

CONFIDENTIAL STUDENT ENROLMENT FORM

FOR OFFICE USE ONLY:

YEAR LEVEL	PREP	ONE	TWO	THREE	FOUR	FIVE	SIX	YEAR OF ENROLMENT	
ENROLMENT DATE				HOME GROUP			STUDENT ID		

THE FOLLOWING DOCUMENTS MUST BE SUPPLIED ON ENROLMENT (LEGAL REQUIREMENT)

- School Entry Immunisation History Statement from the Australian Immunisation Register (Medicare)
- Proof of Birth – Original Birth Certificate (Passport only if born overseas)

Proof of Address (3 documents required with current address)

- Electoral Enrolment Confirmation	- Car / Home Insurance	- Gas / Electrical / Water Bill
- Rental Agreement or Rates Notice	- Contract of Sale	- Driver's License

STUDENT DETAILS *Personal Details of Student*

Legal Surname:
Legal First Given Name:
Preferred Name (if applicable):
*Sex (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Date of Birth: ____/____/____
List any other siblings attending this school:

Mother's/Female/ Guardian Details

Father's/Male Guardian Details

Title: (Mrs, Miss, Ms, Dr)	Title: (Mr, Dr)
Surname:	Surname:
First Name:	First Name:
Which country were you born in? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	Which country were you born in? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____
*Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____	*Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____
What is your occupation? _____ Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your occupation? _____ Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No
*What is the highest year of secondary school completed? (tick one) <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 highest year of secondary school completed? (tick one) <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 completed in Australia? (tick one) <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (include trade cert.) <input type="checkbox"/> No non-school qualification	*What is the level of the highest qualification completed in Australia? (tick one) <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (include trade cert.) <input type="checkbox"/> No non-school qualification
Relationship to Student (tick one) <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other	Relationship to Student (tick one) <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other

FAMILY CONTACT DETAILS

Address:
Suburb: _____ Postcode: _____
Home Telephone Number:

Contact Details - Mother's/Female Guardian

Mobile Number:
Email Address:
Employer's Name:
Work Number:

Contact Details - Father's/Male Guardian

Mobile Number:
Email Address:
Employer's Name:
Work Number:

FAMILY EMERGENCY CONTACTS:*Please do not use Mother's/Father's/Guardians as Emergency Contacts as we already have these details*

	Name:	Relationship:	Mobile:	Home/Work No.:
1				
2				
3				
4				

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: / /
What is the Residential Status of the Student? (please 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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visy Expiry Date: / / <i>(# Please supply supporting documents)</i>
Does the Student speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Does the Student speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
What is the Main language spoken at home?
*Is the student of Aboriginal or Torres Strait Islander origin? <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
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"/> State Arranged Out of Home Care <input type="checkbox"/> Homeless Youth/Independent

PREVIOUS SCHOOL DETAILS (if applicable)

Date of first enrolment in an Australian School: / /
Name of Previous School:

PRE-SCHOOL/KINDER DETAILS (if applicable)

Name of Pre-School/Kinder:
Group Colour or Name (if applicable):
Permission to contact Pre-Schools prior to commencement: <input type="checkbox"/> (please tick)

STUDENT COURT ORDERS/CUSTODY DOCUMENTS DETAILS:

Are there current Court Order/Custody documents? Yes No

If yes, please provide a copy of the current Court Orders/Custody documents to the school.

Access Type: Court Order Family Law Order Restraining Order Other

STUDENT MEDICAL DETAILS

Does the student suffer from any of the following impairments?

Hearing: Yes No Speech: Yes No Vision: Yes No Mobility: Yes No

Does the Student have a Disability ID Number? Yes No Disability ID No.:

ASTHMA MEDICAL CONDITION DETAILS

Answer the following questions ONLY if the Student suffers from Asthma medical conditions

Does the Student suffer from Asthma? Yes No

Please indicate if the Student suffers from any of the following symptoms:

Cough Difficulty Breathing Wheeze Exhibits symptoms after exertion Tight Chest

Please provide the school with an Asthma Management Plan from your doctor.

OTHER MEDICAL CONDITIONS

Does the Student have any other medical conditions? Yes No

If yes, please specify: _____

Does the Student take medication? Yes No

Name of medication taken: _____

DOCTOR'S DETAILS

Doctor's Name: _____

Address of Doctor's Surgery: _____

Phone Number of Doctor: _____

Ambulance Subscriber: Yes No

Medicare No.: _____

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

Required Documents

IMPORTANT INFORMATION – PLEASE READ AND SIGN BELOW

PHOTOGRAPHIC & FILMING PERMISSION FORM

At Willmott Park Primary School we like to acknowledge and capture the achievements and successes of our students through the use of photographs and digital video. Often these photos and videos contain more than one student, however occasionally we may be highlighting the successes of a single individual.

We seek your permission to film/photograph some of your child's interaction and involvement with the School over the course of the year.

We acknowledge that any ownership of any photographic, video, audio or any other form of electronic recording will be retained by Willmott Park Primary School.

We authorise the use or reproduction of any recording for the purposes outlined above without acknowledgement and without being entitled to remuneration or compensation.

We understand and agree that if we wish to withdraw this authorisation, it will be our responsibility to inform Willmott Park Primary School.

We understand the nature and the consequences of what is being proposed in the above paragraphs. If there has been any matter of uncertainty, we have sought clarification from an administrative employee of Willmott Park Primary School, who has explained any such uncertainty to our satisfaction.

HEADLICE INSPECTIONS

I hereby give my consent for the above named child to participate in the school's head lice inspection program whilst enrolled at this school.

COMPULSORY UNIFORM POLICY

I hereby agree to support the school's compulsory uniform policy.

PRIVACY NOTICE

As part of providing a Wellbeing service at Willmott Park Primary School, the Wellbeing Care Team will need to collect personal and health information that is relevant to your current situation. Collection of this information is a necessary part of support for your child.

The Wellbeing Team may contact persons who are or have been directly concerned with the care or education of the student (such as teachers, therapists or doctors) to seek information about the student's background and inform possible outcomes of ongoing consultative support.

The information gathered will be retained in a secure, confidential file on an electronic management system *Cliniko*. Information gathered will remain confidential and secure.

The Wellbeing Team is legally permitted to share necessary information with school and Department staff and contractors (such as classroom teachers and leadership team), health professionals, other government or regulatory agencies, courts or tribunals for lawful purposes such as:

- 1) to provide necessary education and support services to, and make adjustments for, your child
- 2) to lessen or prevent serious harm to an individual or the public
- 3) to ensure further health services are provided safely and effectively
- 4) to discharge their duty of care and other legal obligations. For example when subpoenaed by a court of law.

You can access and correct personal and health information held by the school about your child under the Freedom of Information Act 1982. For more information please call (03) 9305 6639.

Please read the following statements and sign in acceptance

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.

I have read the statements above and sign in acceptance. I certify that the information contained within this form is correct.

Name of Child: _____

Parent's/Guardian's Name: _____

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

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.

PRIMARY SCHOOL
PRIVACY INFORMATION for parents 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 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 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.

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.