



# FAMILY DETAILS

**“NOTE: The ‘PRIMARY CARER’ is: ‘the family or parent the student predominately lives with’. In the event of a family separation where contact is still maintained please also complete the Alternative Family Details Form.”**

## ADULT A DETAILS (PRIMARY CARER):

❖Gender	<input type="checkbox"/> Male	<input type="checkbox"/> _____ (fill in blank)
	<input type="checkbox"/> Female	
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A’s occupation?		
Who is Adult A’s employer?		
In which country was Adult A born?		
	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
❖Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
	<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.		
• 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’.		

## ADULT B DETAILS:

❖Gender	<input type="checkbox"/> Male	<input type="checkbox"/> _____ (fill in blank)
	<input type="checkbox"/> Female	
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B’s occupation?		
Who is Adult B’s employer?		
In which country was Adult B born?		
	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
❖Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
	<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.		
• 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’.		

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

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

# FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

### Business Hours:

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

## ADULT B CONTACT DETAILS:

### Business Hours:

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

## FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (Tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:			
Suburb:	State:	Post Code:	
Phone Number:			
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

## FAMILY EMERGENCY CONTACTS OTHER THAN ADULTS A &/OR B:

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

## OTHER 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: (tick one)
<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 Adults	<input type="checkbox"/> Neither
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## CONDITIONAL ENROLMENT DETAILS

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

## STUDENT AT RISK, ACCESS OR ACTIVITY RESTRICTIONS DETAILS

### AT RISK

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of the Risk		

### ACCESS

Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Copy of the Access Alert documents provided to the school	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
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:				

### ACTIVITY

Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

## 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?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
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		

## OTHER MEDICAL CONDITIONS

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

<b>Does the student have any other medical condition?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
<b>If my child displays any of the symptoms above please:</b> (tick)			
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
			If yes, please specify:
<b>Does the student take medication?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<b>Name of medication taken:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b> (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>	
<b>Medication is usually administered by:</b> (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse
		<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
<b>Medication is stored:</b> (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse
		<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere
<b>Dosage time</b>	<b>Reminder required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<b>Poison Rating</b>	

*In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from I authorise the Principal or teacher in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)*

- *consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,*
- *administer such first aid as the Principal or staff member may judge to be reasonably necessary*

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

*Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.*

I certify that the information contained within this form is correct.

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

Please 'SAVE AS' and email to [lakes.south.morang.co@education.vic.gov.au](mailto:lakes.south.morang.co@education.vic.gov.au)

### OFFICE USE ONLY

<b>Child's Name and Birth Date proof copied</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Enrolment Date:</b>	
<b>Immunisation Certificate Status?</b> (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
<b>Is there an 'At Risk' alert for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 'At risk' information Received	
<b>Access Restrictions for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Custody Documents Received	
<b>Activity Alert for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>Is there a Medical Alert for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?</b> (tick) <small>For prep students only</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	
<b>Form Accepted &amp; Signatures checked</b>	Name		Date	
<b>Entered in CASES21</b>	Name		Date	

## 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)