

# YARRAVILLE WEST PRIMARY SCHOOL

Enrolment Year:	Student ID (computer generated):
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## STUDENT DETAILS

Student Surname:			
Student First Given Name:			
Student Second Given Name:			
Student Preferred Name (if applicable):			
❖ Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)
Date of Birth:			
Kindergarten or Child Care Centre:		Kinder Group:	

## PRIMARY FAMILY HOME ADDRESS:

Address:			
Suburb:		Postcode:	
Telephone Number		Mobile:	

## MAILING ADDRESS: (WRITE "AS ABOVE" IF THE SAME AS HOME ADDRESS)

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

## BILLING ADDRESS: (WRITE "AS ABOVE" IF THE SAME AS HOME ADDRESS)

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

## FAMILY DETAILS

List any other family members attending this school:

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

# PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is the family or parent the student mostly lives with.

If the family is split, and the child alternates between two families, please complete an 'Alternative' form for the other parent. In other circumstances, children may require an 'Additional' family form. Please contact the office.

## Adult A (the Main carer):

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ Fill in blank
Title: (Ms,Mr,Mrs, Mx,Dr)			
Legal Surname:			
Legal First Name:			
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (specify):		
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes (please specify):			
Please indicate any additional languages spoken by Adult A:			
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent			
<input type="checkbox"/> Year 11 or equivalent			
<input type="checkbox"/> Year 10 or equivalent			
<input type="checkbox"/> Year 9 or equivalent or below			
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above			
<input type="checkbox"/> Advanced diploma / Diploma			
<input type="checkbox"/> Certificate I to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.			
<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>			

## Adult B:

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ Fill in blank
Title: (Ms,Mr,Mrs,Mx, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (specify):		
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes (please specify):			
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent			
<input type="checkbox"/> Year 11 or equivalent			
<input type="checkbox"/> Year 10 or equivalent			
<input type="checkbox"/> Year 9 or equivalent or below			
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above			
<input type="checkbox"/> Advanced diploma / Diploma			
<input type="checkbox"/> Certificate I to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.			
<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>			

Main language spoken at home:			
Are you interested in being involved in school group activities? (eg. School Council, excursions) (please tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both <input type="checkbox"/> Neither

# PRIMARY FAMILY: CONTACT DETAILS

## ADULT A CONTACT DETAILS:

Can we contact Adult A at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone:		
Other Work Contact information:		

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone:		
Mobile:		
Email address:		

## ADULT B CONTACT DETAILS:

Can we contact Adult B at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Mobile:		
Email address:		

## PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent		
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative		
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other		
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent		
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative		
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other		
The student lives with the Primary Family:	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither	

## EMERGENCY CONTACTS (NOT the Parent/Carer):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact
1			
2			
3			

**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the CSEF.

Information on eligibility and application forms are available from the school office: 9314-7714

# DEMOGRAPHIC DETAILS OF STUDENT

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy) _____ / _____ / _____	
<b>What is the Residential Status of the student?</b> (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b> _____	<b>Visa Expiry Date:</b> (dd-mm-yyyy) _____ / _____ / _____
<b>Visa Statistical Code:</b> (Required for some sub-classes) _____	
<b>International Student ID :</b> (Not required for exchange students) _____	
<b>❖ Does the student speak a language other than English at home?</b> (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): _____
<b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (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
<b>What is the student's living arrangements?</b> (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> 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.

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

# SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School/Kinder & Kinder group:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, 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: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

# ACCIDENT AUTHORITY

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, where I cannot be contacted,

- I consent to my child receiving the medical or surgical attention deemed necessary by a medical practitioner; and
- I consent to the administration of first aid as the Principal or staff member in charge may judge to be reasonably necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# STUDENT MEDICAL DETAILS

## PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name			
Address and Telephone:			
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:

## MEDICAL CONDITIONS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (If yes, please give details below)					<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASTHMA DETAILS: (Please answer only if your child has been *diagnosed* with Asthma)

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

## OTHER MEDICAL CONDITIONS

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify:					
Symptoms:					
If my child displays any of the symptoms above 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:		
Does the student take medication? (tick)		<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? (tick)				<input type="checkbox"/> Preventative	<input type="checkbox"/> Response

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS:

Is the student at risk?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)		<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other	
Describe any Access Restriction:					
Is there an Activity Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:					

# YWPS SCHOOL CONSENTS

The following consents will apply for the duration of your child's enrolment at YWPS.

## Local Excursions

There are occasions when it is desirable for children to accompany their teachers to different venues around Yarraville. Walks around our local area are often used to support our classroom learning.

I do / I do not give permission for my child to attend excursions which do not require transport.  
*(please circle one)*

## Head Lice Checks

There are occasional outbreaks of head lice in a school environment, therefore there are occasions when the childrens' hair needs to be checked.

I do / I do not give permission for my child's hair to be checked.  
*(please circle one)*

## Photo Permission

There are occasions when photos are shared within the school community, such as through the school newsletter. Photos may also be requested to celebrate events or achievements in the local paper.

I do / I do not give permission for my child's photo to be taken or published.  
*((please circle one)*

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.

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Signature of Parent/Guardian*

# 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)