



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.

Visa Status

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

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.

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.

Acceptance of Enrolment

Lowanna College agrees with the Parents to accept enrolment of the Student on the terms set out in this Enrolment Agreement.

Responsibilities of the Parents

The Parents agree:

- to pay the enrolment fee as specified in the Schedule of Fees. A copy of the current Schedule of Fees is enclosed with this Agreement.
- that the Student will comply with the Student Code of Conduct which may be amended from time to time at the School’s absolute discretion either orally or in writing.
- that the Student and the Parents will comply with the School’s rules, regulations, policies and procedures including those published in the College Prospectus and available on the College website and which may be amended from time to time at the School’s absolute discretion orally or in writing.

Attendance

We agree that attendance at school will be regular and punctual. All absences will be explained by a note from a parent/caregiver, uploaded directly to Compass or telephone contact to the appropriate mini school.

Code of Behaviour

We agree that all College expectations relating (but not limited) to general and classroom behaviour, consequences, cleanliness, yard duty, safety, manners, homework, leaving the school grounds and bus travel will be abided by.

School Dress Code

We agree to adhere to the College Uniform Policy by wearing the correct school uniform at all times. We agree that on any occasion a student arrives at school out of uniform that the student will attend Uniform Exchange to change in to the correct school uniform.

Mobile Phone

We agree to the mobile phone policy of the school as directed by the State Government. We agree that a student mobile phone will be switched off and stored securely from 8.45am - 3.00pm.

Environmental Duty

We understand that students will be required to assist with environmental duty and recycling, in accordance with College Council Policy, and agree to support this policy.

Lockers

We have read the information concerning the allocation of College Locks and Lockers and agree to abide by the rules as set by the College.

Local Activities


I give approval for my child to participate in local offsite class activities within walking distance (in the Moe/ Newborough and environs) during school time - examples include Sport, PE, Farm Studies and home group activities. I understand that I may not always be formally notified of such activities.

Information Technology


1. We have read the Acceptable Use Agreement carefully and understand the significance of the conditions and agree to abide by these conditions.
2. We understand that any breach of these conditions will result in internet and mobile technology access privileges being suspended or revoked.

I accept and understand that this agreement will be effective for the period which my child attends Lowanna College.

.....
Parent/Carer (Please Print Name)


Signature

.....
Student (Please Print Name)


Signature

Information Technology

Parents/Carers and students should read the College Policy Acceptable Use Agreement for Ultraset, Internet, Digital Technologies and Electronic Media Players/devices. which is available on the College website. Printed copies of the policy can be provided on request.

Computer Account

Each student at Lowanna College is provided with an account on the school computer network. This enables the student to use any computer in the College after entering a code and password. The code and password are designed to protect the work of the student and the network itself.

There is also a credit attached to the account for Internet access and printing materials from the computer network. Once this credit is used, students will need to pay an additional sum to be able to print materials and download non-cached Internet information.

All students should read the Acceptable Use Agreement so that they know the consequences of misusing the computer system.

Provision of School Lockers & Combination Locks

For the protection of individuals, College property and safety reasons, students are required to use College lockers to store personal belongings, including bags (which are banned from class). Therefore, the College has made available, and requires all students of the College to have the personal use of a College locker and combination lock.

Combination locks supplied to students by the College is the only acceptable locking device to be used with the lockers. Please note that any non-official locks will be removed immediately. If the student refuses to comply, the College will use bolt cutters to remove these locks.

College Locker and Lock Rules

- It is understood that locks and lockers are the property of the college and can be accessed by the Principal or their representative.
- Students will respect and care for lockers and combination locks at all times.
- Students will not store perishable items in their lockers for a period greater than 24 hours and will not write on, or graffiti the inside or outside of any locker.
- Students will not store prohibited or illegal items or materials in their lockers.
- Where there are grounds for suspecting that these rules are not being obeyed, the Principal or delegate reserves the right to inspect a locker. Students found to be infringing these rules can expect due consequences under the College Student Engagement and Well-being policy.

Publishing of Student Work and/or Photographs

At Lowanna College we celebrate the efforts of our students by mentioning their participation in college events and their achievements in our college newsletter. Occasionally photographs of the students are included. We also use photographs of students in our College Yearbook along with examples of their work.

Photographs of students are also on our college intranet site. This site is protected and can only be accessed by college students and staff. Students only have access to their own photo.

On the college website there are images of students however, we never identify the student's full name (without permission from a parent/guardian), only class and year.

At time, we invite local media to college events and they are expected to follow college policy on the publication of photographs of students. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child only group photos are published and students' identified by first name and year only.

There are some instances where we require your permission to publish your child's photograph and or work:

- Website: The purpose of our college website is to promote the quality education that takes place at our college and to allow parents and the community another avenue through which to connect to our student's learning. As the college website is posted on the World Wide Web we seek your permission to include your child's work and/or photographs on our website.
- Newsletters/Yearbook: We are also seeking your permission to include your child's photograph and/or work in our College Newsletter or Yearbook.
- Compass School Photo Compilations - you can still get individual prints, however your child will not appear in the compilation booklet or homegroup compilations.

If you have any concerns about how photographs of your child may be used by the college please let us know.

Consent

I give permission for my child's work and/or photographs to appear in the following:

- Lowanna College Website
- Facebook Page
- College Newsletter
- Yearbook
- Local Media (Including print and televised)

Yes No

*Leaving this section unmarked will be confirmation of your approval

Lunch Pass

During the lunch break, students **who live locally** will be given permission to leave the school grounds on the following conditions:

1. That a return home (or the home of a designated relative) for lunch is approved by a parent/guardian. This does not mean that the students can use the pass to visit other students, local shops (with the exception of Years 11 & 12) or take other students home for lunch.
2. Arrangements are made when the student is required at school; for example to complete a detention, assist with care of the school grounds on a few days during the year, or attend a sports carnival. In each case advance notice will be given.
3. The pass is for the lunchtime break only.
4. Once a lunch pass is issued it will remain current unless withdrawn by request of a parent/guardian or by the college.
5. In all cases, students must return in time for class.
6. Permission will be taken away from the student if he or she misuses the pass.

I confirm that my child:

- Does not require a lunch pass** at this time.
- Requires a lunch pass to attend the local shop** (this option is for year 11 & 12 students only).
- Requires a lunch pass to go home** (or the home of a designated relative) for lunch on a regular basis. Please provide the details of the designated relative below.

Designated Relative

Name:

Relationship to Student:

Address:

.....

Telephone:.....

Please contact the school if your circumstances change and you wish to organise a new lunch pass or cancel an existing lunch pass.

Office Use Only

- Approved
- Not approved Init.

Managed Headlice Program

For the many families and teachers of school-aged children, head lice continue to create concerns.

We invite you to include your child in our screening program, which will be conducted by our First Aid Officer who will check hair where there is concern about possible infestation.

The School will 'dry' check your child's hair, this is done by lifting and searching. No treatment is undertaken at school. If infestation is noted a parent/carer will be contacted and asked to pick up the student and treat the hair.

If you would like to include your child/ren in our screening program, please complete the permission slip below and return to the school.

Where it is considered that infestation may have occurred and a child is not in the program parents will be contacted and asked to complete the check before the child returns to school.

Please note that any child noted to have live lice will be excluded from school until appropriate treatment has been provided as per DET policy.

For further details and information please feel free to contact the school.

Please tick whichever is applicable:

- I give permission** for my child to participate in the Head Lice Program at Lowanna College
- I do not give permission** for my child to participate in the Head Lice Program at Lowanna College.

Immunisation Information

I give permission for my child's information to be sent to local council for immunisation purposes

- Yes No

Form to Enrol in a Victorian Government School

Lowanna College

Student Enrolment Information – 20 _____	OFFICE USE ONLY	CASES21 Student ID: _____
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The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child’s enrolment, the enrolling principal is required to consider the student’s education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:	_____
First Given Name:	_____
Second Given Name: (if applicable)	_____
Preferred First Name: (if applicable)	_____
❖ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described:	_____
Date of Birth: (dd-mm-yyyy) _____/_____/_____	Student Mobile Number: (if applicable) _____

Which year are you seeking to enrol this student?												
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12 <input type="checkbox"/> Ungraded

Intended start date:	
<input type="checkbox"/> Day 1, Term 1	<input type="checkbox"/> Other: (dd-mm-yyyy) _____/_____/_____

Are you seeking to enrol the student at this school full-time? <input type="checkbox"/> Yes (move to next section) <input type="checkbox"/> No										
If No, how many days a week would the student be attending this school?										
If No, provide reason you are seeking part-time enrolment:										

If No, provide details for other schools:										
<table border="1"> <thead> <tr> <th>Other school name:</th> <th>Days / week:</th> <th>Has enrolment been accepted?</th> <th><input type="checkbox"/> Yes</th> <th><input type="checkbox"/> No</th> </tr> </thead> <tbody> <tr> <td>Other school name:</td> <td>Days / week:</td> <td>Has enrolment been accepted?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </tbody> </table>	Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

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

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:	

Student Living Arrangements

What are the student's living arrangements?	
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent
<input type="checkbox"/> Homeless	
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 families (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.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Student Demographics

Does the student speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Does the student speak a language other than English at home?		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
❖ Is the student of Aboriginal or Torres Strait Islander origin?		
<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	
Is the student a young carer (providing support/care for other family member/s)? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

Student Residency Status

❖ In which country was the student born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)	____/____/____	
What is the student's residency status? *		
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)	
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)	
<input type="checkbox"/> New Zealand citizen		
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy)	____/____/____
Visa Statistical Code: (Required for some sub-classes)		

* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the student hold a Bridging Visa?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the student's previous visa?	_____	
If Yes, what visa has the student applied for?	_____	

International Student ID*: (Not required for exchange students)

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email (international@education.vic.gov.au).

Students with 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 student's learning and support needs.

Does the student have additional needs and require support for learning?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
Please indicate any adjustments that may assist the student to participate at school:	

Has the student had a disability assessment before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify): _____
Has the student received individualised disability funding before?	<input type="checkbox"/> No NDIS Funding <input type="checkbox"/> Yes <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): _____

Does the student have additional needs in any of the following areas?	Hearing:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Vision:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Speech/Language:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Physical:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Cognitive/Learning:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	Social/Emotional:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	<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. Funded 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"/> Yes, overseas <input type="checkbox"/> No (move to next section)

If Yes, name of last school attended:	_____
If Yes, location of last school attended: (suburb/town/state/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
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Child's Name sighted:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year level:	Home Group:	Timetabling Group:	House:	Campus:	
Student Email Address:					
Australian residency confirmed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sighted / provided	
Date of birth confirmed:		<input type="checkbox"/> Yes – Birth certificate	<input type="checkbox"/> Yes – Doctor certificate	<input type="checkbox"/> Yes - Other	<input type="checkbox"/> Not sighted / provided
Does the student have a Disability ID number?		<input type="checkbox"/> Yes (please specify): _____			<input type="checkbox"/> No

For Foundation students, has a Transition Learning and Development Statement been provided?	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carers	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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Does the student have a Victorian Student Number (VSN)?		
<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No, the student has never been issued a VSN

OFFICE USE ONLY

Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

PARENT/CARER DETAILS

Enrolling Adult 1

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

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): _____	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 1:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally		

Adult 1 Job Title:
Adult 1 Employer:

Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ 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 / no schooling
❖ What is the level of the highest qualification that Adult 1 has completed?	
<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 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Enrolling Adult 2

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> Self-described: _____	

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

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): _____	
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student lives with Adult 2:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 2 Job Title:
Adult 2 Employer:

Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school 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 / no schooling
❖ What is the level of the highest qualification that Adult 2 has completed?	
<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 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Additional Parents/Carers

Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section)
Name of Adult 3:
Name of Adult 4:

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

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

Correspondence Details

Send correspondence addressed to: <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send bills to: <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Another person / address* <i>(complete details below)</i>	
Name to be used for all billing correspondence:	
No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email:	

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

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.

Student Doctor

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

Asthma

Does the student have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No (move to next section)	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: <input type="checkbox"/> Student <input type="checkbox"/> Adult <input type="checkbox"/> Other: _____	
Medication is to be stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Staff <input type="checkbox"/> Other: _____	
Dosage time:	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Conditions

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

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

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

If Yes to any of the above, please specify:

Symptoms:

If the student displays any of the symptoms above, please:			
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: _____	

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 Medication Authority Form, to be completed by the treating medical practitioner and returned to school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

Allied Health Support

Has the student previously accessed support from an allied health professional?	Occupational therapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Counsellor:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Speech pathology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Psychologist:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Physiotherapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Psychiatrist:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Exercise physiology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Paediatrician:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Behaviour support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____			

Additional Family Support

Has the family previously accessed support from any of the following organisations?	The Orange Door:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Headspace:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Quantum Support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	VACCA:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	LCHS:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Berry Street:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Child Protection:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	CYMHS:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

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Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not sighted / provided
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A – no medical conditions

*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

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 (move to the next section)
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 (move to the next section)
If Yes, please provide further detail: (e.g. sport, excursions)	

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Current Court Order or other access document placed on student file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
If the student catches public transport to school, what station/stop does their journey commence:				
If the student drives themselves to school, what is their Car Registration Number:				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (<i>proceed to next question</i>)
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy	

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will pay a fare to travel. Your school can provide the relevant application form.

Is the student applying for the School Bus Program?	
<input type="checkbox"/> Yes (see text below)	<input type="checkbox"/> No (<i>proceed to next question</i>)
Your school can provide the relevant application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's PAL here: www.education.vic.gov.au/pal/school-bus-program/policy	

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas. Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?	
<input type="checkbox"/> Yes (read below text)	<input type="checkbox"/> No
Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here: www.education.vic.gov.au/pal/transport-students-disabilities/policy	
First date of travel?	<input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____/____/____
Type of travel assistance requested?	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Conveyance Allowance
If applicable, specify the student's mode of assisted mobility.	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
Comments relevant to travel:	

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Can the student Individual Education Plan include travel training?

Yes

No

Is the student attending their nearest school?

Yes

No

Does the student reside in Designated Transport Area (if attending special school)?

Yes

No

Can the student be accommodated on an existing route (if applicable)?

Yes

No

Pick-up Point:

Map Ref:

Time AM:

Set Down Point:

Map Ref:

Time PM:

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 Enrolling Adult: _____ Date: ____/____/____

Signature of Enrolling Adult (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.

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> Self-described: _____	

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 3 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 3 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 3 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 3:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 3:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 3 Job Title:
Adult 3 Employer:

Is Adult 3 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 3 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 / no schooling
❖ What is the level of the highest qualification that Adult 3 has completed?	
<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 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<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 list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Enrolling Adult 4

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 4 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 4 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 4's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 4 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 4:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally <input type="checkbox"/> Never		
Adult 4 Job Title:		
Adult 4 Employer:		

Is Adult 4 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult 4 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 / no schooling
❖ What is the level of the highest qualification that Adult 4 has completed?	
<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 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	