Form to Enrol in a Victorian Government School

Burwood Heights Primary School and Kindergarten

STUDENT ENROLMENT INFORMATION - 20 26	OFFICE USE ONLY	CASES21 Student ID:

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:	
First Given Name:	
Second Given Name: *(if applicable)*	
Preferred First Name: *(if applicable)*	
❖ **Gender:** ☐ Male ☐ Female ☐ Self-described: _____	
Date of Birth: *(dd-mm-yyyy)*	**Student Mobile Number:** *(if applicable)*

Which year are you seeking to enrol this student?

☐ Foundation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Ungraded

Intended start date:

☐ Day 1, Term 1 ☐ Other: *(dd-mm-yyyy)* _____ / _____ / _____

Are you seeking to enrol the student at this school full-time? ☐ Yes *(move to next section)* ☐ No					
If No, how many days a week would the student be attending this school?					
If No, provide reason you are seeking part-time enrolment:					
If No, provide details for other schools:					
Other school name:		***Days / week:***		***Has enrolment been accepted?***	☐ Yes ☐ No
Other school name:		***Days / week:***		***Has enrolment been accepted?***	☐ Yes ☐ No

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
How often does this student live at this address?			
☐ Always	☐ Mostly	☐ Balanced (50%)	
If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:			

Student Living Arrangements

What are the student's living arrangements?	
☐ Student lives with parents/carers together at the same residence	☐ Student lives with each parent/carer at different times
☐ Student lives with one parent/carer only	☐ State Arranged Out of Home Care*
☐ Informal care arrangement#	☐ Student is independent
☐ Homeless Youth	
If the student has a Case Manager, please provide their contact details below:	

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements), and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for a Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school?	☐ Yes	☐ No *(move to next section)*

	Name	**Current Year Level**	**Reside at same residential address as the student**
1			☐ Yes ☐ No ☐ Sometimes
2			☐ Yes ☐ No ☐ Sometimes
3			☐ Yes ☐ No ☐ Sometimes
4			☐ Yes ☐ No ☐ Sometimes

Student Demographics

Does the student speak English?	☐ Yes	☐ No

❖ Does the student speak a language other than English at home?

☐ No, English only

☐ Yes (please specify the main language spoken at home): _____

❖ Is the student of Aboriginal or Torres Strait Islander origin?

☐ No	☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander	☐ Yes, Both Aboriginal & Torres Strait Islander

Is the student a young carer (providing support/care for other family member/s)? *	☐ Yes	☐ No

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance or support to a family member with mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

Student Residency Status

❖ In which country was the student born?

☐ Australia ☐ Other *(please specify):* _____

If born overseas, on what date did the student arrive in Australia? *(dd-mm-yyyy)*	_____ / _____ / _____

What is the student's residency status? *

☐ Australian citizen – holds Australian Passport	☐ Permanent Resident (provide visa details below)
☐ Australian citizen – eligible for Australian Passport	☐ Temporary Resident (provide visa details below)
☐ New Zealand citizen	

Visa Sub Class:		**Visa Expiry Date**: (dd-mm-yyyy)	_____ / _____ / ____
Visa Statistical Code: *(Required for some sub-classes)*			

*Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the student hold a Bridging Visa?	☐ Yes *(provide further detail below)*	☐ No
If Yes, what was the student's previous visa?		
If Yes, what visa has the student applied for?		

International Student ID*: *(Not required for exchange students)*	

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or via email (international@education.vic.gov.au)

Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

Does the student have additional needs and require support for learning?

☐ Yes ☐ No *(move to the next section)*

Please indicate any adjustments that may assist the student to participate at school:

Has the student had a disability assessment before?	☐ No ☐ Yes *(specify outcome):* _____
Has the student received individualised disability funding before?	☐ No ☐ Yes (*please specify*): _____
Has any previous education provider prepared a documented plan to support the students additional learning needs?	☐ No ☐ Yes *(provide details):* _____

Does the student have additional needs in one of the following areas?	***Hearing:***	☐ No	☐ Yes *(please specify):* _____
	Vision:	☐ No	☐ Yes *(please specify):* _____
	Speech/Language:	☐ No	☐ Yes *(please specify):* _____
	Physical:	☐ No	☐ Yes *(please specify):* _____
	Cognitive/Learning:	☐ No	☐ Yes *(please specify):* _____
	Social/Emotional:	☐ No	☐ Yes *(please specify):* _____

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	☐ Yes	☐ No
Name of kindergarten or early childhood service:		

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is run by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

Has the student previously been enrolled at another school?	☐ Yes, in Victoria – Government School	☐ Yes, in Victoria – Catholic or Independent School	
	☐ Yes, interstate	☐ Yes, overseas	☐ No *(move to next section)*

If Yes, name of last school attended:	
If Yes, location of last school attended: *(suburb/town/state/country)*	
If Yes, date of attendance: *(dd-mm-yyyy)*	_____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:	

If the student studied overseas, what age did the student first start school?	
What was the language of the student's previous education?	

Period of interruption to education: *(months/years)*		**Is the student repeating a year level?**	☐ Yes	☐ No

OFFICE USE ONLY					
Child's Name sighted:	☐ Yes	☐ No		**Enrolment Date:**	
Year Level:	**Home Group:**	**Timetabling Group:**	**House:**	**Campus:**	
Student Email Address:					
Australian residency confirmed:	☐ Yes	☐ No	☐ Not sighted / provided		
Date of birth confirmed:	☐ Yes – Birth certificate	☐ Yes – Doctor certificate	☐ Yes - Other	☐ Not sighted / provided	
Does the student have a Disability ID number?	☐ Yes (please specify): _____	☐ No			

For Foundation students, has a Transition Learning and Development Statement been provided?	☐ Yes, via Insight Assessment Platform	☐ Yes, direct from teacher/parent/carer	☐ Pending	☐ No	

Does the student have a Victorian Student Number (VSN)?		
☐ Yes, please specify: _____	☐ Yes, but the VSN is unknown	☐ No, the student has never been issued a VSN

OFFICE USE ONLY - ADDITIONAL NOTES
Additional notes regarding the student's enrolment: (e.g. note if student information or documentation is missing and yet to be provided to the school)

PARENT/CARER DETAILS

Enrolling Adult 1

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 1 during school hours?	☐ Yes	☐ No
Is Adult 1 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 1's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 1 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 1 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 1:

☐ Always ☐ Mostly ☐ Balanced (50%)

☐ Occasionally

Adult 1 Job Title:	
Adult 1 Employer:	

Is Adult 1 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 1 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 1 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Enrolling Adult 2

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 2 during school hours?	☐ Yes	☐ No
Is Adult 2 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 2's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 2 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 2 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 2:

☐ Always ☐ Mostly ☐ Balanced (50%)

☐ Occasionally ☐ Never

Adult 2 Job Title:	
Adult 2 Employer:	

Is Adult 2 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 2 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 2 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Additional Parents/Carers

Are there additional parents/carers in the student's life?	☐ Yes (provide details below)	☐ No (move to next section)
Name of Adult 3:		
Name of Adult 4:		

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

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

Correspondence Details

Send correspondence addressed to: *(select one)*	☐ Adult 1	☐ Adult 2	☐ Both Adults	☐ Neither

Billing Details

Send any bills to: *(select one)*	☐ Adult 1	☐ Adult 2	☐ Another person / address* (complete details below)
Name to be used for all billing correspondence:			
No. & Street or PO Box			
Suburb:			
State:		**Postcode:**	
Billing Email:			

*Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/ carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

Doctor's Name:			
Medical Centre:			
Street Address:			
Suburb:		**Postcode:**	
State:		**Telephone Number:**	

Asthma

Does the student have asthma?	☐ Yes		☐ No *(move to next section)*	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School		☐ Yes	☐ No	
Does the student take medication?	☐ Yes	☐ No	**Name of medication taken:**	
Is the medication taken regularly by the student (preventive) or only in response to symptoms?		☐ Preventative	☐ Response	
Indicate the usual dosage of medication taken:		**Indicate how frequently the medication is taken:**		
Medication is usually administered by:	☐ Student	☐ Adult	☐ Other: _____	
Medication is to be stored:	☐ with Student	☐ with Staff	☐ Other: _____	
Dosage time:		**Reminder required?**	☐ Yes	☐ No

Medical Conditions

Does the student have an allergy? If yes, please provide the schools with an ASCIA Action Plan for Allergies.	☐ Yes	☐ No

Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis.	☐ Yes	☐ No

Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.			☐ Yes	☐ No
If Yes to any of the above, please specify:				
Symptoms:				
If the student displays any of the symptoms above, please:				
Inform emergency contact	☐ Yes	☐ No	***Administer medication***	☐ Yes ☐ No
Other medical action	☐ Yes	☐ No	*If Yes, please specify:* _____	

Medication

Does the student take medication?	☐ Yes	☐ No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school.	☐ Yes	☐ No
Name of medications taken:		

Allied Health Support

Has the student previously accessed support from an allied health professional?	***Occupational therapy:***	☐ No	☐ Yes
	Speech pathology:	☐ No	☐ Yes
	Physiotherapy:	☐ No	☐ Yes
	Exercise physiology:	☐ No	☐ Yes
	Behaviour support:	☐ No	☐ Yes
	Other:	☐ No	☐ Yes (specify): _____

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Immunisation Certificate received:	☐ Yes – Up to date	☐ Yes – Not up to date	☐ Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	☐ Yes	☐ No	
Does the student have asthma, allergies or anaphylaxis?	☐ Yes	☐ No	
Does the student need to take medication during school hours?	☐ Yes	☐ No	
***Have the required medical forms been provided to the school?**	☐ Yes	☐ No	☐ N/A – no medical conditions

* Note: Additional forms including student medical advice and condition forms can be found here: Medical Advice Forms

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?	
☐ Yes	☐ No *(move to the next section)*
If Yes, please provide further detail:	

Court Orders and Other Care Arrangements (*previously referred to as an Access Alert*)

Is there an intervention order, parenting order or any other court order impacting the student?	
☐ Yes	☐ No *(move to the next section)*

If Yes, then complete the following questions and **present a current copy of the document to the school.**

Court Order or other access document type:	☐ Family Law Order / Parenting Order	☐ Parenting Plan / Agreement	☐ Intervention Order
	☐ Child Protection Order	☐ DFFH Authorisation	☐ Other:_____
Please provide further details of the Court Order or other access documents, and any other safety concerns:			
End Date (if applicable): *(dd-mm-yyyy)*			

Activity Restrictions and Considerations

Are there any activities (either organised by the school and/or third parties) that the student cannot participate in?	
☐ Yes	☐ No *(move to the next section)*
If Yes, please provide further detail: (e.g. sport, excursions)	

OFFICE USE ONLY		
Current Court Order or other access document placed on student file?	☐ Yes	☐ No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
☐ Walking	☐ School Bus	☐ Train	☐ Driven by parent/carer	☐ Taxi / Ride Share
☐ Bicycle	☐ Public Bus	☐ Tram	☐ Self-Driven	☐ Other: _____
If the student catches public transport to school, what station/stop does their journey commence:				
If the student drives themself to school, what is their Car Registration Number:				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?	
☐ Yes	☐ No *(proceed to next question)*
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy	

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will incur a fare to travel. Your school can provide the applicable application form.

Is the student applying for the School Bus Program?	
☐ Yes (see text below)	☐ No *(proceed to next question)*
Your school can provide the applicable application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/school-bus-program/policy	

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas (DTA). Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?		
☐ Yes (read below text)	☐ No	
Your school can provide the applicable application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/transport-students-disabilities/policy		
First date of travel?	☐ Next school year	☐ Alternate date: *(dd-mm-yyyy)* ____ / _____ / _____
Type of travel assistance requested?		
☐ Access to School Bus	☐ Conveyance Allowance	
If applicable, specify the student's mode of assisted mobility.	☐ Wheelchair	☐ Walker
Comments relevant to travel:		

OFFICE USE ONLY			
Can the student Individual Education Plan (IEP) include travel training?		☐ Yes	☐ No
Is the student attending their nearest school?		☐ Yes	☐ No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?		☐ Yes	☐ No
Can the student be accommodated on an existing route (if applicable)?		☐ Yes	☐ No
Pick-up Point:		Map Ref:	Time AM:
Set Down Point:		Map Ref:	Time PM:

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx.

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

Signature of Enrolling Adult: Type name here _____ Date: _____ / _____ / _____

Signature of Enrolling Adult (if applicable): Type name here _____ Date: _____ / _____ / _____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

- ☐ Both parents/carers have completed and signed this form.
- ☐ Parents/carers are completing separate forms (schools can provide additional forms on request).
- ☐ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- ☐ One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- ☐ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- ☐ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them)_____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer**: an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 3 during school hours?	☐ Yes	☐ No
Is Adult 3 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 3's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 3 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 3 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 3:

☐ Always ☐ Mostly ☐ Balanced(50%)

☐ Occasionally ☐ Never

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 3 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 3 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

Enrolling Adult 4

Surname:		**Title:**	
First Given Name:			
Gender:	☐ Male ☐ Female ☐ Self-described:_____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Can we contact Adult 4 during school hours?	☐ Yes	☐ No
Is Adult 4 usually home during school hours?	☐ Yes	☐ No
SMS Notifications:	☐ Yes	☐ No
Email Notifications:	☐ Yes	☐ No

Adult 4's preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)*

☐ Mobile ☐ Email ☐ Mail

☐ Home Phone ☐ Work Phone

Specify any other special conditions or times related to contact?	

Relationship to student:

☐ Parent ☐ Step Parent ☐ Foster Parent

☐ Host Family ☐ Relative ☐ Friend

☐ Self ☐ Other:_____

In which country was Adult 4 born?

☐ Australia

☐ Other *(please specify):* _____

❖ Does Adult 4 speak a language other than English at home?

☐ No, English only

☐ Yes (please specify): _____

Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	☐ Yes ☐ No

Student lives with Adult 4:

☐ Always ☐ Mostly ☐ Balanced (50%)

☐ Occasionally ☐ Never

Adult 4 Job Title:	
Adult 4 Employer:	

Is Adult 4 interested in being involved in school group participation activities? *(e.g., School Council, excursions)*

☐ Yes ☐ No

❖What is the highest year of primary or secondary school Adult 4 has completed?

☐ Year 12 or equivalent ☐ Year 10 or equivalent

☐ Year 11 or equivalent ☐ Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 4 has completed?

☐ Bachelor degree or above

☐ Advanced diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

❖What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.

- 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 list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

ACCIDENT CONSENT FORM

When it is impossible to communicate with me, I give consent to the Principal or teacher-in-charge the authority for my child to:

- Receive such medical/ surgical attention as may be deemed necessary by a medical doctor.
- Receive such first-aid as may be judged necessary.

Signature of Parent/ Guardian_____ Date: ____/____/____

WALKING EXCURSION CONSENT

During the school year we have some occasions when students are taken on an excursion that is within walking distance from the school; For example, sports at the Athletic Track on Burwood Highway or basketball at the Nunawading Stadium and Forest Hill College. We are asking parents to sign a permission for that will cover these situations.

(please tick) YES ☐ NO ☐

Signature of Parent/ Guardian_____ Date: ____/____/____

PHOTO CONSENT

Burwood Heights Primary School has permission to use my child's full name, photograph and work samples for School Publications (ie. School Newsletter, School Yearbook, Website, School Events, Acknowledgments, Group Photos and ClassDojo).

(please tick) YES ☐ NO ☐

Burwood Heights Primary School has permission to use my child's full name, photograph and work samples in media and advertising (ie. Television, Internet, Newspaper, Noticeboards and Pamphlets).

(please tick) YES ☐ NO ☐

Signature of Parent/ Guardian_____ Date: ____/____/____

SENIOR AND MIDDLE SCHOOL MOVIE PERMISSION CONSENT

Throughout the year Senior School and Middle School students may view films to enhance their learning or as a reward for recognition of whole class achievement at the end of term. Department of Education and Training requires permission for Parental Guidance (PG) movies to be shown at government schools.

Please indicate below if you do/ do not give permission for your child to view movies rated Parental Guidance (PG) under the direction of the classroom teacher.

(please tick) YES ☐ NO ☐

Signature of Parent/ Guardian_____ Date: ____/____/____

HEADLICE CONSENT FORM

The management of head lice infestation works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality.

I hereby give my consent for my child to participate in the school's head lice inspection program. From time to time there will be head lice inspections of students.

Health regulation 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/ guardians/ carers to nominate if and when the treatment has started.

Signature of Parent/ Guardian_____ Date: ____/____/____

Please Note: If parents/ guardians wish to rescind this permission in the future, please send written notification to the School.