

BALWYN PRIMARY SCHOOL

Balwyn Road, Balwyn, 3103

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www.balwynps.vic.edu.au



STUDENT ENROLMENT INFORMATION 2021

STUDENT DETAILS (Personal Details of Student)

SURNAME:	FIRST GIVEN NAME:
*SEX: Male / Female (Please circle)	SECOND GIVEN NAME:
DATE OF BIRTH:/...../..... (Copy of Birth Certificate or Passport must be supplied)	PREFERRED NAME:
OFFICE USE ONLY: 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):

SURNAME:	FIRST NAME: (Ms, Mrs, Mr, Dr, etc) (Please circle)
WHAT IS ADULT A'S OCCUPATION?	RELATIONSHIP TO STUDENT:
WHO IS ADULT A'S EMPLOYER?	IN WHICH COUNTRY WAS ADULT A BORN? <input type="checkbox"/> Australia <input type="checkbox"/> Other
*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): Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
*What is the level of the highest qualification level 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 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'.)	

* 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:

SURNAME:	FIRST NAME: Title: (Ms, Mrs, Mr, Dr, etc) (please circle)
WHAT IS ADULT B'S OCCUPATION?	RELATIONSHIP TO STUDENT:
WHO IS ADULT B'S EMPLOYER?	IN WHICH COUNTRY WAS ADULT B BORN? <input type="checkbox"/> Australia <input type="checkbox"/> Other
*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): Is an interpreter required? <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 level 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 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): A (Always) M (Mostly) B (Balanced) O (Occasionally)		Correspondence to: (circle) A=Adult A, B= Adult B, C = Both Adults	
Language Spoken at Home (Leave Blank if English.)		Preferred Language of notices:	
ADULT A (Business Hours Contact Details)		ADULT B (Business Hours Contact Details)	
Contact at work? (Please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Contact at work? (Please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Home Phone: Business: Mobile: Email:		Home Phone: Business: Mobile: 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)

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FAMILY DOCTOR DETAILS

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

*In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		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		Date of Arrival to Australia OR date of return to Australia./...../..... Visa Expiry Date:/...../..... Visa Sub Class: Visa Statistical Code:	
*Does the student speak a language other than English at home? (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes * (Please specify) <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) <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, 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"/> At home with ONE parent/guardian <input type="checkbox"/> Arranged by State-Out of Home Care	
Date of first enrolment in an Australian School?		What was the language of the student's previous education?	
Name of previous School or Kindergarten if Prep?		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.			

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STUDENT RESTRICTION DETAILS

Access Restrictions

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) <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:	Office Use Only: 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.)

CONSENT TO MEDICAL ATTENTION 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: · 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:/...../.....
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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? (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) <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.

Please indicate if the student suffers from any of the following symptoms. (Tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight chest	If my child displays any of the above symptoms please: (Tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other medical action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
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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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medication is stored: (tick) <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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Administer medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other medical action	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:			
Does the student take medication 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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medication is stored: (tick) <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 INFORMATION for parents, guardians and carers

During the ordinary course of your child's attendance at our school, school staff will collect your child's personal and health information when necessary to educate your child, or to support your child's social and emotional wellbeing or health in the school context. Such information will also be collected when required to fulfil a legal obligation, including duty of care, anti-discrimination law and occupational health and safety law. If that information is not collected, the school may be unable to provide optimal education or support to your child, or fulfil those legal obligations.

For example, health information may be collected through the school nurse, primary welfare officer or wellbeing staff member. If your child is referred to a specific health service at school, such as a Student Support Services officer, the required consent will be obtained. Our school also collects information provided by parents, guardians and carers through the School Entrance Health Questionnaire (SEHQ) and the Early Childhood Intervention Service (ECIS) Transition Form.

Our school may use online tools, such as apps and other software, to collect and manage information about your child. When our school uses these online tools, we take steps to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact us.

School staff will only share your child's personal or health information with other staff who need to know to enable the school to educate or support your child, or fulfil a legal obligation.

When our students transfer to another Victorian government school, personal and health information about that student will be transferred to that next school. Transferring this information is in the best interests of our students and assists that next school to provide optimal education and support to students.

In some limited circumstances, information may be disclosed outside of the school (and outside of the Department of Education and Training). The school will seek your consent for such disclosures unless the disclosure is allowed or mandated by law.

Our school values the privacy of every person. When collecting and managing personal and health information, all school staff must comply with Victorian privacy law. For more information about privacy including about how to access personal and health information held by the school about you or your child, see our school's privacy policy: <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

Throughout this notice, 'staff' includes principals, teachers, Student Support Service officers, youth workers, social workers, nurses and any other allied health practitioners and all other staff at our school. This includes employees, agents and service providers (contractors) of the Department, whether paid or unpaid.

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)