

Date Received:



SERPELL PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION 2023

Tuckers Road
TEMPLESTOWE 3106
☎ 9842-8182
Fax 9841-5466
Email: serpell.ps@education.vic.gov.au

COMPUTER GENERATED STUDENT ID NUMBER

STUDENT DETAILS

STUDENT PERSONAL DETAILS

Surname				Title (Miss / Mr)			
First Given Name							
Second Given Name							
Preferred Name (if applicable)							
❖ Gender (tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self described	Birth Date (dd-mm-2021)			
Sibling/s at Serpell (Brothers or sisters) Include Name and Class							

STUDENT FAMILY HOME ADDRESS

(YOUR PERMANENT RESIDENCE IN AUSTRALIA)

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

PLEASE SUPPLY COPIES OF THE STUDENT'S:

- Immunisation History Statement / Immunisation Certificate (Supplied by Medicare)
- Birth Certificate
- Passport and Visa (if he or she is not an Australian citizen)
- Proof of Residence supplied

OFFICE USE ONLY		Family Key			
Year Level		Home Group		International Department I.D. Number	
Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date	
Immunisation Certificate Status? (tick)		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detail	
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number	

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER)

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?		
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 <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? 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'. 	

ADULT B DETAILS

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 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 <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? 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				
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

ADULT A CONTACT DETAILS

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:	
SMS Notifications: IN THE EVENT OF AN EMERGENCY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No	
Email address:	
Email Notifications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone
It is a school policy that all parents/carers need a Working With Children Check to help in the classroom or on excursions. www.workingwithchildren.vic.gov.au	
WWCC number:	<input type="text"/>
Expiry:	<input type="text"/>
Card type: V or E	<input type="text"/>

ADULT B CONTACT DETAILS

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:	
SMS Notifications: IN THE EVENT OF AN EMERGENCY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No	
Email address:	
Email Notifications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone
It is a school policy that all parents/carers need a Working With Children Check to help in the classroom or on excursions. www.workingwithchildren.vic.gov.au	
WWCC number:	<input type="text"/>
Expiry:	<input type="text"/>
Card type: V or E	<input type="text"/>

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	Post Code	
Telephone Number	Fax Number	
Current Ambulance Subscription (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number <input type="text"/>

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

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

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

STUDENT DEMOGRAPHIC DETAILS

❖ In which country was the student born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify country) _____	
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)		
Visa Statistical Code (Required for some sub-classes)			
International Student ID (Not required for exchange students)			
❖ Does the student speak a language other than English at home? (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 language) _____	
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	
What is the student's living arrangements? (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	

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.

Usual mode of transport to school (tick)			
<input type="checkbox"/> Walking		<input type="checkbox"/> Public Bus	
<input type="checkbox"/> Driven		<input type="checkbox"/> Bicycle	
Mel ways reference for Home Address (eg 33 C3)		Distance to School (in km)	
Student's Religion			

SCHOOL DETAILS

Date first enrolled in an Australian School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name of previous School (if applicable)	<input type="text"/>	
Name of Kindergarten attended (Prep students only)										
Years of previous education	<input type="text"/>	What was the language of the student's previous education?								
Years of interruption to education	<input type="text"/>	Is the student repeating a year?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student require an Integration Aide?							<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, for what time fraction will the student be attending this school? (eg 0.8 = 4 days per week)							0.____			
Other school Name	<input type="text"/>	Time fraction	<input type="text"/>	Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the student have a Victorian Student Number (VSN)? (Not applicable)										
<input type="checkbox"/> Yes. Please supply: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
<input type="checkbox"/> Yes, but the VSN is unknown.										
<input type="checkbox"/> No. The student has never been issued a VSN.										

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

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, please describe the Activity Restriction											
OFFICE USE ONLY				Current custody document placed on student file?			<input type="checkbox"/> Yes			<input type="checkbox"/> No	

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

ASTHMA

Does the student suffer from Asthma? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please supply an Asthma Action Plan which has been completed by a Doctor.:		

ANAPHYLAXIS

Is your child Anaphylactic? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the allergens that affect your child:		
If yes, please provide an Anaphylaxis Action Plan which has been completed by a Doctor :		

ALLERGIES (NOT INCLUDING ANAPHYLAXIS)

Does your child suffer from Allergies? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the allergens that affect your child:		
If yes, please provide an Allergy Action Plan which has been completed by a Doctor:		

OTHER RELEVANT MEDICAL CONDITIONS

(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		
While at school is the child required to take medication related to the above condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
If yes, you will be required to complete a Medication Authority Form (available from the office)		

PARENT CONSENTS

PUBLICATIONS CONSENT

From time to time there may be occasion for your child's/ward's photograph to be printed in a school publication or on the school website, or in the media. **Please sign below to indicate that you consent to this occurring.**

School Newsletter

Other media

Signature of Parent/Guardian _____

Date ____ / ____ / ____

Signature of Parent/Guardian _____

Date ____ / ____ / ____

MEDICAL CONSENT

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or teacher in charge of my child, where the Principal or teacher in charge is unable to contact me, or it is otherwise impracticable to contact me, to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian _____

Date ____ / ____ / ____

Signature of Parent/Guardian _____

Date ____ / ____ / ____

HEAD LICE CHECK CONSENT

Throughout your child's schooling, the school will arrange head lice inspections of students. The management of head lice infection works best when all children are involved in our screening program. The inspections of students will be conducted by a trained person approved by the Principal.

Name of Child attending the school _____

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of Parent/Guardian/Carer _____

Date ____ / ____ / ____

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian _____

Date ____ / ____ / ____

Signature of Parent/Guardian _____

Date ____ / ____ / ____

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)