

**2022**

CONFIDENTIAL STUDENT ENROLMENT FORM

**Moe (Elizabeth Street) Primary School 4740**

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| SECTION 1: Student Personal Details | | | |
| Surname |  | Date of Enrolment : | |
| First Given Name |  | Year level student enrolling in |  |
| Second Given Name: |  | **Office Use** | |
| Preferred Name: |  | Home Group |  |
| Gender  (Fill in blank) | * MALE * FEMALE | House Group |  |
| Date of Birth |  | Proof of birth date sighted | * YES * NO |

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| **SECTION 2:** **Family Details Parents/Guardians are referred to as Adult A and Adult B** | | | |
| PRIMARY FAMILY DETAILS ADULT A - Female | | PRIMARY FAMILY DETAILS ADULT B - Male | |
| Title and Surname |  | Title and Surname |  |
| First Name |  | First Name |  |
| Gender  (Fill in blank) | MALEFEMALE | Gender  (Fill in blank) | MALEFEMALE |
| Occupation |  | Occupation |  |
| Employer |  | Employer |  |
| Country of Birth |  | Country of Birth |  |
| Native language |  | Native language |  |
| Other language |  | Other language |  |
| Is an interpreter required? | * YES * NO | Is an interpreter required? | * YES * NO |
| Language spoken at home |  | Language spoken at home |  |
| Circle the family occupation code?  ***Please refer to attached sheet. This MUST be filled in:*  A B C D** | | To whom should correspondence be addressed? | * Both Adults * Adult A * Adult B |
| Residential Address | | **Postal Address**  **(if different to home address)** | |
| Number & Street | |  | |
| Town Postcode | |  | |
| Home Phone Mobile | | Email: | |

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| Contact details for Adult A | | Contact details for Adult B | |
| During business hours, how is Adult A to be contacted | | During business hours, how is Adult B to be contacted | |
| Can the adult to be contacted | * YES * NO | Can the adult to be contacted | * YES * NO |
| Contact number and days of work? |  | Work contact number and days of work? |  |
| Mobile phone number |  | Mobile phone number |  |
| What is the relationship of Adult A to the student? | * Parent * Step Parent * Foster Parent * Other | What is the relationship of Adult B to the student? | * Parent * Step Parent * Foster Parent * Other |

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| SECTION 3:Student Emergency Contact Details | | |
| Name of Doctor |  | |
| Address |  | |
| Phone Number |  | |
| Medicare Number |  | |
| Are you an Ambulance Subscriber**?** | * YES * NO | Please be aware that the school will use an ambulance in an emergency.  The cost for this service is to be met by parents. |
| **Please provide details of two Emergency Contacts other than Primary Family:** | | |
| Name (Contact 1) |  | |
| Relationship to student |  | |
| Phone Number |  | |
| Name (Contact 2) |  | |
| Relationship to student |  | |
| Phone Number |  | |

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| SECTION 4: Demographic details | | | |
| 4.1 In what country was the student born? |  | If Australia go to 4.6 | |
| 4.2 If not, when did the student arrive in Australia? |  |  | |
| 4.3 Is the residential status permanent or temporary? |  | If permanent go to 4.6 | |
| 4.4 If temporary what is the student’s Visa Sub Class? |  |  | |
| 4.5 Visa Expiry Date |  |  | |
| 4.6 Is the student Koori, Torres Strait Islander, orfrom another indigenous background? | * YES * NO |  | |
| 4.7 Living arrangements of the student | * At home with BOTH Parents * With ONE Parent * AWAY from home * Independent | | |
| What is the students usual mode of transportation to school? | * Bus * Driven by Car | | * Walk * Bicycle |
| Distance from School (kilometres) |  | | |
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| SECTION 5: School Information | |
| On what date was the student first enrolled at an Australian School? |  |
| What was the student’s previous school/ kindergarten? |  |
| For how many years has the student attended school? |  |
| Is the student an Integration Student? | * YES * NO |
| Is this student a Full Time student | * YES * NO |

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| SECTION 6: Restriction | |
| Does this student have an access restriction | * YES * NO |
| Access Type |  |
| Restriction |  |
| Restriction Activity |  |

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| SECTION 7: Medical Details – tick to identify medical conditions for student | | | |
| Asthma | If YES please complete an Asthma Management Plan | | |
| Major Illness | If YES please complete an Medical Condition Management Plan | | |
| Allergies | Details: | | |
| Allergies to medication | Details: | | |
| Disability | Details: | | Disability ID: |
| Hearing impairment | Details: | | |
| Speech | Details: | | |
| Vision | Details: | | |
| Mobility | Details: | | |
| Other | Details: | | |
| Immunization: An immunization certificate must be presented | | | |
| Immunization Certificate Presented | * YES | * NO | |
| Immunization Complete | * YES | * NO | |

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| I hereby grant consent for my child to be checked for head lice at school when the need arises |
| **Parent/Guardian Signature** |

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| SECTION 8: Web Page | |
| The purpose of our school website is to promote the quality education that takes place at our school and to allow parents and the community another avenue through which to connect to our student’s learning.  As the school website is posted on the World Wide Web we seek your permission to include your child’s **work** and/or **photographs** on our site. | |
| I give permission for my child’s work to appear on the Moe (Elizabeth Street) Primary School website | * YES * NO |
| I give permission for a picture of my child involved in school activities to appear on the Moe (Elizabeth Street) Primary School website or media coverage. | * YES * NO |

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| SECTION 9: Privacy Notice |
| ***I have read the privacy notice and understand it. I consent to have the information dealt with in the manner described.***  Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SECTION 10: Student Code of Conduct |
| We ask parents to support our ‘Student Code of Conduct’ policy as agreed by School Council. It would be appreciated if you could read the attached policy and sign the following to indicate your support. If you wish to discuss the policy with me please feel free to make an appointment. Thank you  ***I have read and agree to support the ‘Student Code of Conduct’ policy of Moe (Elizabeth Street) Primary School.***  Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SECTION 11: Consent Form |
| In the event of illness or injury to my child whilst at school, on excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:   * Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner. * Administer such first aid as the Principal or staff member may judge to be reasonably necessary. * Consent to my child receiving medical assessment or inspection by an authorized medical practitioner or registered nurse in relation to infectious diseases as detailed in Schedule 6 (Health Diseases) 2001   Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  (Primary Family)  Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  (Primary Family)  Thank you for taking the time to complete this Student Information Form. The details are confidential but are required to enable staff to properly enrol your child at our school. |

**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 professional**s

**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 worke*r (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor