



MAGPIE PRIMARY SCHOOL No 2271

61 Docwra Street

MAGPIE 3352

Telephone: 03 5335 8851

E-mail: magpie.ps@education.vic.gov.au

WEB: www.magpieps.vic.edu.au

ABN: 61 567 681 482

STUDENT ENROLMENT FORM

Please complete this form and return it to the school office to continue the enrolment process.

**CONTACT THE SCHOOL IF YOU REQUIRE ASSISTANCE COMPLETING
ASPECTS OF THIS FORM**

Acting Principal: Carly Middleton



MAGPIE PRIMARY SCHOOL PRIVACY NOTICE

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 Magpie PS can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Magpie PS 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 Magpie PS 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. Magpie PS depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Magpie PS 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 the 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 Magpie PS 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 Magpie PS.

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 Magpie PS 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.

RELIGIOUS AFFILIATION

If you want your child to receive religious instruction while at Magpie PS please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Magpie PS.

IMMUNISATION STATUS

This assists Magpie PS 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 Magpie PS to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Magpie PS know if any information needs to be changed by sending updated information to the school office. During your child's time with Magpie PS 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. Magpie PS 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.

MAGPIE PRIMARY SCHOOL No.2271

STUDENT ENROLMENT INFORMATION

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____

PRIMARY FAMILY HOME ADDRESS:

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

OFFICE USE ONLY

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 Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<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.:	

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" - Alternative and Additional family forms are available from the school if this is required.

ADULT A DETAILS (PRIMARY CARER):

ADULT B DETAILS (WHERE APPROPRIATE):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Surname:		
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) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	<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.	<ul style="list-style-type: none"> 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'. 	

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Surname:		
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) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	<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 A? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> 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:
Group Participation (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

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:	

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 A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Adult A's preferred method of contact: (tick one or more)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> SMS	
Email address:	

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:	
Adult B's preferred method of contact: (tick one or more)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> SMS	
Email address:	

PRIMARY FAMILY MAILING ADDRESS:

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

No. & Street	
Suburb:	
State:	Postcode:

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or 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			
Suburb:			
State:		Postcode:	

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
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 Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

(Optional) Beginning of journey to school:	Map Type	Melway / VicRoads / CFA / 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"/> Train
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram
		<input type="checkbox"/> Driven
		<input type="checkbox"/> Self Driven
		<input type="checkbox"/> Taxi
		<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No. _____	Distance to School in kilometres: _____

Student's Religion: _____
Will the student participate in Religious Instruction classes? (tick)
<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / ____		
Name of previous School:			
Years of previous education:	What was the language of the student's previous education?		
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 RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

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

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 Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

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:	
An Asthma Management Plan MUST be provided to School. Has this been provided?			<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
Spare Asthma Medication MUST be provided to School. Has this been provided?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> class teacher <input type="checkbox"/> first aid 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 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 Information Form. The details are confidential, but are required to enable staff to properly enrol your child at our school.

Certification of Details

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

Signature: _____ Dated ___ / ___ /20__

(Parent/Guardian: Primary Family / Alternate Family / Additional Family) Delete non-applicable terms

Consent and Permission Forms

We ask that you complete all permission sections below. **This permission will cover the duration of your child's enrolment at Magpie PS unless we are otherwise contacted.**

Medical Consent

In the event of illness or injury to my child whilst at school, on 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 consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, or to administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature: _____ Dated ____/____/20__

(Parent/Guardian: Primary Family / Alternate Family / Additional Family) Delete non-applicable terms

Publicity Consent

I give permission for my child's photograph to be used for display/promotional purposes and grant a non-exclusive license for Magpie Primary School (or any person acting subject to its direction) to, without acknowledgment of the student and without the student being entitled to any remuneration or compensation, as the school may determine:

- i) exhibit the photograph of the student in whole or in part without the student's full name; and
- ii) copy or reproduce the photograph for supply, distribution or publicity produced by or for Magpie PS.
- iii) include all or part of the photograph/video/film/CD Rom or digital technology on the school website.

This may include use in presentations, school website, videos, posters, Compass, school newsletter, social media and local media including newspapers. (Please cross out any as required)

Signature: _____ Dated ____/____/20__

(Parent/Guardian: Primary Family / Alternate Family / Additional Family) Delete non-applicable terms

Local Excursions and Travel Consent

I give permission for my child:

- to participate in walking excursions within the local area under teacher supervision
- to travel to official school activities in a staff member's fully comprehensively insured private vehicle where the need arises as deemed necessary by the Principal. Provided every reasonable effort has been made to contact me prior to the travel occurring.

Signature: _____ Dated ____/____/20__

(Parent/Guardian: Primary Family / Alternate Family / Additional Family) Delete non-applicable terms

Use of Laptop computers and Computer Resources

I give permission for my child:

- to use the internet at school for educational purposes and in accordance with school policy and agreements

Signature: _____ Dated ____/____/20__

(Parent/Guardian: Primary Family / Alternate Family / Additional Family) Delete non-applicable terms

Stephanie Alexander Kitchen Garden Program

I give permission for my child:

- to participate in cooking lessons throughout the year

I note that my child has the following allergy / dietary restriction, and would like my child to be exempt from eating these products:

Signature: _____ Dated ____/____/20__

(Parent/Guardian: Primary Family / Alternate Family / Additional Family) Delete non-applicable terms

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)