

# BALWYN PRIMARY SCHOOL



Balwyn Road, Balwyn, 3103

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## STUDENT ENROLMENT INFORMATION 2017

### STUDENT DETAILS (Personal Details of Student)

|  |                           |
|--|---------------------------|
| <b>SURNAME:</b>  | <b>FIRST GIVEN NAME:</b>  |
| <b>*SEX:</b> Male / Female (Please circle)   | <b>SECOND GIVEN NAME:</b> |
| <b>DATE OF BIRTH:</b> ...../...../..... (Copy of Birth Certificate or Passport must be supplied) | <b>PREFERRED NAME:</b>    |
| <b>OFFICE USE ONLY:</b> Enrolment Date: ...../...../..... Year Level: Home Group:                |                           |

### PRIMARY FAMILY DETAILS *(The 'Primary' Family is: "the responsible family or parent for the student." Alternative family forms are available from the office if required.)*

List any other family members attending this school:

### ADULT A DETAILS (PRIMARY CARER):

|   |  |
|---|--|
| <b>SURNAME:</b>   | <b>FIRST NAME:</b> .....<br><i>(Ms, Mrs, Mr, Dr, etc) (Please circle)</i>  |
| <b>WHAT IS ADULT A'S OCCUPATION?</b>  | <b>RELATIONSHIP TO STUDENT:</b>  |
| <b>WHO IS ADULT A'S EMPLOYER?</b>   | <b>IN WHICH COUNTRY WAS ADULT A BORN?</b><br><input type="checkbox"/> Australia <input type="checkbox"/> Other ..... |
| <b>*DOES ADULT A SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?</b> <i>(If more than one language is spoken at home, indicate the one that is spoken most often.)</i><br><input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes (please specify): .....<br>Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>*What is the highest year of primary or secondary school Adult A has completed?</b> <i>(tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i><br><input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below  |  |
| <b>*What is the level of the highest qualification level the Adult A has completed?</b> <i>(tick one)</i><br><input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma<br><input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification   |  |
| <b>*What is the occupation group of Adult A?</b> <i>(Please select the letter of the appropriate parental occupation group from the attached list. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'.)</i> |  |

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

## ADULT B DETAILS:

|  |  |
|--|--|
| <b>SURNAME:</b>  | <b>FIRST NAME:</b> .....<br>Title: (Ms, Mrs, Mr, Dr, etc) (please circle)  |
| <b>WHAT IS ADULT B'S OCCUPATION?</b>   | <b>RELATIONSHIP TO STUDENT:</b>  |
| <b>WHO IS ADULT B'S EMPLOYER?</b>  | <b>IN WHICH COUNTRY WAS ADULT B BORN?</b><br><input type="checkbox"/> Australia <input type="checkbox"/> Other ..... |
| <b>*DOES ADULT B SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.)<br><input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes (please specify): .....<br>Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>*What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)<br><input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below  |  |
| <b>*What is the level of the highest qualification level the Adult A has completed?</b> (tick one)<br><input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma<br><input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification   |  |
| <b>*What is the occupation group of Adult B?</b> (Please enter the letter of the appropriate parental occupation group from the attached list. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.) |  |

## OTHER PRIMARY FAMILY DETAILS

|  |   |
|--|---|
| Student lives with Primary Family (circle):<br>A (Always) M (Mostly) B (Balanced) O (Occasionally) | Correspondence to: (circle)<br>A=Adult A, B= Adult B, C = Both Adults |
|--|---|

|  |                                |
|--|--------------------------------|
| Language Spoken at Home<br>(Leave Blank if English.) | Preferred Language of notices: |
|--|--------------------------------|

| <b>ADULT A (Business Hours Contact Details)</b>  | <b>ADULT B (Business Hours Contact Details)</b>  |
|--|--|
| Contact at work? (Please tick)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Contact at work? (Please tick)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| Home Phone:                      Business:   | Home Phone:                      Business:   |
| Mobile:  | Mobile:  |
| Email:   | Email:   |

### Family Residential Address:

### Family Mailing Address:

|                    |                    |
|--------------------|--------------------|
| No. & Street:      | No. & Street:      |
| Suburb & Postcode: | Suburb & Postcode: |

### Home Location Details:

Map Location Melway Map Number ..... Ref ..... (e.g. Map No. 48 Ref C 12)  
 Distance from home to school: ..... km  
 Normal method of travel to school Walk / Car / Bus / Cycle / Train / Tram (Please circle)

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

## FAMILY DOCTOR DETAILS

|                |   |
|----------------|---|
| Doctor's Name: | Individual or Group Practice (Please circle)    |
| Address:       | Telephone No:                                   |
| Medicare No:   | Ambulance Subscriber: Yes No<br>(Please circle) |

## Primary Family Emergency Contacts *(Other than Parents/Guardians)*

|   | Name | Relationship to Student (Grandparent/ Uncle/Friend, etc) | Telephone Contacts | Language Spoken (E for English) |
|---|------|--|--------------------|---------------------------------|
| 1 |      |  |                    |                                 |
| 2 |      |  |                    |                                 |
| 3 |      |  |                    |                                 |

## DEMOGRAPHIC DETAILS OF STUDENT

|   |  |   |  |
|---|--|---|--|
| <b>*In which country was the student born?</b><br><input type="checkbox"/> Australia<br><input type="checkbox"/> Other (please specify) .....   |  | What is the residential status of the Student?<br><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary   |  |
| Basis of Australian Residency:<br><input type="checkbox"/> Eligible for Australian Passport<br><input type="checkbox"/> Holds Australian Passport<br><input type="checkbox"/> Holds Permanent Residency Visa  |  | Date of Arrival to Australia OR date of return to Australia.<br>...../...../.....<br>Visa Expiry Date: ...../...../.....<br>Visa Sub Class: .....<br>Visa Statistical Code: .....   |  |
| <b>*Does the student speak a language other than English at home? (tick)</b><br><input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes * (Please specify)<br><i>*If more than one language is spoken at home, indicate the one that is spoken most often.</i>  |  | Does the student speak English? (tick)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |
| <b>*Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander<br><input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander   |  | <b>What is the student's living arrangements? (tick one)</b><br><input type="checkbox"/> At home with TWO parents/guardians<br><input type="checkbox"/> At home with ONE parent/guardian<br><input type="checkbox"/> Arranged by State-Out of Home Care |  |
| <b>Date of first enrolment in an Australian School?</b>   |  | What was the language of the student's previous education?  |  |
| <b>Name of previous School or Kindergarten if Prep?</b>   |  | Years of previous education?  |  |
| Does the student require an Integration Aide?   |  | Student's Religion:   |  |
| Does the student have a Victorian Student Number (VSN)? Yes, number is: <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"/> <input type="checkbox"/> |  |   |  |
| <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.  |  |   |  |

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

## STUDENT RESTRICTION DETAILS

### Access Restrictions

|  |   |
|--|---|
| Is the student at risk?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Is there an Access Alert for the student? <i>(Tick)</i><br><input type="checkbox"/> Yes (If yes, then complete the following questions) <input type="checkbox"/> No (If no, move to the immunization/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:   | <b>Office Use Only:</b> Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

## STUDENT DOCTOR DETAILS

*(If the student has a doctor separate to Family Doctor please advise the office.)*

|  |
|--|
| <b>CONSENT TO MEDICAL ATTENTION</b>  |
| 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: |
| <ul style="list-style-type: none"> <li>· Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.</li> <li>· Administer such first aid as the Principal or staff member may judge to be reasonably necessary.</li> </ul>             |
| Signature of Parent/Guardian: _____ Date: ...../...../.....  |

## STUDENT IMMUNIZATION DETAILS

*It is a legal requirement to provide a school entry immunization certificate on enrolment to primary school in Victoria.*

Certificate Provided:     Yes     No

## STUDENT MEDICAL DETAILS

|   |  |   |
|---|--|---|
| Does the student suffer from any of the following impairments? <i>(Tick)</i>                                | 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? <i>(Tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| ** If no please go to the Other Medical Conditions Section.   |  |   |

**Asthma Medical Conditions Details** *(Answer the following questions ONLY if the student suffers from any asthma medical conditions.)*

|   |   |
|---|---|
| <b>Please indicate if the student suffers from any of the following symptoms. <i>(Tick)</i></b> | <b>If my child displays any of the above symptoms please: <i>(Tick)</i></b>       |
| <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing                    | Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion       | Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tight chest  | 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 be provided to School? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Does the student take medication for the above medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Name of medication taken: .....  |  |
| Is the medication taken regularly by the student (preventative) or only in response to symptoms? <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: <input type="checkbox"/> Student <input type="checkbox"/> Teacher   |  |
| Is a reminder required for the student to take their medication? ( <i>tick</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No                                |  |
| Medication is stored: ( <i>tick</i> ) <input type="checkbox"/> with student <input type="checkbox"/> fridge in staffroom <input type="checkbox"/> Elsewhere              |  |

### OTHER MEDICAL CONDITIONS

|  |  |
|--|--|
| Does the student have any other medical conditions? ( <i>tick</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| If yes, please specify:  |  |
| Symptoms:  |  |
| If my child displays any of the symptoms above please: ( <i>tick</i> )   |  |
| Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No   | Administer medication <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No  | Other medical action <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, please specify:  |  |
| Does the student take medication for the above medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Name of medication taken: .....  |  |
| Is the medication taken regularly by the student (preventative) or only in response to symptoms? <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: <input type="checkbox"/> Student <input type="checkbox"/> Teacher   |  |
| Is a reminder required for the student to take their medication? ( <i>tick</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No                                |  |
| Medication is stored: ( <i>tick</i> ) <input type="checkbox"/> with student <input type="checkbox"/> fridge in staffroom <input type="checkbox"/> Elsewhere              |  |

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 with this form is correct. |                         |
| Signature of Parent/Guardian: .....                                 | Date: ...../...../..... |



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

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

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

#### **Emergency Contacts**

These are people that Balwyn 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 the 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 Balwyn 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 Balwyn 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 Balwyn Primary School to process your child's enrolment.

#### **UPDATING YOUR CHILD'S RECORDS**

Please let Balwyn Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Balwyn 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. Balwyn 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. The form is available on request.

# 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)