

STUDENT ENROLMENT INFORMATION Year: 2023	Computer Generated Student ID:								
	Family Code (DF) :								

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr Mx)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	____ / ____ / 20____

### PRIMARY FAMILY HOME ADDRESS:

No. & Street:			
Suburb:		State:	
Postcode:		Landline Number:	
		Silent #:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### OFFICE USE ONLY

Date Received:	____/____/20____	Zoning:	<input type="checkbox"/> Inside Zone	Proof #1 Type:	Proof #2 Type:
Enrolment Date:	____/____/20____	<input type="checkbox"/> Sibling	<input type="checkbox"/> Outside Zone	Distance from TPPS:	School Zoned to:
Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Specify document type:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	
Year Level:		Home Group:		House:	Entered on Cases: ____/____/20____
Immunisation Certificate/Statement (AIR):	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	<input type="checkbox"/> Conscientious Objector	
Is there a Medical Alert for the student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify:			
Does the student have a Disability ID Number?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	PSDMS No.:		
Has a Transition Statement been provided For prep students only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		

## FAMILY DETAILS

List other family members attending this school:	
List future family members and their date of birth:	

❖ 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

**The 'PRIMARY' Family is: "the family or parent the student mostly lives with".**  
**For blended/split families, "Alternative Family" forms are available from the school: please ask if one is required.**  
**These additional forms are designed to cater for varying family circumstances.**

## ADULT A DETAILS (PRIMARY CARER):

## ADULT B DETAILS:

<b>Gender (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
<b>Title (please circle one option):</b> (Miss, Ms, Mrs, Mr, Mx, Dr, Rev, Hon, Prof, Sir, Lady, Sr)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>Preferred Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b>
❖ 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): <input style="width: 150px;" type="text"/>
Please indicate any additional languages spoken by Adult A: <input style="width: 150px;" type="text"/>
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? Select from appropriate parental occupation group listed on page 11. <ul style="list-style-type: none"> <li>• 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.</li> <li>• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>

<b>Gender (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
<b>Title (please circle one option):</b> (Miss, Ms, Mrs, Mr, Mx, Dr, Rev, Hon, Prof, Sir, Lady, Sr)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>Preferred Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b>
❖ 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): <input style="width: 150px;" type="text"/>
Please indicate any additional languages spoken by Adult B: <input style="width: 150px;" type="text"/>
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? Select from appropriate parental occupation group listed on page 11. <ul style="list-style-type: none"> <li>• 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.</li> <li>• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>

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Main language spoken at home within family:	
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?	<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 Telephone No:		

## ADULT B CONTACT DETAILS:

### Business Hours:

Can we contact Adult B at work?	<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 Telephone No:		

### 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
Email address:		

### 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
Email address:		

Working with Children Check	
Card Number:	_____ - _____
Expiry Date:	_____/_____/20____
Card Type:	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer
Please provide a copy to the school office. Once enrolled, please register the school on your card.	

Working with Children Check	
Card Number:	_____ - _____
Expiry Date:	_____/_____/20____
Card Type:	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer
Please provide a copy to the school office. Once enrolled, please register the school on your card.	

## PRIMARY FAMILY MAILING ADDRESS: WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS

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

***This is a reminder that the 'PRIMARY' Family is: "the family or parent the student mostly lives with". For blended/split families, "Alternative Family" forms are available from the school: please ask if one is required. These additional forms are designed to cater for varying family circumstances.***

### PRIMARY FAMILY DOCTOR DETAILS:

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

Current Ambulance Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:											
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### PRIMARY FAMILY EMERGENCY CONTACTS:

	Name (Not parents)	Relationship (Grandparent, Aunt/Uncle, Friend, Relative, Neighbour, 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)
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### OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A 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 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 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

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)</b> ____ / ____ / ____	
<i>If student was born in another country, please provide proof of eligibility to be in Australia – eg: Visa papers</i>	
<b>What is the Residential Status of the student?</b> (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b> _____	<b>Visa Expiry Date:</b> (dd-mm-yyyy)      ____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes) _____	
<b>International Student ID:</b> (Not required for exchange students) _____	
<b>❖ Does the student speak a language other than English at home?</b> (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): <input type="text"/>
<b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (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
<b>What is the student's living arrangements?</b> (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	<input type="checkbox"/> Permanent Care
	<input type="checkbox"/> Informal Care

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-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.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	<input type="text"/>	X Reference	<input type="text"/>	Y Reference
<b>Usual mode of transport to school:</b> (tick one)				
<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
Distance to School in kilometres:	<input type="text"/>	Please use Find My School Website to work out distance to school.		

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

## SCHOOL DETAILS – IF TRANSFERRING FROM ANOTHER PRIMARY SCHOOL

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of School attending before Templestowe Park Primary 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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify: <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"/>	
Years of interruption to education:	Is the student repeating a year? <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 Guide's Admission page for more information

<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

## KINDERGARTEN DETAILS – IF YOUR CHILD IS COMING FROM A PRESCHOOL/KINDERGARTEN

Name of School or Kindergarten attending before Templestowe Park Primary School:
Address of Kindergarten / PreSchool / Daycare Centre:

## 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 ALERTS/RESTRICTIONS DETAILS

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (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.)		
<b>Access Type:</b> (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 Care Statutory Declaration	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				

### OFFICE USE ONLY

<b>Current custody document placed on student file?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## STUDENT ACTIVITY RESTRICTIONS DETAILS

<b>Is there an Activity Alert for the student?</b> eg: Sport (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Yes, then describe the Activity Restriction:</b>		

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# 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 – INDICATIVE ONLY – A FURTHER PLAN WILL BE COMPLETED – SEE OFFICE STAFF

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 – INDICATIVE ONLY – A FURTHER PLAN WILL BE COMPLETED – SEE OFFICE STAFF

(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

For serious medical conditions (Anaphylaxis, Asthma, Allergies or some other medical conditions), you will be required to provide a current medical plan that has been completed in consultation with your health practitioner. Please ask the school office for a form, that is specific to your child's requirements, if one has not been provided to you for the commencement of the school year.



## 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.

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				

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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Final Check of your Enrolment Form

**Signed**

**1**

Ensure you have **signed** both Pages 7 and 9 of this Enrolment Form.

**Proof of Age**

**2**

Locate your child's **Birth Certificate** or **passport** to prove they turn 5 years of age on or before 30 April of the year they commence Prep.

If your child was born overseas, please bring the passport and **visa** that gave them permission to reside in Australia.

**Immunisation History Statement**

**3**

Locate your child's **Immunisation History Statement** that includes the statement "This child received all vaccines required by 5 years of age".

Statements can be obtained by:

- using your Medicare online account through myGov Office or Express Plus Medicare mobile app; or
- calling the Australian Childhood Immunisation Register (AIR) on 1800 653 809 and requesting one be posted to you; or
- emailing the AIR: [air@humanservices.gov.au](mailto:air@humanservices.gov.au)

**Proof of Address**

**4**

Parents will be required to show **proof of residence/** address for those who reside both inside and outside our school catchment area; via two different utility bills: gas, landline telephone, water, Council rates, electricity.

**Bring all Documents in**

**5**

Please bring the

- Enrolment Form;
- Proof of Age;
- Immunisation History Statement; and
- Proof of residence/address

to the school to complete the enrolment for your child.

All documents need to be present for the Enrolment Application to be deemed complete.

**IF YOU HAVE NOT BEEN IN PAID  
WORKED IN THE LAST 12  
MONTHS, YOUR GROUP IS 'N'.**

# 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)

# TEMPLESTOWE PARK PRIMARY SCHOOL PRIVACY NOTICE



## **Information about the Enrolment Form.**

### **Please Read This Notice Before Completing The Enrolment Form.**

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.