



Student Enrolment Information

Secondary School Privacy Notice Information about the Enrolment Form

Please Read This Notice Before Completing The Enrolment Form

For accuracy and completeness both the student seeking enrolment and their Parent/Carer should complete the form.

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that Lowanna College can register the student and allocate staff and resources to provide for their educational and support needs.

Health information is asked for so that staff at Lowanna College can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. Lowanna College depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

Lowanna College 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 Administration. 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 Lowanna College 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 Lowanna College.

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 Lowanna College 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, reporting, 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.

Religious Affiliation

If a student wants to receive religious instruction while at Lowanna College please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Lowanna College.

Visa Status

This information is required to enable Lowanna College to process the student's enrolment.

Updating your School Records

Please let Lowanna College know if any information needs to be changed by sending updated information to the school office. During the student's time with Lowanna College we will also send home copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access to the Student Record held by school

In most circumstances the student can access records about them that are held by Lowanna College. 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. Lowanna College 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)

Student Details

Personal Details of Student

Surname: Title: (Miss Ms Mr)

First Given Name:

Second Given Name:

Preferred Name (if applicable):

Sex*: Male Female Birth Date: (dd-mm-yyyy):/...../.....

Student Mobile Number:

Primary Family Home Address:

No. & Street: or PO Box details:

Suburb: State:

Postcode:

Telephone Number: Is this a silent number?: (tick): Yes No

Mobile Number: Fax Number:

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Child's Name and Birth Date proof sighted (tick): Yes No Enrolment Date:/...../.....Year Level: 7 8 9 10 11 12

Home Group: Timetabling Group: House:

Student Email Address:

Immunisation Certificate received?: Complete Not sightedIs there a Medical Alert for the student? Yes NoDoes the student have a Disability ID Number? No Yes Disability ID No.:

Family Details

List any other family members attending this school:

.....

.....

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.

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

Adult A Details (Primary Carer):

Sex (tick): Male 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?

Australia 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)**

No, English only Yes (please specify):
.....

Please indicate any additional languages spoken by Adult A:
.....

Is an interpreter required? (tick) Yes 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'.)**

Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

***What is the level of the highest qualification the Adult A has completed? (tick one)**

Bachelor degree or above
 Advanced diploma / Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

***What is the occupation group of Adult A?* Please select the appropriate parental occupation group from the list on page 2.**

- 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 paid work for the last 12 months, enter 'N'.

Adult B Details (Primary Carer):

Sex (tick): Male 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?

Australia 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)**

No, English only Yes (please specify):
.....

Please indicate any additional languages spoken by Adult A:
.....

Is an interpreter required? (tick) Yes 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'.)**

Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

***What is the level of the highest qualification the Adult B has completed? (tick one)**

Bachelor degree or above
 Advanced diploma / Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

***What is the occupation group of Adult B?* Please select the appropriate parental occupation group from the list on page 2.**

- 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 paid work for the last 12 months, enter 'N'.

Main language spoken at home:.....

Preferred language of notices:.....

Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)

Adult A Adult B Both Neither

Primary Family Contact Details

Adult A Contact Details:

Can we contact Adult A at work? (tick) Yes No

Is Adult A usually home during business hours? (tick)

Yes No

Work Telephone No:.....

Other Work Contact information:.....

Is **Adult A** usually home **AFTER business hours?** (tick)

Yes No

Home Telephone No:

Other After Hours Contact Information:.....

Mobile Telephone No:

SMS Notifications: Yes No

Adult A's preferred method of contact: (tick one)

Mail Email Phone Facsimile

Email address:.....

Email Notifications: Yes No

Fax Number:.....

Adult B Contact Details:

Can we contact Adult B at work? (tick) Yes No

Is Adult B usually home during business hours? (tick)

Yes No

Work Telephone No:.....

Other Work Contact information:.....

Is **Adult B** usually home **AFTER business hours?** (tick)

Yes No

Home Telephone No:

Other After Hours Contact Information:.....

Mobile Telephone No:

SMS Notifications: Yes No

Adult A's preferred method of contact: (tick one)

Mail Email Phone Facsimile

Email address:.....

Email Notifications: Yes No

Fax Number:.....

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

No. & Street or PO Box

Suburb:

State: Postcode:

Primary Family Doctor Details:

Doctor's Name:.....

Individual or Group Practice: (tick) Individual Group

No. & Street or PO Box No.:

Suburb:..... State: Postcode:.....

Telephone Number Fax Number

Current Ambulance Subscription: (tick) Yes No Medicare Number:

Primary Family Emergency Contacts

Name	Relationship <i>(Relative, friend, neighbour, other)</i>	Telephone No.	Language Spoken <i>(If English Write "E")</i>
1.			
2.			
3.			
4.			

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

No. & Street or PO Box

Suburb:

State: Postcode:

Billing Email: Adult A Adult B Other (Please specify)

Other Primary Family Details Adult A

Relationship of **Adult A** to Student: (tick one)

- Parent
- Step-Parent
- Adoptive Parent
- Foster Parent
- Host Family
- Relative
- Friend
- Self
- Other

Other Primary Family Details Adult B

Relationship of **Adult B** to Student: (tick one)

- Parent
- Step-Parent
- Adoptive Parent
- Foster Parent
- Host Family
- Relative
- Friend
- Self
- Other

The student lives with the Primary Family: (tick one)

- Always
- Mostly
- Balanced
- Occasionally
- Never

Send Correspondence addressed to: (tick one)

- Adult A
- Adult B
- Both Adults
- Neither

Demographic Details of Student

*In which country was the student born?

Australia 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) Permanent Temporary

Basis of Australian Residency:

Eligible for Australian Passport Holds Australian Passport 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?** (If more than one language is spoken at home, indicate the one that is spoken most often)

No, English only Yes (please specify):

Does the student speak English? (tick) Yes No

*** Is the student of Aboriginal or Torres Strait Islander origin?** Tick one

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

What is the student's living arrangements? (tick one):

- At home with TWO Parents/ Guardians
- State Arranged Out of Home Care # (See Note)
- At home with ONE Parent/ Guardian
- Homeless Youth
- Independent

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.

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

Beginning of journey to school: Map Type: Melway VicRoads Country Fire Authority Other

Map Number X Reference Y Reference

Usual mode of transport to school: (tick)

- Walking School Bus Train Driven Taxi Bicycle Public Bus Tram
- Self Driven Other.....

If student drives themselves to school: Car Reg. No..... Distance to School in kilometres:

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

School Details

Student's Religion:

Date of first enrolment in an Australian School: (dd-mm-yyyy):/...../.....

Name of previous School:

Years of previous education: What was the language of the students previous education?

Does the student have a Victorian Student Number (VSN)?

Yes (please specify below): Yes, but the VSN is unknown No. The student has never been issued a VSN

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Years of interruption to education: Is the student repeating a year? (tick) Yes No

Will the student be attending this school full time? (tick) Yes 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: Enrolled: Yes No

Other school Name: Time fraction: Enrolled: Yes No

Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm> " <http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions

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Office Use Only

Has the documentation been provided and retained on school records? Yes No

Have the conditions been met to complete the enrolment? Yes No

Student Access or Activity Restrictions Details

Is the student at risk? Yes No

Is there an Access Alert for the student? (tick) Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)

No (If No, move to the immunisation / medical condition details questions.)

Access Type: (tick) Parenting Order Parenting Plan Intervention Order Protection Order
 Informal Carer Stat Dec DHHS Authorisation Witness Protection Program Order
 Other

Describe any Access Restriction:

Is there an Activity Alert for the student? (tick) Yes No

If Yes, then describe the Activity Restriction:

Office Use Only: Current custody document placed on student file? Yes No

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/Guardian:  **Date:**/...../.....



Medical Condition Details:

Does the student suffer from any of the following impairments? (tick)
Hearing: Yes No Vision: Yes No Speech: Yes No Mobility: Yes No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section Yes No

Asthma Medical Condition Details:

Answer the following questions ONLY if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	If my child displays any of these symptoms please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform emergency contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
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Has an Asthma Management Plan been provided to School? Yes No

Does the student take medication? (tick) Yes No Name of medication taken:

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)
 Preventative Response Indicate the usual dosage of medication taken:.....

Indicate how frequently the medication is taken:.....

Medication is usually administered by: (tick) Student Nurse Teacher Other

Medication is stored: (tick) with Student with Nurse Fridge in Staff Room Elsewhere

Dosage time reminder required? (tick) Yes No Poison Rating

Other Medical Conditions

(Additional copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick) Yes No

If yes, please specify:.....

.....

Symptoms:.....

.....

If my child displays any of the symptoms above please: (tick)

Inform Doctor Yes No Inform Emergency Contact Yes No
 Administer Medication Yes No Other Medical Action Yes No

If yes, please specify:

Does the student take medication? (tick) Yes No Name of medication taken:

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)
 Preventative Response Indicate the usual dosage of medication taken:.....

Indicate how frequently the medication is taken:.....

Medication is usually administered by: (tick) Student Nurse Teacher Other

Medication is stored: (tick) with Student with Nurse Fridge in Staff Room Elsewhere

Dosage time Reminder required? (tick) Yes No Poison Rating

Student Medical Details

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:

Individual or Group Practice: (tick) Individual Group

No. & Street or PO Box No.:

Suburb:..... State:..... Postcode:.....

Telephone Number Fax Number

Current Ambulance Subscription: (tick) Yes No Medicare Number:

Student Emergency Contacts

This section should ONLY be filled out if THIS student has emergency contacts other than the Primary Family Emergency Contacts (page 6).

Name	Relationship <i>(Relative, friend, neighbour, other)</i>	Telephone No.	Language Spoken <i>(If English Write "E")</i>
1.			
2.			

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:**/...../.....