

DEPARTMENT OF EDUCATION AND TRAINING

STUDENT ENROLMENT FORM (ALTERNATE FAMILY)

INFORMATION FOR PARENTS AND CARERS (including privacy collection notice)

This Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all **parents and carers** so that we can take account of family arrangements. Please provide our school with copies of all current **parenting plans** AND **court orders** regarding parenting arrangements. Please provide updated copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

Protecting your privacy and sharing information: The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see our school's privacy policy at: <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

Our school's use of online tools (including apps and other software) to collect and manage information: Our school may use online tools, such as apps and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts: Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

Student background information: The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

Immunisation status: Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status: Our school also requires this information to process your child's enrolment.

Updating your child's personal and health information: Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

Accessing your child's records: Our school provides ordinary school communications and school reports to students and parents and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

Student transfers between Victorian government schools: When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assist the next school to provide the best possible education and support to students.

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).

ALTERNATIVE FAMILY DETAILS

STUDENT Surname:	STUDENT First Name:
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ADULT A OF ALTERNATIVE FAMILY DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

ADULT B OF ALTERNATIVE FAMILY DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult B's occupation?
Who is Adult B's employer?
In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

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

Main language spoken at home:	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

ALTERNATIVE FAMILY CONTACT DETAILS

ADULT A OF ALTERNATIVE FAMILY CONTACT DETAILS:

Business Hours:

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

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 OF ALTERNATIVE FAMILY CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult 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:	

ALTERNATIVE FAMILY HOME ADDRESS:

No. & Street: or Box details			
Suburb:			
State:		Postcode:	
Telephone Number		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:		Fax Number:	

ALTERNATIVE FAMILY MAILING ADDRESS:

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

No. & Street			
Suburb:			
State:		Postcode:	

ALTERNATIVE FAMILY DOCTOR DETAILS:

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

ALTERNATIVE FAMILY EMERGENCY CONTACTS:

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

ALTERNATIVE 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 ALTERNATIVE FAMILY DETAILS

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

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

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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Is the Alternative Family to receive Academic Reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: ____ / ____ / ____