



STUDENT ENROLMENT FORM

PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form.

Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that our school can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Jindivick 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 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. Jindivick Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

We require information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the school. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Wendy Arnott, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Please remember to attach:

- A copy of current Immunisation Status
- A copy of student's birth certificate
- The Media Permission Form
- The Head lice Inspection Form

EMERGENCY CONTACTS

These are people that the school may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Jindivick Primary School.

STUDENT BACKGROUND INFORMATION

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that 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 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 the 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 .

*Currently there is no Religious Instruction program offered at Jindivick Primary School

IMMUNISATION STATUS

This assists the school in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

VISA STATUS

This information is required to enable the school to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Jindivick 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 any concerns about the confidentiality of this information please contact the Principal. The Jindivick 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. This form is available on request.

Please do not hesitate to contact the school if you have any queries,

Regards

Wendy Arnott
Principal

JINDIVICK PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2021

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

| | | | |
|---------------------------------|-------------------------------|---------------------------------|--|
| Surname: | | Title: (Miss Ms Mr) | |
| First Given Name: | | | |
| Second Given Name: | | | |
| Preferred Name (if applicable): | | | |
| ❖ Sex (tick): | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Birth Date: (dd-mm-yyyy) _____ / _____ / _____ |
| Student Mobile Number: | | | |

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):

| |
|--|
| Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Title: (Ms, Mrs, Mr, Dr etc) |
| Legal Surname: |
| Legal First Name: |
| What is Adult A's occupation? |
| Who is Adult A's employer? |
| In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): |
| ❖ 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'. |

ADULT B DETAILS:

| |
|--|
| Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Title: (Ms, Mrs, Mr, Dr etc) |
| Legal Surname: |
| Legal First Name: |
| What is Adult B's occupation? |
| Who is Adult B's employer? |
| In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): |
| ❖ 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'. |

❖ 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: | | |
| Adult A's preferred method of contact: (tick one) | | |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Email | <input type="checkbox"/> Facsimile |
| Email address: | | |
| 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: | | |
| Adult B's preferred method of contact: (tick one) | | |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Email | <input type="checkbox"/> Facsimile |
| Email address: | | |
| 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: | |

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 |
| What is the student's living arrangements? (tick one): | |
| <input type="checkbox"/> At home with TWO Parents/ Guardians | <input type="checkbox"/> State Arranged Out of Home Care # (See Note) |
| <input type="checkbox"/> At home with ONE Parent/ Guardian | <input type="checkbox"/> Homeless Youth |
| <input type="checkbox"/> Independent | |

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

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

| | | | | |
|--|-------------------------------------|--|--------------------------------------|--------------------------------|
| 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: | |

| |
|----------------------------|
| 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.

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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. 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"/> | |
| 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 Guide's Admission page for more information

<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>.

| |
|----------------------|
| 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"/> Court Order | <input type="checkbox"/> Family Law Order | <input type="checkbox"/> Restraining 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 | Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Speech: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mobility: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No | | Inform Emergency Contact <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.

| | <i>Name</i> | <i>Relationship</i> (Neighbour, Relative, Friend or Other) | <i>Language Spoken</i> (If English Write "E") | <i>Telephone Contact</i> |
|---|-------------|---|--|--------------------------|
| 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)

WEB PAGE / ELECTRONIC & OTHER MEDIA PERMISSION



Dear Parents

From time to time, the school web site is updated with children's work and photographs. Also, media such as the local and national newspapers, and other electronic media may visit the school or be at locations where students are. Photographs and articles on these occasions may include student's names / photographs.

Please fill in and return the form below, noting whether you give permission for your child/children to appear on the school web page, and or any media articles while they attend Jindivick Primary School.

Please also return the form, if you DO NOT wish your child's photo or name to appear on our web page, or in media articles.

Please do not hesitate to see me if you have any queries,
Thankyou
Wendy

SECTION 8 : WEB PAGE/CLASSROOM BLOGS

The purpose of our school website is to promote the quality education that takes place at our school and to allow parents and the community another avenue through which to connect to our student's learning. **Classroom Blogs** also allow students to share their learning with each other as well as families.

As the school website is posted on the world wide web we seek your permission to include your child's first name, work and/or photographs on our site. Once on the world wide web, these are not protected sites and anyone can have access to them.

| | |
|---|---|
| I GIVE PERMISSION FOR MY CHILD'S WORK TO APPEAR ON THE JINDIVICK PS WEBSITE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I GIVE PERMISSION FOR A PICTURE OF MY CHILD INVOLVED IN SCHOOL ACTIVITIES TO APPEAR IN SCHOOL NEWSLETTERS AND/OR DISPLAYED ON THE JINDIVICK PS WEBSITE. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I GIVE PERMISSION MY CHILD'S FIRST NAME TO APPEAR ON THE JINDIVICK PS WEBSITE. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

SECTION 9 : MEDIA

I GIVE PERMISSION FOR MY CHILD'S NAME AND/OR PHOTOGRAPH TO APPEAR IN THE MEDIA, IN ARTICLES ABOUT JINDIVICK PS

In doing so, please understand it is possible that any media publications / photographs may also end up on the world wide web, and once there, may be viewed and used by any person.

- YES
- NO

SECTION 10 : SKYPE/VIDEO CONFERENCING

I GIVE PERMISSION FOR MY CHILD TO BE INVOLVED IN SKYPE AND/OR VIDEO CONFERENCING SESSIONS

- YES
- NO

PERMISSION

STUDENTS NAMES/s _____

Signature of parent/guardian _____ date / /2015

NAME _____

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's school at:

JINDIVICK PRIMARY SCHOOL

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection 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.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent's/guardian's/carer's full name:

Parent's/guardian's/carer's full name:

Address:..... Post code:.....

Name of child attending the school:.....

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: **Date**.....

Signature of parent/guardian/carer: **Date**.....

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.