



Little Bendigo Primary School Enrolment Form
8 Monte Street Nerrina 3350
PH: 03 5332 6317 E: little.bendigo.ps@edumail.vic.gov.au

Student Enrolment Information Year of Enrolment – 2019	Computer Generated Student ID:
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

A copy of a <u>Birth Certificate</u> (or if born overseas, a passport) and <u>Immunisation Certificate MUST</u> be provided with this enrolment form	
Surname:	Title: (Miss Ms Mr)
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖ Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) ____ / ____ / ____
Student Mobile Number:	

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

OFFICE USE ONLY

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

FAMILY DETAILS

List any other family members attending this school:
What are the student's living arrangements? (tick one):
<input type="checkbox"/> At home with TWO Parents/ Guardians – Primary Family
<input type="checkbox"/> At home with ONE Parent/Guardian– Alternative Family form may need to be completed
<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> Independent
<input type="checkbox"/> Homeless Youth
<small># 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.</small>

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student lives with mostly, or a balanced arrangement."

NOTE: The 'ALTERNATIVE' Family is: "the family or parent the student occasionally lives with, or a balanced arrangement."

Alternative family forms are attached if required – please see pages 6,7,8,9.

Adult A Details (Primary Family):

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 <u>current</u> occupation?
Who is Adult A's employer?

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:
Mobile 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:

In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent 4 <input type="checkbox"/> Year 11 or equivalent 3 <input type="checkbox"/> Year 10 or equivalent 2 <input type="checkbox"/> Year 9 or equivalent or below 1
❖ What is the level of the highest qualification that Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above 7 <input type="checkbox"/> Advanced diploma / Diploma 6 <input type="checkbox"/> Certificate I to IV (including trade certificate) 5 <input type="checkbox"/> No non-school qualification 8
❖ 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'.

Please contact office staff if you need assistance in completing this section

Adult A Email Address:	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES																																							
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Main language spoken at home:

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student lives with mostly, or a balanced arrangement."

NOTE: The 'ALTERNATIVE' Family is: "the family or parent the student occasionally lives with, or a balanced arrangement."

Alternative family forms are attached if required – please see page6,7,8,9.

Adult B Details (Primary Family):

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 current occupation?		
Who is Adult B's employer?		

In which country was Adult B born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent	4
<input type="checkbox"/> Year 11 or equivalent	3
<input type="checkbox"/> Year 10 or equivalent	2
<input type="checkbox"/> Year 9 or equivalent or below	1
❖ What is the level of the highest qualification that Adult B has completed? (tick one)	
<input type="checkbox"/> Bachelor degree or above	7
<input type="checkbox"/> Advanced diploma / Diploma	6
<input type="checkbox"/> Certificate I to IV (including trade certificate)	5
<input type="checkbox"/> No non-school qualification	3
❖ 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'. 	

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:		
Mobile 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:		

Please contact office staff if you need assistance in completing this section

Adult B Email Address:	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES																																							
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Main language spoken at home:	
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Primary Family Details

Primary Family Home Address:

Number & Street Name:	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Family Mailing Address: Write "As Above" if the same as Family Home Address

Number & Street Name or PO Box:	
Suburb:	
State:	Postcode:

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	

PRIMARY FAMILY EMERGENCY CONTACTS OTHER THAN PARENTS:

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

Primary Family Details continued.

Primary Family Doctor Details:

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

Alternative Family Details

(ONLY FILL THIS SECTION IN IF YOUR CHILD IS IN SHARED CARE BETWEEN PARENTS)

NOTE: The 'ALTERNATIVE' Family is: "the family or parent the student occasionally lives with, or a balanced arrangement."

NOTE: The 'PRIMARY' Family is: "the family or parent the student lives with mostly, or a balanced arrangement."

Adult A Details (Alternative Family)

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?		

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:		
Mobile 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:		

In which country was Adult A born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent	4
<input type="checkbox"/> Year 11 or equivalent	3
<input type="checkbox"/> Year 10 or equivalent	2
<input type="checkbox"/> Year 9 or equivalent or below	1
❖ What is the level of the highest qualification that Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor degree or above	7
<input type="checkbox"/> Advanced diploma / Diploma	6
<input type="checkbox"/> Certificate I to IV (including trade certificate)	5
<input type="checkbox"/> No non-school qualification	8
❖ 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'. 	

Main language spoken at home:	
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Alternative Family - Adult A Email Address:	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES																																							
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ALTERNATIVE FAMILY DETAILS CONTINUED

Adult B Details (Alternative Family)

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?		

Business Hours:

Can we contact Adult B 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:		
Mobile 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:		

In which country was Adult B born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent	4
<input type="checkbox"/> Year 11 or equivalent	3
<input type="checkbox"/> Year 10 or equivalent	2
<input type="checkbox"/> Year 9 or equivalent or below	1
❖ What is the level of the highest qualification that Adult B has completed? (tick one)	
<input type="checkbox"/> Bachelor degree or above	7
<input type="checkbox"/> Advanced diploma / Diploma	6
<input type="checkbox"/> Certificate I to IV (including trade certificate)	5
<input type="checkbox"/> No non-school qualification	3
❖ 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'. 	

Main language spoken at home:	
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Alternative Family - Adult B Email Address:	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES																																							
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❖ THESE QUESTIONS ARE ASKED AS A REQUIREMENT OF THE COMMONWEALTH GOVERNMENT. ALL SCHOOLS ACROSS AUSTRALIA ARE REQUIRED TO COLLECT THE SAME INFORMATION.

ALTERNATIVE FAMILY STUDENT EMERGENCY CONTACTS

THIS SECTION SHOULD ONLY BE FILLED OUT IF THIS STUDENT HAS EMERGENCY CONTACTS OTHER THAN THE PRIMARY FAMILY EMERGENCY CONTACTS.

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

ALTERNATIVE FAMILY HOME ADDRESS:

Number & Street Name:			
Suburb:			
State:		Postcode:	
Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Number & Street Name or PO Box:	
Suburb:	
State:	Postcode:

OTHER ALTERNATIVE 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 Alternative Family: (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally <input type="checkbox"/> Never

ALTERNATIVE FAMILY 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:	
<input type="checkbox"/> Individual <input type="checkbox"/> Group Practice	Please tick Telephone Number:
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Student Medicare Number:	

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
*** Please supply the School with a copy of the VISA from the Passport ***	
Visa Statistical Code: (Required for some sub-classes) _____	
International Student ID : (Not required for exchange students) _____	
❖ What is the main language spoken at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> English only	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander

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

SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of Kindergarten Attended:	
Name of current School	Current Year Level
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)? (for more information about VSN please refer to www.education.vic.gov.au/management/governance/vsn/parents.htm)	
<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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e.: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

IMPORTANT PLEASE NOTE: THIS SECTION CANNOT BE PROCESSED UNLESS COPIES OF DOCUMENTATION ARE PROVIDED WITH THIS ENROLMENT FORM.	
Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) <input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Describe any Access Restriction:	
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, then describe the Activity Restriction:	

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
Please tick if the student suffers from any of the following symptoms: (please specify)		
<input type="checkbox"/> Asthma (please fill in the attached Asthma Management plan)	<input type="checkbox"/> Migraines / Headaches	
<input type="checkbox"/> Diabetes (please attach GP management plan)	<input type="checkbox"/> Blackouts / Fainting / Dizzy Spells	
<input type="checkbox"/> Epilepsy / Seizures (please attach GP management plan)	<input type="checkbox"/> Travel Sickness	
<input type="checkbox"/> Anaphylaxis (please attach GP management plan)	<input type="checkbox"/> Heart Conditions (please attach GP management plan)	
<input type="checkbox"/> ADHD / ADD / OCD	<input type="checkbox"/> Physical Disabilities	
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Nose Bleeds	
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Other.....	
Please tick if your student suffers allergic reactions to any of the following:		
<input type="checkbox"/> Penicillin		
<input type="checkbox"/> Other Drugs (please specify)		
<input type="checkbox"/> Foods (please specify).....		
What special care is recommended for the above allergies: (please specify)		
Are there any other pre-existing injuries, major surgical procedures, physical or psychological limitations that could affect the health and wellbeing of your student at school (including camps and excursions): If Yes, please specify below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If my child displays any of the symptoms of the above ticked conditions please: (tick)		
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action
If yes, please specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take any medication/s during the school day? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Medication is required to treat what condition?		
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"/> Sickbay		
Medication is stored: <input type="checkbox"/> Classroom Area **Please refer to note on next page		
Dosage time:	Poison Rating:	

**** Please note students are not allowed to carry or take any medication including analgesics (i.e. Panadol, Aspirin) other than an asthma inhaler, epipen or insulin while at school.**

If your student requires medication during school time it must:

- i) be supplied from home (the school does not supply any over the counter or prescription medications),**
- ii) be stored and dispensed through School Officers in Classroom Areas, and**
- iii) a Medication Form must be completed in your child's Classroom Area.**

Illness and injury

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/Carer: _____ Date: ____ / ____ / ____

Name: _____ (Please print)

Information Correct

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/Carer: _____ Date: ____ / ____ / ____

Name: _____ (Please print)



Little Bendigo Primary School Enrolment Form
8 Monte Street Nerrina 3350
PH: 03 5332 6317 E: little.bendigo.ps@edumail.vic.gov.au

Privacy Notice

Information about the Enrolment Form

Please read this information before completing the Enrolment Form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Little Bendigo Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Little Bendigo Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Little Bendigo Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Little Bendigo Primary School N depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Little Bendigo Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Little Bendigo Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Little Bendigo Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Little Bendigo Primary School.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Little Bendigo Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation status

This assists Little Bendigo Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

Visa status

This information is required to enable Little Bendigo Primary School to process your child's enrolment.

Updating Your Child's Records

Please let Little Bendigo Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Little Bendigo Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access to Your Child's Record Held by School

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Little Bendigo Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

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)