

SCHOOLS' PRIVACY POLICY

The Department of Education and Training (which includes all Victorian government schools, central and regional offices) values the privacy of every person and is committed to protecting information that schools collect.

All staff including contractors, service providers and volunteers of the Department, and this Victorian government school (**our school**), must comply with Victorian privacy law and this policy.

In Victorian government schools the management of 'personal information' and 'health information' is governed by the *Privacy and Data Protection Act 2014* (Vic) and *Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**).

This policy explains how our school collects and manages personal and health information, consistent with Victorian privacy law.

CURRENT VERSION OF THIS POLICY

This policy will be regularly reviewed and updated to take account of new laws and technology and the changing school environment when required.

Please ensure you have the current version of this policy.

DEFINITIONS

Personal information is information or opinion, whether true or not, about a person whose identity is apparent, or can reasonably be ascertained, from the information or opinion – that is recorded in any form. For example, a person's name, address, phone number and date of birth (age). De-identified information about students can also be personal information.

Health information is information or opinion about a person's physical, mental or psychological health or disability, that is also personal information – whether in writing or not. This includes information or opinion about a person's health status and medical history, immunisation status and allergies, as well as counselling records.

Sensitive information is information or opinion about a set of specific characteristics, including a person's racial or ethnic origin, political opinions or affiliations, religious beliefs or affiliations, philosophical beliefs, sexual orientation or

practices; or criminal record. It also includes health information.

WHAT INFORMATION DO WE COLLECT?

Our school collects the following type of information:

- information about students and their families, provided by students, their families and others
- information about job applicants, staff, volunteers and visitors; provided by job applicants, staff members, volunteers, visitors and others.

HOW DO WE COLLECT THIS INFORMATION?

Our school collects information in a number of ways, including:

- in person and over the phone: from students and their families, staff, volunteers, visitors, job applicants and others
- from electronic and paper documentation: including job applications, emails, invoices, enrolment forms, letters to our school, consent forms (for example: enrolment, excursion, Student Support Services consent forms), our school's website or school-controlled social media through online tools: such as apps and other software used by our school through any CCTV cameras located at our school.

Collection notices

When our school collects information about you, our school takes reasonable steps to advise you of how the information will be handled. This includes the purpose of the collection, and how to access, update and correct information held about you. For information about students and their families, a collection notice is provided to parents (or students who are mature minors) upon enrolment.

Unsolicited information about you

Our school may receive information about you that we have taken no active steps to collect. If permitted or required by law, our school may keep records of this information. If not, we will destroy or de-identify the information when practicable, lawful and reasonable to do so.

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WHY DO WE COLLECT THIS INFORMATION?

Primary purposes of collecting information about students and their families

Our school collects information about students and their families when necessary to:

- educate students
- support students' social and emotional wellbeing, and health
- fulfil legal requirements, including to:
 - take reasonable steps to reduce the risk of reasonably foreseeable harm to students, staff and visitors (duty of care)
 - make reasonable adjustments for students with disabilities (anti-discrimination law)
 - provide a safe and secure workplace (occupational health and safety law)
- enable our school to:
 - communicate with parents about students' schooling matters and celebrate the efforts and achievements of students
 - maintain the good order and management of our school

WHEN DO WE USE OR DISCLOSE INFORMATION?

Our school uses or discloses information consistent with Victorian privacy law, as follows:

1. for a **primary purpose** – as defined above
2. for a related **secondary purpose** that is reasonably to be expected – for example, to enable the school council to fulfil its objectives, functions and powers
3. with **notice and/or consent** – including consent provided on enrolment and other forms
4. when **necessary to lessen or prevent a serious threat** to:
 - a person's life, health, safety or welfare
 - the public's health, safety or welfare
5. when **required or authorised by law** – including as a result of our duty of care, anti-discrimination law, occupational health

6. and safety law, reporting obligations to agencies such as Department of Health and Human Services and complying with tribunal or court orders, subpoenas or Victoria Police warrants

7. to investigate or report **unlawful activity**, or when reasonably necessary for a specified **law enforcement** purpose, including the prevention or investigation of a criminal offence or seriously improper conduct, by or on behalf of a law enforcement agency

8. for Department **research or school statistics** purposes

9. to establish or respond to a **legal claim**.

A unique identifier (a CASES21 code) is assigned to each student to enable the school to carry out its functions effectively.

STUDENT TRANSFERS BETWEEN VICTORIAN GOVERNMENT SCHOOLS

When a student has been accepted at, and is transferring to, another Victorian government school, our school transfers information about the student to that school. This may include copies of the student's school records, including any health information.

This enables the next school to continue to provide for the education of the student, to support the student's social and emotional wellbeing and health, and to fulfil legal requirements.

NAPLAN RESULTS

NAPLAN is the national assessment for students in years 3, 5, 7 and 9, in reading, writing, language and numeracy.

When a student transfers to another Victorian government school, their NAPLAN results are able to be transferred to that next school.

Additionally, a student's NAPLAN results are able to be provided to the student's previous Victorian government school to enable that school to evaluate their education program.

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RESPONDING TO COMPLAINTS

On occasion our school, and the Department's central and regional offices, receive complaints from parents and others. Our school and/or the Department's central or regional offices will use and disclose information as considered appropriate to respond to these complaints (including responding to complaints made to external organisations or agencies).

ACCESSING YOUR INFORMATION

All individuals, or their authorised representative(s), have a right to access, update and correct information that our school holds about them.

ACCESS TO STUDENT INFORMATION

Our school only provides school reports and ordinary school communications to parents who have a legal right to that information. Requests for access to other student information must be made by making a Freedom of Information (FOI) application through the Department's Freedom of Information Unit (see below). In some circumstances, an authorised representative may not be entitled to information about the student. These circumstances include when granting access would not be in the student's best interests or would breach our duty of care to the student, would be contrary to a mature minor student's wishes or would unreasonably impact on the privacy of another person.

ACCESS TO STAFF INFORMATION

School staff may first seek access to their personnel file by contacting the principal. If direct access is not granted, the staff member may request access through the Department's Freedom of Information Unit.

STORING AND SECURING INFORMATION

Our school takes reasonable steps to protect information from misuse and loss, and from unauthorised access, modification and disclosure. Our school stores all paper and electronic records securely, consistent with the Department's records management policy and information security standards. All school records are disposed of, or transferred to the State Archives (Public Record Office Victoria), as required by the relevant Public Record Office Standard.

When using software and contracted service providers to manage information, our school

assesses these according to the appropriate departmental processes. One example of this is that staff passwords for school systems are strong and updated on a regular basis, consistent with the Department's password policy.

UPDATING YOUR INFORMATION

We endeavour to ensure that information about students, their families and staff is accurate, complete and up to date. To update your information, please contact our school's general office.

FOI AND PRIVACY

To make a FOI application contact:

Freedom of Information Unit

Department of Education and Training
2 Treasury Place, East Melbourne VIC 3002
(03) 9637 3961
foi@edumail.vic.gov.au

If you have a query or complaint about privacy, please contact:

Knowledge, Privacy and Records Branch

Department of Education and Training
2 Treasury Place, East Melbourne VIC 3002

(03) 8688 7967
privacy@edumail.vic.gov.au

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Cowes Primary School

STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID: _____
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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 <input type="checkbox"/> _____ (fill in blank) Birth Date: (dd-mm-yyyy) ____/____/____	

PRIMARY FAMILY HOME ADDRESS:

No. & Street _____		
PO Box details _____		
Suburb _____	State _____	Post Code _____
Telephone Number: _____	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Number: _____	Fax 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	Timetabling Group	House	Campus
Student Email Address: _____				
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 (either by the Early Childhood Educator or parents)? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pending		
For prep students only				

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):

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
Title: (Ms, Mrs, Mr, Mx, 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 highest 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'. <input type="text"/>

ADULT B DETAILS:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
Title: (Ms, Mrs, Mr, 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 (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 highest 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'. <input type="text"/>

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

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PRIMARY FAMILY CONTACT DETAILS**ADULT A CONTACT DETAILS:****Business Hours:**

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:

After Hours:

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

ADULT B CONTACT DETAILS:**Business Hours:**

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:

After Hours:

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

PRIMARY FAMILY MAILING ADDRESS:

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

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

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

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PRIMARY FAMILY DOCTOR DETAIL:

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

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

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

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

OTHER 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: (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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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____		
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Basis of Australian Residency:		
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa		
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____	
Visa Statistical Code: (Required for some sub-classes) _____		
International Student ID : (Not required for exchange students) _____		
❖ Does the student speak a language other than English at home? (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): _____	
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ Is the student of Aboriginal or Torres Strait Islander origin? (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	
Is the student a young carer (providing support/care for other family member/s)? (tick one)		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
What is the student's living arrangements? (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 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.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other	
Map Number	X Reference	Y Reference	
Usual mode of transport to school: (tick)			
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Driven	
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Taxi	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.

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SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Prep student Kinder:	
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="checkbox"/>	
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 the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

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

OFFICE USE ONLY

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

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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 document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

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.)

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	

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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.

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

STUDENT EMERGENCY CONTACTS

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

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

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: ____ / ____ / ____

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)