

OFFICE USE ONLY:

Name:



MAGPIE PRIMARY SCHOOL No 2271-01

61 Docwra Street

Magpie 3352

E-mail:

Web:

ABN:

Telephone: 03 5335 8851 / 03 5336 3000

Mobiles: 0428 107 809 / 0477 234 044

magpie.ps@education.vic.gov.au

<http://www.magpieps.vic.edu.au>

61 567 681 482

ALTERNATIVE FAMILY DETAILS FORM

Please complete this form and return it to the school office

If you require assistance completing this form,
please contact the school office.

Acting Principal: Mrs Carly Middleton

OFFICE USE ONLY:

Date Enrolment Received:-

Date Confirmed:-

ALTERNATIVE FAMILY DETAILS

ALTERNATIVE Family is the family or parent/guardian/carer the student lives with OCCASIONALLY or a balanced arrangement.

If parents are living separately an Alternative family form must be completed (available on request).

ADULT B DETAILS (ALTERNATIVE FAMILY):

Gender (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Title: (Ms, Mrs, Mr, Mx, Dr etc)	_____
Legal Surname:	_____
Legal First Name:	_____
Address:	_____
Mobile Number:	_____
What is Adult B's occupation?	_____
Who is Adult B's employer?	_____

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
Other After Hours Contact Information:	_____

Working with Children's Check Number:	_____
Expiry:	_____
Type:	Volunteer <input type="checkbox"/> Employee <input type="checkbox"/>

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 4
<input type="checkbox"/> Year 11 or equivalent 3
<input type="checkbox"/> Year 10 or equivalent 2
<input type="checkbox"/> Year 9 or equivalent or below 1
❖ What is the level of the highest qualification the Adult B has completed? (tick one)
<input type="checkbox"/> Bachelor degree or above 7
<input type="checkbox"/> Advanced diploma / Diploma 6
<input type="checkbox"/> Certificate I to IV (including trade certificate) 5
<input type="checkbox"/> No non-school qualification 3
❖ What is the occupation group of Adult B? 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'.

Adult B Email Address:	Please supply your email address for official school correspondence such as school reports, newsletters, statements and other communication from school staff. PLEASE WRITE CLEARLY IN THE BOXES																																								
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❖ Main language spoken at home:

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

ALTERNATIVE FAMILY DETAILS **PROOF OF CURRENT ADDRESS MUST BE PROVIDED.**

ALTERNATIVE FAMILY HOME ADDRESS:

Number & Street Name:			
Suburb:			
State:		Postcode:	
Home Landline:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Mobile:			

ALTERNATIVE FAMILY BILLING ADDRESS:

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

Number & Street Name OR P.O. Box:			
Suburb:			
State:		Postcode:	
Billing Email:	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> _____ other		

OTHER ALTERNATIVE 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
*You must select "Both Adults" if you wish both parents' contact details to appear on permission/camp/excursion forms.				

FAMILY BILLING DETAILS:

Financial responsibility will default to the PRIMARY family. If you wish to alter this, split billing between PRIMARY and ALTERNATIVE families can be arranged. Please contact the School Office for details. Signed written consent from both families will be required.

ALTERNATIVE FAMILY DETAILS

ALTERNATIVE FAMILY DOCTOR DETAILS:

Doctor's Name:		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
Practice Name:			
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: Enter Below	

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Card
Sequence

ALTERNATIVE FAMILY EMERGENCY CONTACTS:

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

ILLNESS AND INJURY

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; and
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Adult A: _____	Date: ____ / ____ / ____
Signature of Adult B: _____	Date: ____ / ____ / ____

****Please Note Signature/s Required**

CORRECT INFORMATION

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 Adult A: _____ Date: ____ / ____ / ____

Signature of Adult B: _____ Date: ____ / ____ / ____

*****Please Note Signature/s Required***

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).