

# LANGWARRIN PARK PRIMARY SCHOOL

## 2022 ENROLMENT FORM & INFORMATION for PARENTS, GUARDIANS and CARERS

Please Read This Notice Before Completing The Enrolment Form.

### DEPARTMENT OF EDUCATION AND TRAINING PRIVACY AND COLLECTION NOTICE

The Department of Education and Training (the Department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the Department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the Department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](#) (SEHQ) and the [Early Childhood Intervention Service](#) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the Department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to schools. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

- **Immunisation status** – This assists schools to manage health risks and legal obligations. The Department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student’s enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the Department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and Department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student.

For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](#) (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the Department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools’ Privacy Policy](#)

# LANGWARRIN PARK PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2022

Computer Generated Student ID: \_\_\_\_\_

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

### PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	

### OFFICE USE ONLY:

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level		Home Group				
Do Any Enrolment Conditions Apply? (Refer to Page 9)		<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Court/Legal Orders Apply? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Documents Provided
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Documents Provided
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No		<input type="checkbox"/> Yes		Disability ID No.:
Copy of WWCC card received? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending (Details provided on form & no copy)

## 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". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

## ADULT A DETAILS (PRIMARY CARER):

## ADULT B DETAILS:

<b>Gender :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult A speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖What is the highest year of primary or secondary school Adult A has completed?</b> (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
<b>❖What is the level of the highest qualification the Adult A has completed?</b> (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
<b>❖What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult B speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖What is the highest year of primary or secondary school Adult B has completed?</b> (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
<b>❖ What is the level of the highest qualification the Adult B has completed?</b> (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
<b>❖What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

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

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

**WORKING WITH CHILDREN CHECK (Please attach a copy of WWCC Card if completing this section)**

Schools and school councils are bound by laws that require a working with children check (WWCC) for adults undertaking child-related work in a school, and must adhere to department policies regarding suitability checks for employees, visitors and volunteers. Parents who volunteer to assist with school classroom and sporting activities and/or excursions will be required to provide a valid WWCC card.

**ADULT A**

<b>Working With Children Check (WWCC)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WWCC Number</b>		
<b>WWCC Expiry Date</b>		
<b>Card type</b>	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee <input type="checkbox"/> VIT/VicPol

**ADULT B**

<b>Working With Children Check (WWCC)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WWCC Number</b>		
<b>WWCC Expiry Date</b>		
<b>Card type</b>	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee <input type="checkbox"/> VIT/VicPol

**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

***Business Hours:***

<b>Can we contact Adult A at work?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is Adult A usually home during business hours?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Work Telephone No:</b>		
<b>Other Work Contact information:</b>		

**ADULT B CONTACT DETAILS:**

***Business Hours:***

<b>Can we contact Adult B at work?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is Adult B usually home during business hours?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Work Telephone No:</b>		
<b>Other Work Contact information:</b>		

***After Hours:***

<b>Is Adult A usually home AFTER business hours?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Home Telephone No:</b>		
<b>Other After Hours Contact Information:</b>		
<b>Mobile No:</b>		
<b>SMS Notifications:</b>	<input type="checkbox"/> Yes (Required)	
<b>Adult A's preferred method of contact:</b> (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	
<b>Email address:</b> (Required)		

***After Hours:***

<b>Is Adult B usually home AFTER business hours?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Home Telephone No:</b>		
<b>Other After Hours Contact Information:</b>		
<b>Mobile No:</b>		
<b>SMS Notifications:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Adult B's preferred method of contact:</b> (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	
<b>Email address:</b> (Required)		

**PRIMARY FAMILY MAILING ADDRESS:**

Write "As Above" if the same as Family Home Address

<b>No. &amp; Street or PO Box</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	

**PRIMARY FAMILY DOCTOR DETAILS:**

<b>Doctor's Name</b>	<b>Individual or Group Practice:</b> (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Current Ambulance Subscription:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medicare Number:</b>

**PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIAN)**

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

**PRIMARY FAMILY BILLING ADDRESS**

Write "As Above" if the same as Family Home Address

<b>No. &amp; Street or PO Box</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Billing Email Address</b>	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

**OTHER PRIMARY FAMILY DETAILS**

<b>Relationship of Adult A to Student:</b> (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
<b>Relationship of Adult B to Student:</b> (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

<b>The student lives with the Primary Family:</b> (tick one)
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

<b>Send Correspondence addressed to:</b> (tick one) <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults
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# 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? (tick)</b>	<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? (tick)</b> ( 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? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>	
<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>Is the student a young carer (providing support/care for other family member/s)? (tick one)</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>What is the student's living arrangements? (tick one):</b>	
<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	

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

<b>Usual mode of transport to school: (tick)</b>	
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus <input type="checkbox"/> Train <input type="checkbox"/> Driven <input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus <input type="checkbox"/> Tram <input type="checkbox"/> Other
	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

Date of first enrolment in an Australian School: (Please leave blank if enrolling from Preschool)		____ / ____ / ____	
Name of previous School or Preschool (incl preschool group):			
Years of previous education: (Please leave blank if enrolling from Preschool)		What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN (e.g. Preschool or transferring from Interstate).	
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	

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is there an Access Alert for the student? (tick)		<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)		<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)	
Access Type: (tick)		<input type="checkbox"/> Parenting Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Intervention Order <input type="checkbox"/> Protection Order		<input type="checkbox"/> Informal Carer Stat Dec <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Witness Protection Program 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:					

### OFFICE USE ONLY

Current custody/access document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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# STUDENT MEDICAL DETAILS

## MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School? (An Asthma Plan is a DET Requirement)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take asthma medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the asthma medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of asthma medication taken:		Indicate how frequently the asthma medication is taken:	
Asthma Medication is usually administered by: (tick)		<input type="checkbox"/> Student (only in Yr6)	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student (only in Yr 6)	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

## OTHER MEDICAL CONDITIONS

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

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
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
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

## **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.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Medicare Number:</b>	

## **STUDENT EMERGENCY CONTACTS**

This section should **ONLY** be filled out if **THIS** student has emergency contacts **other than** the Prime Family Emergency Contacts.

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

## **MEDICAL AUTHORITY**

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.

Name of Parent/Guardian: \_\_\_\_\_

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

# LPPS PARENT/GUARDIAN/CARER ENROLMENT AGREEMENT & CONSENT

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 the enrolment form is true and correct and will notify the school of any changes to the information provided.

**Name of Parent/Guardian (Adult A):** \_\_\_\_\_

**Signature of Adult A:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Parent/Guardian (Adult B):** \_\_\_\_\_

**Signature of Adult B:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT:** All Parents/Guardians with legal rights and responsibilities for the care of the child must provide consent for enrolment at Langwarrin Park Primary School.

## 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 the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions

- 
- 
- 
- 

### OFFICE USE ONLY

Do enrolment conditions apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





# LANGWARRIN PARK PRIMARY SCHOOL

CHILD'S NAME: \_\_\_\_\_

## HEAD LICE AUTHORISATION

I consent to my child's hair being checked for head lice by the Level 2 First Aide person or a trained person approved by the Principal and School Council

Signature of Parent/Guardian ..... Dated .....

## WALKING EXCURSION PERMISSION AUTHORITY

I give permission for my child to attend excursions organised by Langwarrin Park Primary School. I understand that this authorisation covers only excursions that are within walking distance of the school grounds, do not involve any type of transport and do not involve adventure type activities such as swimming.

All walking excursion will take place only after approval is granted by the Principal or the school and must be held between the hours of 9.00 a.m. and 3.20 p.m.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian ..... Dated .....

## AUTHORITY FOR PHOTOGRAPHS/VIDEO IMAGE TO BE USED

NB: The default value in the Department of Education & Training (DET) CASES21 database is set to U (Unspecified). All photo permissions with a value of U (Unspecified) or Y (Yes) in CASES21 can be published. A blank authority for photographs here, will be treated as unspecified.

I give permission for my child's photograph/video image to be used by the school for any publication or social media platform, produced by and for the school, publicity purposes and any public performances organised by the school. (e.g. ClassDojo, LPPS Facebook Page, Youtube, Open Days/Nights etc)

Please note that your child's name may not always be used with the photograph.

Signature of Parent/Guardian ..... Date .....

OR

I **do not** wish for my child to have their photograph/image published by the school.

Signature of Parent/Guardian ..... Date .....

## LANGWARRIN PARK PRIMARY SCHOOL STATEMENT OF VALUES AND SCHOOL PHILOSOPHY

I have read the LPPS *Statement of Values and School Philosophy*, understand the roles and behavioural expectations of school leaders, teachers, staff, students, parents and carers, and agree to uphold the values of the school which ensures that everyone in our school community is treated with fairness and respect.

Parent/Guardian Name .....

Signature of Parent/Guardian ..... Dated .....

# PARENTAL OCCUPATION GROUP CODES (USE FOR PGE 2 QUESTION - WHAT IS THE OCCUPATION GROUP OF ADULT A?)

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)