

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

STUDENT ENROLMENT FORM

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

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:-



MAGPIE PRIMARY SCHOOL Enrolment Form Privacy Notice

**Information about the Enrolment Form.
Please Read This Information Carefully Before Completing the Enrolment Form.**

This confidential enrolment form asks for personal information about the student, family members and others that provide care for them. Once enrolled, Magpie Primary School can then allocate staff and resources to provide for your child's educational and support needs.

The information you provide is entered into the school's computer data base for educational, administrative and reporting purposes. If you have any concerns about the confidentiality of this information, please contact the Principal. Magpie Primary School can 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.

Health information is requested so Magpie Primary School staff can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on whilst at school, any known allergies and contact details of the student's Doctor. Magpie Primary School relies on all relevant health information being provided, as withholding health information may put the student's health at risk.

Magpie 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 must be provided to the school. Please tell us as soon as possible about any changes to these arrangements.

EMERGENCY CONTACTS

These are people that Magpie Primary 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 Magpie 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 Magpie 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, reporting, planning and resource allocation. All information is kept strictly confidential and the Department will not disclose the information to others without your consent or as required by law.

VISA STATUS

This information is required to enable Magpie Primary School to process the student's enrolment.

UPDATING YOUR SCHOOL RECORDS

Please advise Magpie Primary School if any information needs to be changed, by sending the updated information in writing, to the school office.

EMAIL/SMS

Magpie Primary School will use your email address/mobile number for school correspondence/notifications. These communications may include school reports, absence alerts and family statements.

For **conveyance application** forms (that parents need to complete) and for **school conveyance claim** forms go to the Student Transport site: <https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

ENROLMENT FORM

STUDENT INFORMATION	Computer Generated Student ID	
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

- A copy of Birth Certificate
- PLUS, if born overseas, a copy of Passport and Visa; AND
- A copy of Immunisation Certificate

MUST be provided with this enrolment form

Surname:		Title: (Miss Ms Mr Mx)
First Given Name:		
Second Given Name:		
Preferred Name (if applicable):		
❖ Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> _____ (fill in blank)	
Birth Date	____/____/____	

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

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	House		
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) <small>For prep students only</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	
Email addresses entered	<input type="checkbox"/> Prim	<input type="checkbox"/> Altern		

FAMILY DETAILS

List any other family members who are attending or have attended this school:

What are the student's living arrangements? (tick one):

At home with TWO Parents/Guardians (**Primary Family**)

At home with ONE Parent/Guardian (**Alternative Family**) **Additional form may need to be completed**

State Arranged Out of Home Care # (See Note)

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.

PRIMARY FAMILY DETAILS

PRIMARY Family is the family or parent/guardian/carer the student lives with MOSTLY or in a balanced arrangement.

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

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

ADULT A DETAILS (PRIMARY 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 A's occupation?	_____		
Who is Adult A's employer?	_____		

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?	<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 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 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 A 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 8
❖ 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'.

Adult A 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																																							
	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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❖ Main language spoken at home:	_____
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❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

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

PRIMARY FAMILY HOME ADDRESS:

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

PRIMARY 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 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
*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.

PRIMARY FAMILY DETAILS

PRIMARY 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		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card
Sequence

PRIMARY FAMILY EMERGENCY CONTACTS:

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

SCHOOL DETAILS (FOUNDATION STUDENTS ONLY)

Name of Kindergarten/Childcare Centre or Previous School attended:		State	
Years of Kindergarten	What was the language of the student's previous education?		
Does the student have a Victorian Student Number (VSN)? (for more information about VSN please refer to www.education.vic.gov.au/management/governance/vsn/parents.htm)			
<input type="checkbox"/> Yes. Please specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Yes, but the VSN is unknown	
<input type="checkbox"/> No. The student has never been issued a VSN.			
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

SCHOOL DETAILS (YEAR 1-6 STUDENTS ONLY)

Name of Previous School attended:	State
Current Year Level	What was the language of the student's previous education?
Please attach a copy of the most recent school report from your previous School.	
Does the student have a Victorian Student Number (VSN)? (for more information about VSN please refer to www.education.vic.gov.au/management/governance/vsn/parents.htm)	
<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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

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) ____ / ____ / ____
**Please attach a coloured copy of the Visa and Passport. **	
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Is English the student's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does the student speak FLUENT English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please specify the student's first language: _____	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
❖ Is the student a young carer (providing support/care for other family member/s?) (tick one)	
<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.

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

IMPORTANT PLEASE NOTE: THIS SECTION CANNOT BE PROCESSED UNLESS COPIES OF DOCUMENTATION ARE PROVIDED WITH THIS ENROLMENT FORM.	
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 Other <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:	

PROGRAM FOR STUDENTS WITH DISABILITIES

Is this student receiving Program for Students with Disability funding? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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

Please tick if the student suffers from any of the following symptoms: (please specify)

- | | |
|---|--|
| <input type="checkbox"/> Asthma (please attach GP management plan) | <input type="checkbox"/> Migraines / Headaches |
| <input type="checkbox"/> Diabetes (please attach GP management plan) | <input type="checkbox"/> Blackouts / Fainting / Dizzy Spells |
| <input type="checkbox"/> Epilepsy / Seizures (please attach GP management plan) | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Anaphylaxis (please attach GP management plan) | <input type="checkbox"/> Heart Conditions (please attach GP management plan) |
| <input type="checkbox"/> ADHD / ADD / OCD | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Other..... |

Please tick if your student suffers allergic reactions to any of the following:

- Penicillin
- Other Drugs (please specify)
- Foods (please specify).....
- Other

What special care is recommended for the above allergies: (please specify)

Are there any other pre-existing injuries, major surgical procedures, physical or psychological limitations that could affect the health and wellbeing of your student at school (including camps and excursions): If Yes, please specify below: Yes No

If my child displays any of the symptoms of the above ticked conditions 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 any medication/s during the school day? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:
Medication is required to treat what condition?			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)			<input type="checkbox"/> Sickbay
Medication is stored:	<input type="checkbox"/> in Sickbay	**Please refer to note below**	
Dosage time:	Poison Rating:		

**** Please note:** Students are not allowed to carry any medication whilst at school.

If your student requires medication during school time:-

- i) Medication must be supplied from home (First Aid does not supply any over the counter or prescription medications).
- ii) Medication must be stored and dispensed through First Aid.
- iii) Medication must be in its original packaging.
- iv) Parent/Carer must fill in a Medical Authority Form at the school office before medication can be dispensed.

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).

ENROLMENT FORM COMPLETION CHECKLIST

- Copy of birth certificate (and if born overseas, copy passport/visa) (must be provided)
- Copy of immunisation certificate (must be provided)
- Personal details of student (Page 3)
- Primary Family details (who the student lives with mostly or in balanced care): (Pages 4,5,6 & 7)
 - Adult A – including current email address
 - Adult B (if applicable) – including current email address
 - Address details – home and mailing. **Proof of current address must be provided. Parents should refer to the website www.findmyschool.vic.gov.au to confirm eligibility for enrolment.**
 - Family Billing details
 - Other details
 - Doctor details
 - Emergency contacts (other than Adult A and/or B)
- PLEASE NOTE:** Split billing between **PRIMARY** and **ALTERNATIVE** families can be arranged. Please contact the School Office for details. Written consent from both families will be required.
- Alternative Family details – only if applicable. Please request additional form.
- School details (Foundation students only) (Page 7)
- School details (Year 1 – 6 students only) (Page 8)
Please provide the most recent school report from your previous school.
- Student place of birth/nationality details (Page 8)
- Student access or activity restrictions (Page 9)
Please provide the necessary supporting documentation.
- Program for Students with Disabilities – only if applicable (Page 9)
- Student medical condition details (Page 10)
Please provide the necessary supporting documentation.
- Illness and injury permission / Correct Information (Page 11)
Please sign and date.
- Parental Occupation Group Codes (for your information) (Page 12)
- Parent Questionnaire (Page 15)
Please complete and sign.
- General Consent form (Page 17)
Please complete and sign.

MAGPIE PRIMARY SCHOOL

Parent Questionnaire

Student Name _____

This questionnaire is a private document that is intended to help us provide your child with the best possible education. Any information provided is strictly confidential.

	Yes	No	If the answer is yes, please share any important details that teachers should be aware of e.g. diagnosis, strategies that work with your child.
Does your child have any physical conditions/special needs we need to be aware of?			
Do you have any concerns about your child's academic and communication skills?			
Do you have any concerns about your child's social and emotional skills?			
Has your child been seen by:- A Paediatrician; or A Speech Pathologist			
Please share any other important information regarding your child.			

Parent/Carer/Guardian signature

Parent/Carer/Guardian signature



Magpie Primary School - Student Consent Form

I consent to (name of student)

<p>LOCAL EXCURSION Participating in local excursions. At various times throughout the year teachers take students to locations and events within our local community and within close proximity to the school. These local excursions are to participate in special events, which can be at times a one off or at short notice. Correct adult supervision ratios are adhered to at all times.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>INTERNET Using the internet and having their written and/or art work published using their first name only. Students access the Internet via classroom computers under the supervision of the classroom teacher for educational purposes only, and in accordance with school policies and agreements. The Internet has a Department of Education and Training filter to exclude inappropriate material.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>RELEASE OF STUDENT IMAGES AND WORK FOR PUBLICATION During the school year, we like to acknowledge individual student or group achievements (e.g. Student of the Week, Sports Awards) by publishing details in the school newsletter or through local media outlets. The school work and name/photo being published as follows: Please indicate your consent by ticking the relevant boxes. We will consider a non-marked square as <u>NOT</u> having your approval.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="text-align: center;">Photograph/Name/Work Samples</td> </tr> <tr> <td>School Newsletter</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Local Media - Newspaper, Television</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Promotional</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Internet/Podcast/Blog/Vidcast</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Facebook</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Photograph/Name/Work Samples	School Newsletter	<input type="checkbox"/>	Local Media - Newspaper, Television	<input type="checkbox"/>	Promotional	<input type="checkbox"/>	Internet/Podcast/Blog/Vidcast	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Photograph/Name/Work Samples												
School Newsletter	<input type="checkbox"/>												
Local Media - Newspaper, Television	<input type="checkbox"/>												
Promotional	<input type="checkbox"/>												
Internet/Podcast/Blog/Vidcast	<input type="checkbox"/>												
Facebook	<input type="checkbox"/>												
<p>PG MOVIES/TV PROGRAMS Watching PG Media as part of the school curriculum. During the school year, we may look at many forms of media such as film, podcasts, DVDs, YouTube or sections of these. We make every effort to ensure the suitability of the content of any PG movies by reviewing all material before student access. We are nevertheless required to seek permission from parents/guardians/carers to allow children to view such media. To reduce the number of permission notes that go home for this material, teachers wish to give you the option of signing a PG Media Permission slip to cover your child for the year. However, you will be notified if your child will be viewing any PG Media, and you will receive information about the educational purpose and the title. If you have any concerns about any individual screening, please contact the classroom teacher.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>HEAD LICE Participating in the school's head lice inspection program. The school may arrange head lice inspections of students. The school is aware that this can be a sensitive issue and is</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												

<p>committed to maintaining student confidentiality and avoiding embarrassment to students. Please note that health regulations require that where a child has head lice, the child cannot return to school until appropriate treatment has commenced.</p>	
<p>SUNSCREEN Having sunscreen applied when necessary for the duration of their schooling at Magpie Primary School. Parents/carers/guardians are responsible to send their child to school with sunscreen applied during days of high UV. The school will not be providing sunscreen to all students on a daily basis, however throughout the year, the school may need to apply extra sunscreen to students on days of high UV during outdoor activities and excursions. The school is aware that some children may be sensitive to some sunscreen products and thus seek your consent for teachers to apply Cancer Council approved sunscreen when necessary.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

Thank you for taking the time to complete this Student Consent form.
We understand the information you have provided is confidential and will be treated as such.

<p>I/We (name) have read this form and ticked the appropriate boxes.</p>	
<p>Signature of Parent/Guardian:</p>	<p>Date: ____ / ____ / ____</p>
<p>Signature of Parent/Guardian:</p>	<p>Date: ____ / ____ / ____</p>

Please return this completed form to the School Office as soon as possible.