

Date Received:



SERPELL PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION 2025

Tuckers Road
TEMPLESTOWE 3106

☎ 9842-8182

Email: serpell.ps@education.vic.gov.au

CASES 21 ID NUMBER

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

STUDENT PERSONAL DETAILS

| | | | | | | | | | |
|---|-------------------------------|---------------------------------|---|-------------------------|--|--|--|--|--|
| Surname | | | | | | | | | |
| 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-yyyy) | | | | | |
| Sibling/s at Serpell (Brothers or sisters) Include Name and Class | | | | | | | | | |

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 limited the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

| | | | |
|--|---------------------------------|---------------------------------|---|
| House Number & Street | | | |
| Suburb | | | |
| State | Postcode | | |
| Home Telephone | Silent Number (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How often does this student live at this address | <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced (50%) |

| | | | | | | | |
|---|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Which Year Level are you seeking to enrol this student? | <input type="checkbox"/> Prep | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|---|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

PLEASE SUPPLY COPIES OF THE STUDENT'S:

- Immunisation History Statement / Immunisation Certificate (Supplied by Medicare)
- Birth Certificate
- Passport and Visa (if your child is not an Australian citizen)
- Proof of Residence supplied (lease agreement/exchanged contract of sale and gas/electricity bill)

| | | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--|
| 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.

PARENT/CARER DETAILS

ADULT 1 DETAILS (PRIMARY CONTACT PERSON)

| | | | |
|------------------------------------|-------------------------------|---------------------------------|---|
| Gender (tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Self Described |
| Title (Ms, Mrs, Mr, Dr etc) | | | |
| Legal Surname | | | |
| Legal First Name | | | |

| | |
|--|---------------------------------------|
| Adult 1 Relationship to students: | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Host Family | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Friend |
| | <input type="checkbox"/> Other |
| Student lives with Adult 1: | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly |
| <input type="checkbox"/> Balanced (50%) | <input type="checkbox"/> Occasionally |

| | |
|----------------------------------|------------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |

| |
|-----------------------------|
| Adult 1's Job Title: |
| Adult 1's Employer? |

| |
|--|
| In which country was Adult 1 born? |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____ |

| |
|---|
| ❖Does Adult 1 speak a language other than English at home? (|
| <input type="checkbox"/> No, English only |
| <input type="checkbox"/> Yes (please specify): _____ |

| | |
|---|--|
| ❖What is the highest year of primary or secondary school that Adult 1 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below |

| | |
|---|--|
| ❖What is the highest qualification the Adult 1 has completed? (tick one) | |
| <input type="checkbox"/> Bachelor degree or above | <input type="checkbox"/> Certificate I to IV (including trade certificate) |
| <input type="checkbox"/> Advanced diploma / Diploma | <input type="checkbox"/> No non-school qualification |

| |
|---|
| ❖What is the occupation group of Adult 1? 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. (page 9). If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |

ADULT 2 DETAILS

| | | | |
|------------------------------------|-------------------------------|---------------------------------|---|
| Gender (tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Self Described |
| Title (Ms, Mrs, Mr, Dr etc) | | | |
| Legal Surname | | | |
| Legal First Name | | | |

| | |
|--|---------------------------------------|
| Adult 1 Relationship to students: | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Host Family | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Friend |
| | <input type="checkbox"/> Other |
| Student lives with Adult 2: | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly |
| <input type="checkbox"/> Balanced (50%) | <input type="checkbox"/> Occasionally |

| | |
|----------------------------------|------------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |

| |
|-----------------------------|
| Adult 2's Job Title: |
| Adult 2's Employer? |

| |
|--|
| In which country was Adult 2 born? |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____ |

| |
|---|
| ❖Does Adult 2 speak a language other than English at home? (|
| <input type="checkbox"/> No, English only |
| <input type="checkbox"/> Yes (please specify): _____ |

| | |
|---|--|
| ❖What is the highest year of primary or secondary school that Adult 2 has completed? | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below |

| | |
|---|--|
| ❖What is the highest qualification the Adult 2 has completed? (tick one) | |
| <input type="checkbox"/> Bachelor degree or above | <input type="checkbox"/> Certificate I to IV (including trade certificate) |
| <input type="checkbox"/> Advanced diploma / Diploma | <input type="checkbox"/> No non-school qualification |

| |
|--|
| ❖What is the occupation group of Adult 2? 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 (page 9). 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 1 CONTACT DETAILS

| | | |
|--|---|-----------------------------|
| Can we contact Adult 1 at work? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 1 usually home during business hours? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone No | | |
| Mobile No: | | |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Telephone No | | |
| Email address: | | |
| Email Notifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 1'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 2 CONTACT DETAILS

| | | |
|--|---|-----------------------------|
| Can we contact Adult 2 at work? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 2 usually home during business hours? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone No | | |
| Mobile No: | | |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Telephone No | | |
| Email address: | | |
| Email Notifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 2'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"/> | |

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

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

ADDITIONAL PARENTS/CARERS

| | |
|--|----------------------|
| Are there additional parents/carers in the student's life? | |
| Name of Adult 3: | <input type="text"/> |
| Name of Adult 4: | <input type="text"/> |

IF YES, PLEASE COMPLETE THE ADULT 3 AND/OR ADULT 4 SECTIONS AS ATTACHMENTS TO THIS FORM, AVAILABLE FROM THE SCHOOL OFFICE

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) | | | | | | | | | | | |
| <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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) | | | | | | | | | | |
| | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Visa Statistical Code (Required for some sub-classes) | | | | | | | | | | | |
| Does the student hold a Bridging Visa? | | | | | | | | | | | |
| <i>If Yes, what was the student's previous visa?</i> | | | | | | | | | | | |
| <i>If Yes, what visa has the student applied for?</i> | | | | | | | | | | | |

| | |
|--|--|
| International Student ID (Not required for exchange students) | |
|--|--|

| | | |
|---|------------------------------|-----------------------------|
| Does the student speak English? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ❖ 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) _____ | | |
| ❖ 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"/> Student lives with parents/carers together at the same residence <input type="checkbox"/> State Arranged Out of Home Care * see note <input type="checkbox"/> Student lives with one parent/carer only <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Student lives with each parent/carer <input type="checkbox"/> Informal care arrangement # see note | | |
| 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 (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 an Informal Carer's Statutory Declaration, which must be completed. If there are any **court orders** about the child, please provide copies of those orders to the school with this form.

| |
|---|
| How will the student primarily travel to and from school (tick) |
| <input type="checkbox"/> Walking <input type="checkbox"/> Taxi <input type="checkbox"/> Public Bus <input type="checkbox"/> Driven <input type="checkbox"/> Bicycle |
| If the student catches public transport to school, what stop/station does their journey commence? |

SCHOOL DETAILS

PREVIOUS EDUCATION – STUDENTS ENROLLING IN PREP FOR THE FIRST TIME

| |
|---|
| Is the student attending a funded kindergarten program* In the year before Prep? <input type="checkbox"/> Yes <input type="checkbox"/> 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 delivered by a qualified teacher. Funder kindergarten programs can be found at www.education.vic.gov.au/findaservice*

Previous Education – Other

| | | |
|---|---|--|
| Has the student previously been enrolled at another school? | <input type="checkbox"/> Yes, in Victoria – Government School | <input type="checkbox"/> Yes, in Victoria – Catholic or Independent School |
| | <input type="checkbox"/> Yes, interstate | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes, overseas | |
| If Yes, name of last school attended: | _____ | |
| If Yes, location of last school attended: (suburb/town/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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

STUDENT MEDICAL DETAILS

Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

Please note: 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.

Medical Conditions

| | |
|--|--|
| Does the student have an allergy? <i>If yes, please provide the school with an ASCIA Action Plan for Allergies</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|--|
| Is the student at risk of anaphylaxis? <i>If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Does the student have asthma? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has a current Asthma Action Plan been provided to School? <i>If No, please provide an Asthma Action Plan to the School</i> | |

| | |
|--|--|
| Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? <i>If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| |
|--|
| If Yes to any of the above, please specify: |
| |

Medication

| | |
|--|--|
| Does the student take medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the medication required during school hours? If Yes, please ask the school for a <u>Medication Authority Form</u> , to be completed by the treating medical practitioner and returned to school. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of medication taken: | |

Student's Doctor

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

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 students' needs.

| | |
|--|--|
| Does the student have additional needs and require support for learning? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | | |
|--|---------------------------|---|
| Does the student have additional needs in any of the following areas? (tick) | Hearing: | <input type="checkbox"/> Yes (please specify) |
| | Vision: | <input type="checkbox"/> Yes (please specify) |
| | Speech/Language: | <input type="checkbox"/> Yes (please specify) |
| | Physical: | <input type="checkbox"/> Yes (please specify) |
| | Cognitive/Learning | <input type="checkbox"/> Yes (please specify) |
| | Social/Emotional | <input type="checkbox"/> Yes (please specify) |

| | |
|--|---|
| Has the student had a disability assessment before? | <input type="checkbox"/> No <input type="checkbox"/> Yes (specify outcome) |
| Has the student received individualised disability funding before? | <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) |
| Has any previous education provider prepared a documented plan to support the student's additional learning needs? | <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) |

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

Allied Health Support

| Has the student previously accessed support from an allied health professional? | | |
|--|--|---|
| Occupational therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Exercise physiology <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Speech pathology <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: |
| Physiotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Behaviour support <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Other <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: |

STUDENT SAFETY, ACCESS AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage risk of harm to its staff and students. By providing information about your child, you will help facilitate their transition to school and ensure their safety. This may involve preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student.

| 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? |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Family Law Order / Parenting Order | <input type="checkbox"/> Parenting Plan / Agreement | <input type="checkbox"/> Intervention Order |
| | <input type="checkbox"/> Child Protection Order | <input type="checkbox"/> DFFH Authorisation | <input type="checkbox"/> 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 (organised by the school and/or third parties) that the student cannot participate in? |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please provide further detail: (e.g. sport, excursions) |

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 Adult 1: _____ Date: ____ / ____ / ____

Signature of Adult 2 (if applicable): _____ 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

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)