



RINGWOOD NORTH PRIMARY SCHOOL

2017 ENROLMENT FORM

COMPUTER GENERATED STUDENT ID:

--	--	--	--	--	--	--	--

ENROLMENT CONFIRMED BY:	DATE CONFIRMED: / /	ENTERED: YES / NO
-------------------------	---------------------	-------------------

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

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

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

BIRTH CERTIFICATE: YES / NO	IMMUNISATION CERTIFICATE: YES / NO	ACCESS ALERT: YES / NO	AT RISK: YES / NO
MEDICAL ALERT: YES / NO	ASTHMA: YES / NO - IF YES, HAS AN ACTION PLAN BEEN PROVIDED: YES / NO		
DISABILITY: YES / NO - IF YES DISABILITY ID No.		ANAPYLAXIS: YES / NO	MEDICAL DECLARATION: YES / NO
RELIGIOUS ED: YES / NO	FIRE DRILL: YES / NO	HEAD LICE: YES / NO	ALTERNATIVE FAMILY: YES / NO
TRANSITION STATEMENT RECEIVED: YES / NO - IF YES, FROM EARLY CHILDHOOD EDUCATOR OR PARENT			

FAMILY DETAILS

List any other family members attending this school at present:	
List any younger siblings that may attend this school in the future including the year they would commence:	

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

RINGWOOD NORTH 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 Ringwood North Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Ringwood North 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 Ringwood North Primary 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. Ringwood North Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Ringwood North 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 Ringwood North Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Michael Green, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Ringwood North Primary School staff 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.

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 Ringwood North 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.

Religious Affiliation

If you want your child to receive religious instruction while at Ringwood North Primary School please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, *where possible*, provide appropriate religious instruction.

Immunisation Status

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

UPDATING YOUR CHILD'S RECORDS

Please let Ringwood North Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Ringwood North 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, Michael Green, 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. Ringwood North 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.

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: 'the family or parent the student mostly lives with'. Additional and Alternative family details start on page 10. This additional information is designed to cater for varying family circumstances.
It is imperative that the legal surname, legal first name and legal second name are recorded.

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 <i>highest</i> 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.		
<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 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 <i>highest</i> 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.		
<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 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.

❖ 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:			
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

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:
A MINIMUM OF TWO EMERGENCY CONTACTS OTHER THAT PARENTS IS REQUIRED**

	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

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
--	----------------------------------	----------------------------------	--------------------------------------	----------------------------------

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

Does this student live elsewhere part-time on a permanent basis (i.e. alternate weekends):	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

If YES please complete the "Alternative Family Details" starting on page 10 of this enrolment form.

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

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.

TRAVEL DETAILS

Beginning of journey to school:		Map Type:(please circle)		Melway / VicRoads / Country Fire Authority / Other	
Map Number:		X Reference:		Y Reference:	
Usual mode of transport to school: (tick below)					
<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	
Distance to School in kilometres:					

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

SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / _____										
Name of previous School:											
Years of previous education:		What was the language of the student's previous education?									
Does the student have a Victorian Student Number (VSN)?											
<input type="checkbox"/> Yes. If yes please specify <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										<input type="checkbox"/> Yes, but the VSN is unknown	
		<input type="checkbox"/> No. The student has never been issued a VSN.									
Years of interruption to education:		Is the student repeating a year? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No									
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)											
Other school Name:		Time fraction:	0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Other school Name:		Time fraction:	0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No								

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:			

OFFICE USE ONLY

Current documents listed above in student file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

MEDICAL DECLARATION

In the event of illness or injury to my child whilst at school, on an excursion/camp, 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)	If my child displays any of these symptoms please: (tick)		
<input type="checkbox"/> Cough	Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Wheeze	Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Tight Chest	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 Office <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:				
Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms:				
If my child displays any of the symptoms above please tick below:				
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 to any of the above 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 Office	<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:			

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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information

<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>.

Enrolment conditions:

HEAD LICE INSPECTIONS

<p>Throughout your child's schooling, Ringwood North Primary 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.</p> <p>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.</p> <p>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.</p>	
I hereby give consent for the student to participate in the program if deemed necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY EVACUATION / FIRE DRILLS

It is a requirement for schools to plan and rehearse evacuation procedures. The primary purpose of this is the protection of the students, staff and community members within the school in the event of natural or man-made emergencies. Rehearsals give us all the opportunity to prepare for such an event and eliminate any potential concerns. The evacuation points will vary depending on the event. We have three evacuation points - the school oval, Athelstane Park and Ricki Court Park.

I hereby give consent for the student to participate in the evacuations.

YES NO

ALTERNATIVE FAMILY ONLY COMPLETE THIS SECTION IF YOUR CHILD LIVES ELSEWHERE PART-TIME ON A PERMANENT BASIS.
 (See "Living Arrangement" Notes at the end of this form for further details.)

ADULT A OF ALTERNATIVE FAMILY 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 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		

ADULT B OF ALTERNATIVE FAMILY 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		

ADULT A CONTINUED:

❖What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	
<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 <i>highest</i> 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.	
<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 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 CONTINUED:

❖What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	
<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 <i>highest</i> 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.	
<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 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'. 	

Main language spoken at home:		Preferred language of notices:	
Are you interested in being involved in school group participation activities? (e.g. School Council, excursions) (tick)		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither	

ADULT A OF ALTERNATIVE FAMILY 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:	

ADULT B OF ALTERNATIVE FAMILY 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 A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information: i.e. mobile	
Adult A's preferred method of contact: (tick one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Facsimile	
Email address:	

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: i.e. mobile	
Adult B's preferred method of contact: (tick one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Facsimile	
Email address:	

ALTERNATIVE FAMILY HOME ADDRESS:

No. & Street: (or Box details)			
Suburb:			
State:		Postcode:	
Home Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Mobile Numbers:	1.	2.	
Relationship to Student:	1.	2.	

ALTERNATIVE FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address No. & Street			
Suburb:			
State:		Postcode:	

ALTERNATIVE FAMILY DOCTOR DETAILS:

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

ALTERNATIVE FAMILY EMERGENCY CONTACTS:

	Name	Relationship <small>(Neighbour, Relative, Friend or Other)</small>	Telephone Contact	Language Spoken <small>(If English Write "E")</small>
1				
2				
3				

ALTERNATIVE FAMILY BILLING ADDRESS:

WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS
--

No. & Street:			
Suburb:		State:	
		Postcode:	

OTHER ALTERNATIVE FAMILY DETAILS

Relationship of Adult A of Alternative Family 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 of Alternative Family 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 Alternative Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

PLEASE SUPPLY THE FOLLOWING DOCUMENTATION TO SUPPORT THIS APPLICATION:

- a copy of your child's birth certificate
- statement from the Australian Childhood Immunisation Register (ACIR):



A school entry immunisation certificate is a specific document which shows your child's record of immunisation. The certificate is an important record that will assist health authorities in protecting children in the event of a vaccine preventable disease occurrence in school.

Please note that it is a **legal requirement** to provide a school entry immunisation certificate on enrolment to primary school in Victoria.

There are now 2 ways parents can obtain a school entry immunisation certificate:

- Parents will automatically receive a history statement from the Australian Childhood Immunisation Register (ACIR) after your child has completed the 4-year-old vaccine schedule and has completed all childhood immunisations required. On the bottom of the page it should state: "**This child has received all vaccines required by 5 years of age**". If it does, this is now accepted as a school entry immunisation certificate in Victoria.
- Parents whose child's immunisation records are incomplete, missing or your child has never been vaccinated, contact your local immunisation service who will be able to assist you in obtaining a school entry immunisation certificate.

For more information about how to obtain a school immunisation certificate please contact your local council immunisation service or visit www.health.vic.gov.au/immunisation under the heading 'frequently asked questions'.

The enrolment form information you provide is entered into the school's computerised administrative system for educational, administrative and reporting purposes. The information marked with the symbol  is also transferred to the Ultraset (an online learning environment across all Victorian schools) to set up your child's profile in the Ultraset and for administrative and reporting purposes. Your child's information will be viewed only by authorised staff. More detail about the Ultraset and privacy is available in the Ultraset guide provided to you. You may ask the school not to activate your child's profile in the Ultraset however the information marked with  on this form will be provided to the Ultraset.

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)