

SELBY PRIMARY SCHOOL



STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>								

STUDENT DETAILS

❖ Some questions in the enrolment form are marked with this symbol. These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

Surname:	Title: (Miss Ms Mr)
First Given Name:	Second Given Name:
Preferred Name: (if applicable):	❖ Sex : <input type="checkbox"/> Female <input type="checkbox"/> Male Birth Date / / Proof of birth date must be provided
List other family members attending this school:	

PRIMARY FAMILY DETAILS

NOTE: The PRIMARY Family is “the family or parent the student mostly lives with”. The Alternative Family is the family or parent the student lives with occasionally or under a regular shared care arrangement. This may also be a parent or family who has care or responsibility of the student but the student does not live with them. See page 5 for the ALTERNATIVE Family details.

Adult A Details (Primary Carer):

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:		
First Name:		
Adult A's occupation?		
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.)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
❖ What is the highest year of primary or secondary school Adult A has completed? (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?		
<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 carefully and accurately the appropriate parental occupation group from the attached list.		

Adult B Details:

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:		
First Name:		
Adult B's occupation?		
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.)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
❖ What is the highest year of primary or secondary school Adult B has completed? (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?		
<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 carefully and accurately the appropriate parental occupation group from the attached list.		

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours No:	
Adult A's preferred method of contact:	<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email address:	

Relationship of Adult A to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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ADULT B CONTACT DETAILS

Business Hours

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

After Hours

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours No:	
Adult B's preferred method of contact:	<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email address:	

Relationship of Adult B to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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The student lives with the Primary Family: <i>If Mostly, Balanced, Occasionally or Never is ticked please consider completing the Alternative Family Section with details of the second family.</i>	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never
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 HOME ADDRESS:

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

PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

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

PRIMARY FAMILY DOCTOR/CLINIC DETAILS:

Doctor's Name :	If Group Practice/Clinic specify name :																		
No. & Street or PO Box No.:																			
Suburb:	State:	Postcode:																	
Telephone Number																			
Current Ambulance Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:																	

PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____	
Arrival or Return Date ____ / ____ / ____			
What is the Residential Status of the student:		<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: ____ / ____ / ____	Visa Statistical Code: (Required for some sub-classes)
❖ Does the student 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)			
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____	
Does the student speak English?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander	
		<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? :		<input type="checkbox"/> At home with TWO Parents/ Guardians	
		<input type="checkbox"/> At home with ONE Parent/ Guardian	
Usual mode of transport to school:		<input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Driven	
		<input type="checkbox"/> Other (please specify) _____	
Distance to School (kms)			

SCHOOL DETAILS (or Kindergarten attended if commencing school for the first time)

Date of first enrolment in an Australian School:	____ / ____ / ____	Name of previous School or Kindergarten:	
Years of previous education:		Language of previous education?	
Is the student a repeat student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student an Integration student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Will the student be attending this school full time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give the school permission to speak with previous Educational Institutions			<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Access Alert for the student?	<input type="checkbox"/> Yes (If Yes, complete the following questions) <input type="checkbox"/> No
Access Type: <i>Please provide a copy</i>	<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? <i>Eg. Sport, Christmas celebrations</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, then describe the Activity Restriction:			

Student Medical Details

Does the student suffer from any Medical Conditions? (If Yes, please list)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Condition/Allergy	Symptoms and further information		
LIFE THREATENING CONDITIONS SUCH AS ASTHMA OR ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED			
Does the student suffer from any of the following impairments?	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vision:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has your child had Assessments eg. Speech Pathology, Psychology, Hearing, Eyesight? If yes, please provide copies of reports to the school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation Status Certificate Please provide a copy – certificates are issued by Medicare	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete

ACCIDENT CONSENT	
<p>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)</p> <ul style="list-style-type: none"> ▪ consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, ▪ administer such first aid as the Principal or staff member may judge to be reasonably necessary. 	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____

LOCAL WALKING EXCURSION CONSENT	
<p>From time to time the children, under supervision of their teacher, are taken out of the school grounds for a local walking excursion to look at points of interest eg. Environmental studies walk, Puffing Billy Station. Please read additional information provided regarding the local walking excursions.</p> <p>I consent to my child leaving the school grounds for these purposes.</p>	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____

CONSENT TO PUBLISH WORK & IMAGES	
<p>Students work or images may be published on the Internet or in the electronic or print media for the purposes of the School newsletter, displays within the school, local newspapers, school website and at Assemblies. Images will only be identified by first name only. Please read additional information provided regarding the publishing of work and images.</p> <p>I consent to the use of my child's work and images as outlined above.</p>	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____

CONSENT TO CONDUCT HEAD LICE INSPECTIONS	
<p>A trained person authorised by the Principal may conduct head lice inspections from time to time. Please read additional information provided regarding the head lice inspections.</p> <p>I consent to my child participating in the school's head lice inspection program for the duration of their schooling at Selby Primary School.</p>	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____

SIGNATORY

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, however 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: ____ / ____ / ____

I have enclosed the following documents (if applicable) :

- Proof of Birth Date (Birth Certificate, Passport)
- Immunisation Status Certificate
- Asthma Management Plan : please provide Asthma Medication & personal spacer on commencement
- Anaphylaxis Management Plan : please provide Adrenaline Auto-Injector on commencement
- Allergy Management Plan
- Details of conditions requiring medication to be given during the school day : please provide medication on commencement
- Copies of Court , Family Law or other Orders
- copies of Assessments such as Speech, Psychology, Hearing, Eyesight

OFFICE USE ONLY

Child's Name and Birth Date proof sighted			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level		Home Group		Assessments received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consent to Publish		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head Lice Check Consent		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Walking Excursion Consent		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a Medical Alert for this student requiring further action (eg Management Plan)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation Certificate Status		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	<input type="checkbox"/> Conscientious Objection Form <i>(code as Incomplete in Cases21)</i>		
Current Court Orders Received		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alternative Family Details Provided		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation letter sent		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date			
Other follow up required							
Signature of Admin Officer				Date			

ALTERNATIVE FAMILY DETAILS

NOTE: The Alternative Family is the family or parent the student lives with occasionally or under a regular shared care arrangement. This may also be a parent or family who has care or responsibility of the student but the student does not live with them.

ADULT A DETAILS (PRIMARY CARER):

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)	
Surname:			
First Name:			
Adult A's occupation?			
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.)			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):		
❖What is the highest year of primary or secondary school Adult A has completed? (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?			
<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 carefully and accurately the appropriate parental occupation group from the attached list.		

ADULT B DETAILS:

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)	
Surname:			
First Name:			
Adult B's occupation?			
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.)			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):		
❖What is the highest year of primary or secondary school Adult B has completed? (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?			
<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 carefully and accurately the appropriate parental occupation group from the attached list.		

ALTERNATIVE FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

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

After Hours

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ADULT B CONTACT DETAILS

Business Hours

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

After Hours

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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After Hours:

Home Telephone No:	
Other After Hours No:	
Adult A's preferred method of contact:	<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email address:	

After Hours

Home Telephone No:	
Other After Hours No:	
Adult B's preferred method of contact:	<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email address:	

Relationship of Adult A to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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Relationship of Adult B to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____
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The student lives with the Alternative Family:	<input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never
Send Correspondence addressed to:	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
Receive School Reports:	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME ADDRESS:

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

MAILING ADDRESS: Write "As Above" if the same as Family Home Address

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

ALTERNATIVE FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

SIGNATORY

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, however 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)



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

Health information is collected so that staff at the 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. The school depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Our 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 the staff and principal. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Justin Butler, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS

These are people that we 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 our 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 at 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.

IMMUNISATION STATUS

This assists us 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 us to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let us know if any information needs to be changed by sending updated information to the school office. During your child's time with Selby 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 Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.