

Student Enrolment Form

ENROLMENT FORM

CHECKLIST:	YES	NO
1. Enrolment Form All details completed	<input type="checkbox"/>	<input type="checkbox"/>
2. Proof of Birth Birth Certificate copy / Passport	<input type="checkbox"/>	<input type="checkbox"/>
3. Proof of Residency Rates Notice/ Utilities Bill	<input type="checkbox"/>	<input type="checkbox"/>
4. School Entry Immunisation Certificate		
<i>An Immunisation Certificate (if born overseas) from the Shire of Brimbank Council</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If immunised in Australia Australian Immunisation Childhood Register Certificate stating – ‘This child has received all vaccines required by 5 years of age’.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Can be obtained through Medicare Office or online)</i>		
5. Passport/ Visa Details must be presented to complete enrolment if child was born overseas	<input type="checkbox"/>	<input type="checkbox"/>
6. Kindergarten Attended: _____	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL PRIVACY NOTICE

Information about the Enrolment Form- Please read before completing.

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

Health information is asked for so that staff at Movelle Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Movelle Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

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

Emergency Contacts

These are people that Movelle Primary 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 Movelle 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 Movelle Primary 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.

Immunisation Status

This assists Movelle Primary 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 Movelle Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Movelle Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time Movelle 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.

Movelle 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

STUDENT ENROLMENT INFORMATION

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):			
❖ Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Year Level		Expected Start Date	_____ / _____ / _____

PRIMARY FAMILY HOME ADDRESS:

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

FAMILY DETAILS

List any other brothers or sisters attending this school:	
Name: _____	Year Level _____
Name: _____	Year Level _____
Name: _____	Year Level _____
Name: _____	Year Level _____

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

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		
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
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		

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 (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 list at the back of this booklet.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use the last occupation to select from the attached occupation list. 		
<ul style="list-style-type: none"> • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

Adult B Details:

Gender (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 A?		
Please select the appropriate parental occupation group from the list at the back of this booklet.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use the last occupation to select from the attached occupation list. 		
<ul style="list-style-type: none"> • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

PRIMARY FAMILY CONTACT DETAIL

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:		
Mobile Telephone:		
Work email address:		

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:		
Mobile Telephone:		
Work email address:		

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:		
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
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

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:		
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
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:
Send Correspondence addressed to: <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor/Clinic 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: (PLEASE DO NOT LIST PARENT NUMBERS)

	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
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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 (tick):	
<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.

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.

SCHOOLING 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. 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"/> 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 Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions <ul style="list-style-type: none"> • • • • •

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 legal 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 briefly and attach a copy				
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
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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
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ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick) <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 and Asthma Spacer 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 <i>regularly</i> 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

Does the student have allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANAPHYLAXIS E.g. Anaphylactic – swelling of airways, lips, mouth, tongue. If the student suffers from Anaphylaxis you must collect an Anaphylaxis Action Plan from the School. This must be signed by your doctor and an EPIPEN provided to the school before your child's first day at school.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either, please specify:			
ALLERGY: An allergy plan must be provided to the school by prior to first day of school. This must be signed by your doctor and medication provided by parent/guardian.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either, please specify:			

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 <i>regularly</i> by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual medication dosage 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 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				

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:	

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. I understand that the Principal can request that records held by my child's previous school be transferred to Movelle Primary School. I agree to the transfer of information.

Signature of Parent/Guardian: _____ **Date:** ___ / ___ /20___

By providing consent, you are giving permission for your child/children for the duration of their enrolment at Movelle Primary School. Please note that you can change your consent at any time by completing a new consent form and returning to the general office.

Head lice consent

During your child's enrolment at Movelle Primary School there may be outbreaks of head lice infestations. It may be necessary to inspect all students in a class. The management of head lice infestation works best when all students are involved in the inspections.

The school staff members are aware that this can be a sensitive issue and will provide necessary information to students.

The inspection of students will be conducted by a trained person. If head lice are found, parents will be notified and provided with advice.

Your permission to inspect your child's hair whilst they are enrolled at Movelle Primary School is required.

- I DO give permission for my child's hair to be inspected for Head Lice should the need arise during their enrolment at Movelle Primary School.
 I DO NOT give permission for my child's hair to be inspected for Head Lice should the need arise during their enrolment at Movelle Primary School.

Parent Name: _____ Signature: _____ Date: _____ / _____ /20____

By providing consent, you are giving permission for the school to publish your child's image and name (first name only) for the duration of their enrolment at Movelle Primary School

Photo/Media Consent Form

At Movelle Primary School we celebrate the efforts of our students by publicising their participation and achievement in school events in our school newsletter and in displays around the school.

In general student images and student work are used to:

- record student participation at school and in school events
- celebrate student effort and achievement
- promote the school and events held by the school.

Images of students or samples of their work are integral to the school Website. The work that may be included but is not limited to includes:

- class photos from excursions and camps
- multimedia presentations used at assemblies or school open days
- art work
- sports reports
- video recordings of performances such as assembly

We may also use photographs of our students on the school website along with examples of their work.

By providing consent, you are giving permission for the school to publish your child's image and name (first name only) for the duration of their enrolment at Movelle Primary School. Please note that you can change your consent at any time by completing a new consent form and returning to the general office.

- I DO give permission for my child's image to appear in school publications, in displays around the school and on the school website whilst enrolled at Movelle Primary School.
 I DO NOT give permission for my child's image to appear in school publications, in displays around the school and on the school website whilst enrolled at Movelle Primary School.

Parent Name: _____ Signature: _____ Date: _____ / _____ /20____

ICT Parent/Guardian Permissions

It is the policy of the school and the Department of Education and Training that we receive parent/guardian permissions for your child to use ICT programs.

Below is a list of ICT programs that Movelle Primary School uses to enhance the educational prospects and development of your child. These may or may not be used by your teacher as some of them are Year Level appropriate.

Please indicate permission for your child to use the following programs for the duration of their enrolment at the school by ticking Yes or No for each program listed below.

Mathletics is a website used to help students learn, practice and consolidate a variety of Mathematical skills.

I give permission for my child to use this program Yes No

Seesaw allows students to independently document what they are learning at school.

I give permission for my child to use this program Yes No

Parent Name: _____ Signature: _____ Date: _____ / _____ /20____

SCHOOL FAMILY OCCUPATION INDEX

PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

GROUP N: Unemployed for more than 12 months

If you are not currently in paid work but **have had a job in the last 12 months**, or have retired in the last 12 months, please **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations

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

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

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

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts /media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration

- **Medical, science, building, engineering, computer** technician/associate professional
- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

OCCUPATION 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.

Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]