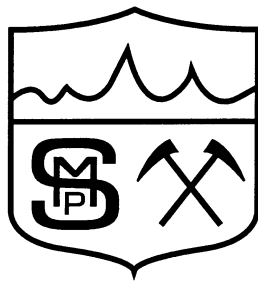


STUDENT ENROLMENT INFORMATION



**MOUNT
PLEASANT
PRIMARY
SCHOOL**

401 COBDEN STREET
BALLARAT VIC. 3350

PHONE (03) 5332 3646

FAX (03) 5331 8900

EMAIL

mount.pleasant.ps@edumail.vic.gov.au

WEB SITE

www.mtpleasps.vic.edu.au

Information about the Enrolment Form
Please Read This Notice Before Completing The Enrolment Form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Mount Pleasant Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Mount Pleasant Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Mount Pleasant Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Mount Pleasant Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Mount Pleasant Primary School 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 Mount Pleasant Primary School. 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 school 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 the Mount Pleasant Primary School.

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 Mount Pleasant Primary School 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, 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.

Immunisation Status

This assists Mount Pleasant Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

Visa status

This information is required to enable Mount Pleasant Primary School to process your child's enrolment.

Updating Your Child's Records

Please let Mount Pleasant Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Mount Pleasant Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access To Your Child's Record Held By School

In most circumstances you can access your child's records. 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. Mount Pleasant Primary School 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.

STUDENT ENROLMENT INFORMATION				CASES21 STUDENT ID									
STUDENT DETAILS													
SURNAME:													
FIRST NAME:													
SECOND NAME:													
PREFERRED NAME:													
ADDRESS:													
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				BIRTH DATE: (DD/MM/YYYY) / /									
ADULT A						ADULT B							
SEX: F M		TITLE: MR/MS/MRS/MISS				SEX: F M		TITLE: MR/MS/MRS/MISS					
SURNAME						SURNAME							
FIRST NAME						FIRST NAME							
OCCUPATION						OCCUPATION							
EMPLOYER						EMPLOYER							
COUNTRY OF BIRTH						COUNTRY OF BIRTH							
LANGUAGE OTHER THAN ENGLISH: YES NO				LANGUAGE OTHER THAN ENGLISH: YES NO									
OTHER LANGUAGE:						OTHER LANGUAGE:							
INTERPRETER REQUIRED						INTERPRETER REQUIRED							
What is the highest year of school completed?						What is the highest year of school completed?							
		Year 12 or equivalent						Year 12 or equivalent					
		Year 11 or equivalent						Year 11 or equivalent					
		Year 10 or equivalent						Year 10 or equivalent					
		Year 9 or equivalent or below						Year 9 or equivalent or below					
What is the highest qualification level completed?						What is the highest qualification level completed?							
		Bachelor Degree or above						Bachelor Degree or above					
		Advanced Diploma/Diploma						Advanced Diploma/Diploma					
		Certificate I to IV (Including trade certificate)						Certificate I to IV (Including trade certificate)					
		No non-school qualification						No non-school qualification					
What is the occupation group of Adult A? (Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but worked in the last 12 months, please use their last occupation. If the person has not been in paid work in the past 12 months enter 'N'.)						What is the occupation group of Adult B? (Please enter the letter of the appropriate group from the attached list. If the person is not currently in paid work but worked in the last 12 months, please use their last occupation. If the person has not been in paid work in the past 12 months enter 'N'.)							
Relationship of Adult A to Student <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent						Relationship of Adult B to Student <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent							

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		Timetabling Group		House		Campus	
Immunisation Certificate received?: (tick)				<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted			
Is there a Medical Alert for the student? (tick)				<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Does the student have a Disability ID Number? (tick)				<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:			
Has a Transition Statement been provided? (tick) (Foundation students only)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending			

The student lives with Adult A:				The student lives with Adult B:			
	Always				Always		
	Mostly				Mostly		
	Balanced				Balanced		
	Occasionally				Occasionally		
	Never				Never		
ADULT A HOME ADDRESS				ADULT B HOME ADDRESS (Tick if same as Adult A <input type="checkbox"/>)			
No & Street:				No & Street:			
Suburb				Suburb			
State		Postcode		State		Postcode	
ADULT A POSTAL ADDRESS				ADULT B POSTAL ADDRESS (Tick if same as Adult A <input type="checkbox"/>)			
Street/Box No:				Street/Box No:			
Suburb				Suburb			
State		Postcode		State		Postcode	
Send Correspondence addressed to:				Send Correspondence addressed to:			
Adult A		Adult B		Both Adults			
ADULT A CONTACT INFORMATION				ADULT B CONTACT INFORMATION			
HOME PHONE No:				HOME PHONE No:			
MOBILE PHONE No:				MOBILE PHONE No:			
BUSINESS HOURS PHONE No:				BUSINESS HOURS PHONE No:			
Can we contact at work?		YES	NO	Can we contact at work?		YES	NO
EMAIL:				EMAIL:			
Receive newsletter via email?		YES	NO	Receive newsletter via email?		YES	NO
EMERGENCY CONTACTS – Other than parents:							
Name		Relationship to Student			Phone Number/s		
1							
2							
3							
4							
FAMILY DOCTOR DETAILS							
Doctor's Name:					PH:		
Does the primary family have a current Ambulance Subscription?					Yes		No
Medicare No:							
DEMOGRAPHIC DETAILS OF STUDENT							
In which country was the student born? Australia Other – Please Specify:							
What is the residential status of the student? Permanent Temporary							
Basis of Australian Residency: Eligible for Passport Holds Passport Permanent Residency Visa							
Date of Arrival in Australia: (dd/mm/yyyy) / / Visa Expiry Date: / / Visa Subclass:							
Does the student speak English? YES NO				Does the student speak a language other than English at home? No Yes			
				If yes, please specify: <input type="checkbox"/> <input type="checkbox"/>			
♦ Is the student of Aboriginal or Torres Strait Islander origin? (Please circle)							
No		Yes, Aboriginal		Yes, Torres Strait Islander		Yes, Aboriginal & Torres Strait Islander	

What are the students living arrangements? (Please circle)					
At home with TWO Parents/Guardians		At Home with ONE Parent/Guardian		Arranged by State/Out Of Home Care*	
* State/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 living arrangements include living with relatives or friends, living with non-relative families (foster families) and residential care.					
♦ Questions marked with this symbol are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.					
Usual mode of transport to school:		Walking	Bicycle	School Bus	Driven
Distance to school in kilometres:					
WILL THE STUDENT PARTICIPATE IN RELIGIOUS EDUCATION CLASSES?				YES	NO
PRE-SCHOOL/ PREVIOUS SCHOOL DETAILS					
Name of Pre-School/Previous School:					
Date first enrolled in an Australian school:					
Language of previous education?				Years of interruption to education:	
Does the student require an Integration Aide?		Yes	No	Is the student repeating a year?	
				Yes	No
Will the student be attending this school full time?			Yes	No	
If NO, what is the time fraction that the student will be attending this school? (ie. 0.8 = 4 days per week):					
Other school that student will attend:			Time fraction at other school:		
STUDENT RESTRICTIONS DETAILS					
ACCESS RESTRICTIONS: IS THE STUDENT AT RISK?		YES	NO		
Is there an Access Alert for the student? YES (If Yes, then complete the following questions) NO (If No, please move to MEDICAL CONDITIONS DETAILS)					
Access Type:		Court Order	Family Law Order	Restraining Order	Other
*** Please provide a copy of any orders to the School. ***					
Is there an Activity Alert for the student?		NO	YES - If Yes, please describe the activity restriction:		
MEDICAL CONDITIONS DETAILS					
Does the student suffer impairments in any of the following areas:					
	Hearing			Vision	
	Speech			Mobility	
OTHER MEDICAL CONDITIONS (More copies of this form are available on request from the school)					
Does the student have any other medical conditions?				YES	NO
If Yes, please specify:					
Symptoms:					
If my child displays any of the above symptoms, please:					
	Inform Doctor			Inform Emergency Contact	
	Administer Medication			Other Medical Action (Please specify):	
Does the student take medication for the above medical condition?					
				YES	NO
Name and dosage of medication taken:					

Is the medication taken as a preventative or in response to symptoms?		Preventative	Response
Medication is usually administered by:	Student	Staff Member	Is a reminder required? Yes No
Medication is stored:	With Student	In First Aid Room	
DOES THE STUDENT SUFFER FROM ASTHMA?	YES	NO	
ASTHMA MEDICAL CONDITION DETAILS (Answer the following ONLY if the student suffers from Asthma)			
Please indicate if your child suffers from any of the following symptoms: (Please circle all applicable)			
Coughing	Wheezing	Difficulty Breathing	Exhibits symptoms after exertion Tight Chest
If my child displays any of the above symptoms please:			
<input type="checkbox"/>	Inform Doctor	<input type="checkbox"/>	Inform Emergency Contact
<input type="checkbox"/>	Administer Medication	<input type="checkbox"/>	Other Medical Action: (Please specify)
Has an Asthma Management Plan been provided to the School?	YES	NO	
Does the student take medication for asthma?	YES	NO	
Name and dosage of medication taken:			
Is the medication taken by the student preventative or in response to symptoms:		Preventative	Response
Medication is usually administered by:	Student	Staff Member	
Medication is stored:	With student	In First Aid Room	
PERMISSIONS			
HEAD LICE INSPECTION PERMISSION:			
I hereby give permission for the child named on this enrolment form to participate in the school's head lice inspection program.			
Signature of Parent/Guardian: _____ Date: ____/____/____			
MEDIA CONSENT FORM			
I DO / DO NOT give permission for photographs and other visual matter of my child to be used by the school for promotional and other educational purposes: eg. School newsletter, Media including, Newspaper, Television, the Ultranet and Internet.			
Signature of Parent/Guardian: _____ Date: ____/____/____			
I certify that the information contained within this form is true and correct.			
Signature of Parent/Guardian: _____ 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)

Group N: Currently not in Paid Work