile Email Mobile Email Mobile Email Mobile Email Mobile What is the sent via phone) Specify any other special conditions or times related to contact? Relationship to student: Parent Step Parent Host Family Relative Self Other: In which country was Adult 1 born? Australia Other (please specify): No, English only Yes (please specify): Yes (please specify):			□ Always □ Mostly □ Balanced (50%)			
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used for communication that cannot be sent via phone) Mobile Mobile Home Phone Work Phone Specify any other special conditions or times related to contact? Relationship to student: Parent Host Family Relative Step Parent Step Parent Step Parent Step Parent Step Parent Step Parent Parent Step Parent Parent Step Parent Step Parent Step Parent Parent Step Parent Step Parent Foreide What is the highest year of primary or secondary schooling Vear 12 or equivalent Year 10 or equivalent Year 1						
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Specify any other special conditions or times related to contact? Relationship to student: Parent Step Parent Step Parent Host Family Relative Friend Year 12 or equivalent Year 10 or equivalent Year 11 or equivalent Year 9 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equivalent Year 11 or equivalent Year 10 or equiva	□ Mobile □ Emai	il 🗆 Mail	Employer:			
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Relationship to student: Parent Step Parent Host Family Relative Friend Year 12 or equivalent Year 9 or equivalent Year 9 or equivalent Year 10 or equivalent Year 9 or equivalent Year 10 or equivalent Year 10 or equivalent Year 10 or equivalent Year 9 or equivalent Year 10 or equivalent Year 9 or equivalent Year 10 or equivalent	special conditions or times related to					
In which country was Adult 1 born? Australia Other (please specify): * Does Adult 1 speak a language other than English at home? No, English only Yes (please specify):	Relationship to student:					
 Host Family Relative Friend Self Other: Mustralia Other (please specify): Australia Other (please specify): Audult 1 speak a language other than English at home? No, English only Yes (please specify): Yes (please specify):	Parent Step Pa	arent	Year 12 or equivalent Year 10 or equivalent			
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 Australia Other (<i>please specify</i>): Advanced diploma / Diploma Certificate I to IV (including trade certificate) Certificate I to IV (including trade certificate) No non-school qualification What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. If the person is not currently in paid work but has had 	In which country was Adult 1	born?				
 Other (please specify):	-					
home? □ No, English only □ Yes (please specify): What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. • If the person is not currently in paid work but has had			□ Certificate I to IV (including trade certificate)			
What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. Yes (please specify): • If the person is not currently in paid work but has had		age other than English at	□ No non-school qualification			
Yes (please specify): If the person is not currently in paid work but has had			select the appropriate current parental occupation group			
a job in the last 12 months, or has retired in the last 12	□ Yes (please specify):		If the person is not currently in paid work but has had			
			a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached list.			
Is an interpreter required? □ Yes □ No						

Surname:								Title:		
First Given Name:								-		
Gender:		□ Ma	e	□ Fe	male	□ Sel	f-described:			
No. & Street Address:										
Suburb:								_		
State:						Postcod	e:			
Preferred language of notices:										
Mobile:				w	/ork Phone	:				
Home Phone:				E	mail:					
Can we contact Adult 2 during school hours?		Yes	□ No	1	Student	t lives witl	h Adult 2:			
Is Adult 2 usually home during school hours?		Yes	□ No		□ Alway	ys	□ Mostly	🗆 Ba	alanced	(50%)
SMS Notifications:		Yes	□ No		□ Occa	sionally	□ Never			
Email Notifications:		Yes	□ No		Adult 2	Job	_			
Adult 2's preferred method of c used for communication that cann					Title: Adult 2					
□ Mobile □ Email	01 00		Mail		Employ					
Home Phone Work Phone							ted in being on activities			
Specify any other special conditions					excursic	ons)				
or times related to contact?					□ Yes			□ No		
Relationship to student:				1		-	hest year of		rsecon	dary
□ Parent □ Step Par	ont		ster Parent			12 or equi	<mark>as complete</mark> valent	u r □ Year 10	or equ	ivalent
□ Host Family □ Relative		□ Frie				11 or equi		□ Year 9 d	•	
□ Self □ Other:						· · ·	el of the higi	or below / hest qualifi		-
				J		has comp	-			
In which country was Adult 2 be	orn?				□ Bach	elor degre	e or above			
□ Australia				□ Advanced diploma / Diploma						
□ Other (please specify):					□ Certif	icate I to I	√ (including t	rade certific	ate)	
Does Adult 2 speak a language home?	ge oth	ner than	English at				qualification			
□ No, English only					select th	ne appropri	upation gro iate current p list at the end	arental occ	upation	
□ Yes (please specify):					• If the	person is r	not currently	in paid worl	k but ha	
				1			12 months, o use their last			
Please indicate any additional languages spoken by Adult 2:					the at	tached list			r	
<u><u><u></u></u></u>				1			s not been in hs, enter 'N'.		for	I
Is an interpreter required?		Yes	□ No							

Additional Parents/Carers

Are there additional parents/carers in the student's life?	□ Yes (provide details below)	\Box No (move to next section)
Name of Adult 3:		
Name of Adult 4:		

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

Emergency Contacts

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

	Name	Relationship	Telephone Contact	Language Spoken
		(Neighbour, Relative, Friend or Other)		(Write E for English)
1				
2				
3				
4				

Correspondence Details

Send correspondence addressed to: (select one)	□ Adult 1	□ Adult 2	□ Both Adults	□ Neither	
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Billing Details

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

Send bills to: (select one)	□ Adult 1	□ Adult 2	Another person / address* (complete details below)
Name to be used for all billing			
No. & Street or PO Box			
Suburb:			
State:		1	Postcode:
Billing Email:			

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

STUDENT MEDICAL DETAILS

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

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

Student Doctor

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

Asthma

Does the student have asthma?	□ Yes				□ No (move to next section)		
Has a current Asthma Management Plan been provided to School? please provide an Asthma Management Plan to the School				□ Yes		□ No	
Does the student take medication?	s the student take medication? □ Yes □ No Name of medication?						
Is the medication taken regularly by t response to symptoms?	r only in	Preventa	ative	□ Response			
Indicate the usual dosage of medication taken:			Indicate how the medicatio				
Medication is usually administered by	y:	□ Student	□ Adult	: [Other: _		
Medication is to be stored:		□ with Stude	nt 🗆 with S	Staff □	Other: _		
Dosage time:		Reminder re	quired?	Yes		□ No	

Medical Conditions

Does the student have an allergy? If yes, please provide the school with an <u>ASCIA Action Plan for Allergies.</u>	□ Yes	□ No
Is the student at risk of anaphylaxis? If yes, please provide the school with an <u>ASCIA Action Plan for Anaphylaxis.</u>	□ Yes	□ No

Does the student have any or school needs to know about form, to be completed by the	□ Yes	□ No						
If Yes to <u>any of the above</u> , please specify:								
Symptoms:								
If the student displays any o	If the student displays any of the symptoms above, please:							
Inform emergency contact	□ Yes	□ No	Administer medication	□ Yes	🗆 No	þ		
Other medical action	□ Yes	□ No	If Yes, please specify:					

Medication

Does the student take medication?	□ Yes	□ No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school	□ Yes	□ No
Name of medications taken:		

Allied Health Support

Has the student previously accessed support from an allied health professional?	Occupational therapy:	□ No	□ Yes
	Speech pathology:	□ No	□ Yes
	Physiotherapy:	□ No	□ Yes
	Exercise physiology:	□ No	□ Yes
	Behaviour support:	□ No	□ Yes
	Other:	□ No	□ Yes (specify):

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Immunisation Certificate received:	□ Yes – Up to date	□ Yes – Not up to da	te D Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	□ Yes	□ No	
Does the student have asthma, allergies or anaphylaxis?	□ Yes	□ No	
Does the student need to take medication during school hours?	□ Yes	□ No	
*Have the required medical forms been provided to the school?	□ Yes	□ No	□ N/A – no medical conditions

*Note: Additional forms including student medical advice and condition forms can be found here: Medical Advice Forms

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

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

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

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

Is there an intervention order, parenting order or any other court order impacting the student?								
□ Yes □ No (move to the next section)								
If Yes, then complete the following questions and present a current copy of the document to the school.								
Court Order or other	□ Family Law Order / Parenting Order	Parenting Plan / Agreement	□ Intervention Order					
access document type:	Child Protection Order	DFFH Authorisation	□ Other:					
Image:								
End Date (if applicable):	: (dd-mm-yyyy)							

Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third parties) that the student cannot participate in?

□ Yes

Г

 \Box No (move to the next section)

If Yes, please provide further detail: (e.g. sport, excursions)

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Current Court Order or other access document placed on student file?

□ No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?								
□ Walking	□ School Bus	Train	□ Driven by parent/carer	□ Taxi / Ride Share				
Bicycle Public Bus Tram Self-Driven Other:								
	If the student catches public transport to school, what station/stop does their journey commence:							
If the student drives themself to school, what is their Car Registration Number:								

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?

□ Yes

□ No (proceed to next question)

Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will pay a fare to travel. Your school can provide the relevant application form.

Is the student applying for the School Bus Program?

□ Yes (see text below)

 \Box No (proceed to next question)

Your school can provide the relevant application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's PAL here: www.education.vic.gov.au/pal/school-bus-program/policy

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas. Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?							
□ Yes (read below text) □ No							
Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here: www.education.vic.gov.au/pal/transport-students-disabilities/policy							
First date of travel? Next school year Alternate date: (dd-mm-yyyy) /							
Type of travel assistan	ce requested?						
□ Access to School Bus	Access to School Bus Conveyance Allowance						
If applicable, specify the student's mode of assisted mobility.							
Comments relevant to travel:							

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Can the student Individual Education Plan include travel training?	□ Yes	□ No
Is the student attending their nearest school?	□ Yes	□ No
Does the student reside in Designated Transport Area (if attending special school)?	□ Yes	□ No
Can the student be accommodated on an existing route (if applicable)?	□ Yes	□ No
Pick-up Point:	Map Ref:	Time AM:
Set Down Point:	Map Ref:	Time PM:

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

DECLARATION

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

I/We confirm that:

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

Signature of Enrolling Adult:	 Date:	//	·
		· ·	

Signature of Enrolling Adult (if applicable):

__ Date: _____ / _____ / _____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

 $\hfill\square$ Both parents/carers have completed and signed this form.

□ Parents/carers are completing separate forms (schools can provide additional forms on request).

□ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been

provided in the form for the school's use as required.

□ One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.

□ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.

□ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them)

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

WHO CAN SIGN THIS FORM?

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

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

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

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

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director) Defence Forces Commissioned Officer

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

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
 Air/sea transport (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

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

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing) Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer) Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency) Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proofreader, sportsman/woman, coach, trainer, sports official)

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

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

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

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

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

Skilled office, sales, and service staff:

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

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

Drivers, mobile plant, production / processing machinery and other machinery operators Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper) Office assistants, sales assistants, and other assistants:

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

Labourers and related workers

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

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Surname:								Title:	
First Given Name:									
Gender:		□ Ma	le	□ Fe	emale		Self-describe	ed:	
No. & Street Addres	is:								
Suburb:									
State:						Postcod	le:		
Preferred language	of notices:								
Mobile:				Wo	ork Phone	:			
Home Phone:				Em	ail:				
Can we contact Adu school hours?	Ilt 3 during	□ Yes	□ No		Student	t lives wit	h Adult 3:		
Is Adult 3 usually he school hours?	ome during	□ Yes	□ No		□ Alway	ys	□ Mostly	🗆 Bala	anced (50%)
SMS Notifications:		□ Yes	□ No		□ Occa	sionally	□ Never		
Email Notifications:		□ Yes	□ No		Adult 3	Job	_		
Adult 3's preferred					Title: Adult 3				
□ Mobile	🗆 Email	□ Ma	il		Employ	er:	-		
□ Home Phone Specify any other	Work Pho	ne		Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)					
special conditions or times related to contact?						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ No	
contact:					♦ What	is the hig	<mark>hest year of</mark>	primary or	secondary
Relationship to stud	lent:					-	as complete		secondary
□ Parent	□ Step Parer	nt 🗆 Fos	ster Parent		□ Year	12 or equ	ivalent		or equivalent
□ Host Family	□ Relative	🗆 Frie	end		□ Year	11 or equ	ivalent	□ Year 9 or or below / n	•
□ Self	□ Other:					is the lev has com	el of the higl pleted?	hest qualific	ation that
In which country wa	as Adult 3 bor	n?					e or above		
□ Australia				☐ Advanced diploma / Diploma					
□ Other <i>(please spec</i>	cify):				□ Certif	icate I to I	V (including t	rade certifica	te)
Does Adult 3 spe home?	ak a language	e other thar	n English at		🗆 No no	on-school	qualification		
□ No, English only							cupation gro		
□ Yes (please specif	y):						list at the end not currently		
					a job	in the last	12 months, o	or has retired	in the last 12
Please indicate any languages spoken b						ns, please tached lis		occupation t	to select from
anguages sporell i	y Addit J.						is not been in		r
ls an interpreter req	uired?	□ Yes	□ No		ine la	SUIZ MON	ths, enter 'N'.		

Surname:								Title:	
First Given Name:									
Gender:		□ Ma	le	□ Ferr	nale	□ Self-c	lescribed:		
No. & Street Addres									
	S:								
Suburb:						Destand			
State:	- 6 4					Postcod	e:		
Preferred language	of notices:								
Mobile:	_			Wo	ork Phone	:			
Home Phone:				Em	nail:				
Can we contact Adu school hours?	It 4 during	□ Yes	□ No]	Studen	t lives with	n Adult 4:		
Is Adult 4 usually ho school hours?	ome during	□ Yes	□ No		□ Alwa	ys	□ Mostly	□ Ba	lanced (50%)
SMS Notifications:		□ Yes	□ No		□ Occa	sionally	□ Never		
Email Notifications:		□ Yes	□ No		Adult 4 Title:	Job			
Adult 4's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)				Adult 4 Employ					
□ Mobile	🗆 Email		• •				ted in being	involved ir	school
□ Home Phone	Work Phor	ne			group participation activities? (e.g., School Council, excursions)				
Specify any other special conditions					□ Yes			□ No	
or times related to contact?						-	hest year of is completed		secondary
Relationship to stud	lent:				□ Year	12 or equi	valent	□ Year 10	or equivalent
□ Parent	□ Step Parer	nt 🗆 Fos	ster Parent		□ Year	11 or equi	valent		or equivalent no schooling
□ Host Family	□ Relative	🗆 Frie	end				el of the high		
□ Self	□ Other:					has comp elor degree			
In which country wa	as Adult 4 bor	n?		□ Advanced diploma / Diploma					
□ Australia				□ Certificate I to IV (including trade certificate)				ate)	
□ Other (please spec	cify):			□ No non-school qualification					
Does Adult 4 speak a language other than English at home?				select th	ne appropri	upation gro ate current p list at the end	arental occ	upation group	
□ No, English only					• If the	person is r	not currently i	in paid work	but has had
Yes (please specify):					month	hs, please	use their last		d in the last 12 to select from
Please indicate any	additional					ttached list person ha	s not been in	paid work f	or
languages spoken b							hs, enter 'N'.		
Is an interpreter req	uired?	□ Yes	□ No	1					