

NEW MAINSTREAM ENROLMENT CHECKLIST

STUDENT NAME:

To be completed by the parent

Please note all information below must be completed before any enrolment application will be considered;

- Completed Enrolment Form
- Completed Permissions and Authority Form

External Documents

- Proof of residence (eg: Contract of Sale or Tenancy Agreement)
- Copy of the child's Birth Certificate (in English)
- Copy of the child's immunisation Record (Medicare Immunisation Register)
- For any medical conditions, a current copy of child's Management Plan completed by your Doctor must be provided (eg: Asthma Management Plan / Anaphylaxis Management Plan)
- For any restraining orders or child protection issues; a copy of Court order or Parenting Plans must be provided
- Copy of any Visa approvals & Copy of child's Passport (if applicable)
- Copy of the child's last school report (excludes Foundation students)
- Current Working With Children Check Card

(If you would like to help out in the classroom and within the school you need to obtain a "Working with Children's Check card. <http://www.workingwithchildren.vic.gov.au> Once you have a WWCC card please present it to the office and we will get a copy. This must be completed before helping with any school activities or excursions)

If you would like further information regarding enrolling into a Victorian public school please visit.

<https://www.education.vic.gov.au/parents/Pages/school-age.aspx>

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

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

EMERGENCY CONTACTS

These are people that Thornbury PS 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 Thornbury PS.

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 Thornbury 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 Thornbury 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 Thornbury Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

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

THORBURY PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION - 20
Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss, Ms, Mrs, Mx, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	(fill in blank)	
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	

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

Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House Campus
Student Email Address:			
Immunisation Certificate received? (tick)	<input type="checkbox"/> Complete <input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)				
Legal Surname:				
Legal First Name:				
What is Adult A's occupation?				
Who is Adult A's employer?				
In which country was Adult A born?				
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):			
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)				
<input type="checkbox"/> No, English only				
<input type="checkbox"/> Yes (please specify):				
Please indicate any additional languages spoken by Adult A:				
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No				
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)				
<input type="checkbox"/> Year 12 or equivalent				
<input type="checkbox"/> Year 11 or equivalent				
<input type="checkbox"/> Year 10 or equivalent				
<input type="checkbox"/> Year 9 or equivalent or below				
❖ What is the level of the highest qualification the Adult A has completed? (tick one)				
<input type="checkbox"/> Bachelor degree or above				
<input type="checkbox"/> Advanced diploma / Diploma				
<input type="checkbox"/> Certificate I to IV (including trade certificate)				
<input type="checkbox"/> No non-school qualification				
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the 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:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)				
Legal Surname:				
Legal First Name:				
What is Adult B's occupation?				
Who is Adult B's employer?				
In which country was Adult B born?				
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):			
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)				
<input type="checkbox"/> No, English only				
<input type="checkbox"/> Yes (please specify):				
Please indicate any additional languages spoken by Adult B:				
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No				
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)				
<input type="checkbox"/> Year 12 or equivalent				
<input type="checkbox"/> Year 11 or equivalent				
<input type="checkbox"/> Year 10 or equivalent				
<input type="checkbox"/> Year 9 or equivalent or below				
❖ What is the level of the highest qualification the Adult B has completed? (tick one)				
<input type="checkbox"/> Bachelor degree or above				
<input type="checkbox"/> Advanced diploma / Diploma				
<input type="checkbox"/> Certificate I to IV (including trade certificate)				
<input type="checkbox"/> No non-school qualification				
❖ What is the occupation group of Adult 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. [Click here to view occupation group codes.](#)

Working With Children Check Number:		Working With Children Check Number:	
Expiry:		Expiry:	
Card Type:		Card Type:	

Main language spoken at home:		Preferred language of notices:	
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

PRIMARY FAMILY CONTACT DETAILS

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:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	
<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

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

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:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box				
Suburb:				
State:		Postcode:		
Billing Email	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Friend	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Self	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)	
What is the Residential Status of the student? (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<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
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
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 Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	X Reference	Y Reference		
Usual mode of transport to school: (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

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

SCHOOL DETAILS (including kindergarten)

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. Please specify:		<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

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information

<https://www2.education.vic.gov.au/pal/enrolment/policy>

ENROLMENT CONDITIONS
<ul style="list-style-type: none"> • •

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 Staff Room	<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:						
Symptoms:						
If my child displays any of the symptoms above please: (tick)						
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify:						
Does the student take medication? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:		
Is the medication taken 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 Staff Room	<input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating		

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:			

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				

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
First date of travel? (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy)	
Is the student applying to travel on a school bus or for other travel assistance? (tick)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Type of travel assistance requested? (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
If by School Bus, please advise local bus stop if known:			
Landmark:	Map Type:	X _____	Y _____
Assisted Mobility (if applicable):			
If applicable, specify the student's mode of assisted mobility.		<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker
Comments relevant to travel:			

Office Use Only:		
Can the student Individual Learning Plan (ILP) include travel training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student attending their nearest school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on existing route (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pick-up Point:	Map Ref:	Time AM:
Set Down Point:	Map Ref:	Time PM:
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.		

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:

NAME OF STUDENT:

PERMISSIONS AND AUTHORITY FORM

Please note that a separate form must be completed for each child attending Thornbury Primary School.

<p>MEDICAL CONSENT</p> <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 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>LOCAL WALKS PERMISSION CONSENT</p> <p>At times throughout the year we organise to attend local areas for learning opportunities and experiences that are outside the boundaries of the classroom.</p> <p>These activities are at no cost to parents but require permission to leave the school. To enable us to carry out these local walks and excursions, ie - visits to the local secondary college, tennis lessons, cross country, local walks to explore aspects such as; house numbers, streets, home designs, geography, signs, traffic counts (all linked to integrated curriculum). These may be carried out over the year. We ask that you complete the permission slip below and return it to your child's class teacher. This will save both time and follow up phone calls seeking permission during the year.</p> <p>You will be notified via the COMPASS of any excursions that are taking place.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>PHOTOGRAPHS / VIDEO/ MULTIMEDIA CONSENT</p> <p>During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to showcase particular learning programs and events, document student learning and communicate with our school and wider community. We may publish student photos, films and work samples in our school newsletter and on our school website.</p> <p>This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (eg concerts, plays and sports events) do so in a respectful and safe manner and that any photos, video or recordings ("images" of students are not publicly posted without the permission of the relevant parent/carer.</p> <p>A. Use or disclosure within the school community Photographs, video or recordings of students may be used within the school community in any of the following ways:</p> <ul style="list-style-type: none"> • In the school's communication, learning and teaching tools (for example, emails, classroom blogs or apps that can only be accessed by students, parents/carers or school staff with passwords eg Compass • For display in school classrooms and on noticeboards. • In the school's newsletter, Seesaw, Google classroom • To support student's health and wellbeing in our social stories, student snapshots or photographs of pencil grip to assist in OT assessments. <p>B. Use or disclosure in publications/locations that are publicly accessible Unless you tell us otherwise below, photographs, video or recordings of students may also be used in publications that are accessible to the public, including:</p> <ul style="list-style-type: none"> • On the school's website including in the school newsletter which is publicly available on the website <p>Your child may be identified by first name only in these images (or not named at all).</p> <p>We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes, such as on our website, billboards, or pamphlets.</p> <p>Unless you tell us otherwise, image/video/multimedia of your child may be used by our school as stated above.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>Privacy Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (the Department). The Department values the privacy of every person and must comply with the Privacy and Data Protection Act 2014 (Vic) when collecting and managing all personal information. For further information see Schools' Privacy Policy (http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx).</p> <p>Ownership and Reproduction Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.</p>	
<p>HEAD LICE INSPECTION CONSENT</p> <p>Throughout your child's schooling at Thornbury Primary School, the school may arrange a head lice inspection of your child. The management of head lice infection works best when all students are involved in our screening program.</p> <p>The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. 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 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> <p>In cases where head lice are found, the person inspecting the student will inform the student's teacher and the Principal. The school will make appropriate contact with the parents/carers.</p> <p>Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an Action Taken form, which requires parents/carers to nominate if and when the treatment has started.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>STUDENT NAME:</p> <p>SIGNATURE OF PARENT/GUARDIAN:</p> <p>DATE:</p> <p>Please note that this permission and authority form will remain in effect for the duration of your child's time at Thornbury Primary School. If at any time you wish to amend this permission a dated letter will override.</p>
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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)