

NEW ENROLMENT CHECKLIST



To be completed by parent

Please note all information below must be completed before any enrolment application will be considered:

Completed Enrolment Form

Proof of residence (eg: Contract of Sale or Tenancy Agreement with a Utility Bill)

Copy of the child's Birth Certificate (in English)

Copy of the child's Immunisation Record (Medicare Immunisation Register)

Copy of any Visa Approvals & Copy of child's Passport (if applicable)

Copy of the child's last school report (excludes Prep students)

An introduction letter or drawing from your child submitted with the Enrolment Form.

For any medical conditions, a current copy of child's Management Plan completed by your Doctor must be provided (eg: Asthma Management Plan and Anaphylaxis Management Plan)

For any restraining orders or child protection issues, a copy of Court Order or Parenting Plans must be provided

Current Working With Children Check Card (see below for more information)

If you want to volunteer at South Melbourne Primary School, you will need a valid Working With Children Check (WWCC) Card. If you plan to do volunteer child-related work in Victoria (where you're not paid for the work), this is the Check you will need. Some examples of volunteer child-related work are:

- Coaching a sports team, Scout leader, School-based activities like classroom helper, attending your child's excursion, athletics days and volunteering to help with fundraising activities.

If you do not already hold a WWCC, please do so before commencement of your child. If you do hold a WWCC, please add South Melbourne Primary School to your list of organisations that you work or volunteer at and we will be notified of your card details to add to our register.

Electronic copies of enrolment forms are not accepted. Enrolment forms must be handed in to the School's Reception with attached documentation (as per above). You will need to make an appointment with our Enrolment Officer to submit your Application and supporting documents by calling our office on (03) 9935 9399

Appointments to submit applications will be available between 10:00am and 2:00pm Monday to Friday. Should you have any questions please contact the school on (03) 9935 9399

SOUTH MELBOURNE PRIMARY SCHOOL - PRIVACY NOTICE

PLEASE READ THIS NOTICE BEFORE COMPLETING THE ENROLMENT FORM

South Melbourne Primary School and the Department of Education (the department) values your privacy and is committed to protecting the personal and health information that schools collect.

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 South Melbourne Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at South Melbourne Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

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

South Melbourne Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements and safety concerns that affect your children. Family Court Orders setting out any access restrictions and parenting plans should be made available to South Melbourne Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, South Melbourne Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that South Melbourne 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 South Melbourne Primary School.

Student Background Information

This includes information about a person's country of birth, aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information is collected so that South Melbourne Primary School receives appropriate resource allocations for their students from the department. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential, and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation Status

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

Visa Status

This information is required to enable South Melbourne Primary School to process your child's enrolment.

Updating your Child's Records

Please let South Melbourne Primary School know if any information needs to be changed by sending updated information via email to the school Principal.

Access to your Child's Record Held by the School

In most circumstances, you can access your child's records. Please contact Reception on (03) 9935 9399 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. South Melbourne Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.



Form to Enrol in a Victorian Government School

South Melbourne Primary School

OFFICE USE ONLY

Date Enrolment Received	___ / ___ / ___	Entered Date:	___ / ___ / ___
CASES21 Student ID:			

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ♦ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

OFFICE USE ONLY - CHECKLIST

Child's Name sighted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year level:	Home Group:		House:	
Australian residency confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sighted / provided	
Date of Birth confirmed:	<input type="checkbox"/> Yes – Birth certificate	<input type="checkbox"/> Yes – Doctor certificate	<input type="checkbox"/> Yes - Passport	<input type="checkbox"/> Not sighted / provided
Immunisation History Statement sighted:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided	
Does the Student hold a Visa?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Visa Code): _____		
Does the student have a Disability ID number?	<input type="checkbox"/> Yes (please specify): _____			<input type="checkbox"/> No
Permissions and Authority Form Signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Use of Student Images Permission	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Head Lice Inspection permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Local Excursion permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there a Medical Alert for the Student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

OFFICE USE ONLY

CASES21 Student ID:

STUDENT DETAILS

Surname:			
First Given Name:			
Second Given Name: <i>(if applicable)</i>			
Preferred First Name: <i>(if applicable)</i>			
❖ Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____
Date of Birth: <i>(dd-mm-yyyy)</i>	____ / ____ / ____	Student Mobile Number: <i>(if applicable)</i>	

Which year are you seeking to enrol this student?			
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No, the student has never been issued a VSN	
<input type="checkbox"/> Foundation/Prep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> Ungraded

Requested start date: (To be confirmed after enrolment process is complete)	
<input type="checkbox"/> Day 1, Term 1	<input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> ____ / ____ / ____

Are you seeking to enrol the student at this school full-time?	<input type="checkbox"/> Yes <i>(move to next section)</i>	<input type="checkbox"/> No
If No, how many days a week would the student be attending this school?		
If No, provide reason you are seeking part-time enrolment:		
If No, provide details for other schools:		
Other school name:	Days / week:	Has enrolment been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY

For Foundation students, has a Transition Learning and Development Statement been provided?	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carers	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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PARENT/CARER DETAILS

Enrolling Adult 1 (Primary Carer)

Surname:				Title:	
First Given Name:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____		

No. & Street Address:					
Suburb:					
State:				Postcode:	
Preferred language of notices:					
Mobile:				Work Phone:	
Home Phone:				Email:	

Adult 1 Job Title / Occupation:					
Adult 1 Employer:					
In which country was Adult 1 born?					
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____					
❖ Does Adult 1 speak a language other than English at home?					
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____					
Please indicate any additional languages spoken by Adult 1:					
Is an interpreter required?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

❖ What is the highest year of primary or secondary school that Adult 1 has completed?					
<input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 10 or equivalent (2)					
<input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 9 or equivalent or below / no schooling (1)					
❖ What is the level of the highest qualification that Adult 1 has completed?					
<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 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.					
<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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 					

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship of Adult 1 to student:	
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family
<input type="checkbox"/> Relative	
<input type="checkbox"/> Self	<input type="checkbox"/> Friend
<input type="checkbox"/> Other:	_____

Student lives with Adult 1:			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)	<input type="checkbox"/> Occasionally

Enrolling Adult 2

Surname:				Title:	
First Given Name:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____		

No. & Street Address:					
Suburb:					
State:				Postcode:	
Preferred language of notices:					
Mobile:				Work Phone:	
Home Phone:				Email:	

Adult 2 Job Title / Occupation:					
Adult 2 Employer:					
In which country was Adult 2 born?					
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____					
❖ Does Adult 2 speak a language other than English at home?					
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____					
Please indicate any additional languages spoken by Adult 2:					
Is an interpreter required?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

❖ What is the highest year of primary or secondary school that Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent (4) <input type="checkbox"/> Year 10 or equivalent (2)	
<input type="checkbox"/> Year 11 or equivalent (3) <input type="checkbox"/> Year 9 or equivalent or below / no schooling (1)	
❖ What is the level of the highest qualification that Adult 2 has completed?	
<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 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>	
<input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?	

Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to student:	
<input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative	
<input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	

Student lives with Adult 2:	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

Please Refer to [100-Point Residential Address Check](#) for documents to supply with your enrolment to verify your residential address.

No. & Street Address:			
Suburb:			
State:		Postcode:	
How often does this student live at this address?			
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)			
If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:			

Additional Parents/Carers

Are there additional parents/carers in the student's life?	<input type="checkbox"/> Yes (provide details below)	<input type="checkbox"/> No (move to next section)
Name of Adult 3:		
Name of Adult 4:		

If yes, please request and complete the Additional Parent/Carer Details Form to include Adult 3 and/or Adult 4 sections. The separate form allows for diverse family arrangements and therefore the capture of four further parents/carers. Parents/Carers who live separately but have shared parental responsibility can request this form.

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

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

Correspondence Details

Send correspondence addressed to: (select one)	<input type="checkbox"/> Adult 1	<input type="checkbox"/> Adult 2	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send bills to: (select one)	<input type="checkbox"/> Adult 1	<input type="checkbox"/> Adult 2	<input type="checkbox"/> Another person / address* (complete details below)
Name to be used for all billing correspondence:			
No. & Street or PO Box			
Suburb:			
State:		Postcode:	
Billing Email:			

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.

Student Living Arrangements

What are the student's living arrangements?		
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times	
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*	
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent	<input type="checkbox"/> Homeless

If the student has a Case Manager, please provide their contact details below:

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.
If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

Does the student have any siblings at this school? ☐ Yes ☐ No (move to next section)

Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Student Residency Status

❖ In which country was the student born?

☐ Australia ☐ Other (please specify): _____

If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy) ____ / ____ / ____

What is the student's residency status? *

☐ Australian citizen – holds Australian Passport ☐ Permanent Resident (provide visa details below)
☐ Australian citizen – eligible for Australian Passport ☐ Temporary Resident (provide visa details below)
☐ New Zealand citizen

Visa Sub Class: _____ Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____

Visa Statistical Code: (Required for some sub-classes)

* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the student hold a Bridging Visa? ☐ Yes (provide further detail below) ☐ No

If Yes, what was the student's previous visa?

If Yes, what visa has the student applied for?

International Student ID*: (Not required for exchange students)

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email (international@education.vic.gov.au).

Previous Education – Students Enrolling in Foundation for the First Time

Is the student attending a funded kindergarten program* in the year before Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of kindergarten or early childhood service:		

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is delivered by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

Has the student previously been enrolled at another school?	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas <input type="checkbox"/> No (move to next section)

If Yes, name of last school attended:	
If Yes, location of last school attended: (suburb/town/state/country)	
If Yes, date of attendance: (dd-mm-yyyy)	____ / ____ / ____ to ____ / ____ / ____
If Yes, year levels of previous education:	(Tick all that apply)
<input type="checkbox"/> Foundation/Prep <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Ungraded	

If the student studied overseas, what age did the student first start school?	
What was the language of the student's previous education?	

Period of interruption to education: (months/years)	Is the student repeating a year level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Student Doctor

Doctor's Name:	
Medical Centre:	
Street Address:	
Suburb:	Postcode:
State:	Telephone Number:

Asthma

Does the student have asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication?		<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?		<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:		<input type="checkbox"/> Student	<input type="checkbox"/> Adult
		<input type="checkbox"/> Other: _____	
Medication is to be stored:		<input type="checkbox"/> with Student	<input type="checkbox"/> with Staff
		<input type="checkbox"/> Other: _____	
Dosage time:		Reminder required?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Conditions

Does the student have an allergy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the school with an ASCIA Action Plan for Allergies .			
Is the student at risk of anaphylaxis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis .			
Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, please specify:			
Symptoms of Medical Condition:			
If the student displays any of the symptoms above, please:			
Inform emergency contact		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administer medication		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medication

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

Allied Health Support

The Department of Education recognises that students may need to seek support from Allied Health Professionals outside of the school environment. If your child has accessed any of the below services and a report or assessment results are available, please provide a copy to the school.

Has the student previously accessed support from an allied health professional?	Occupational therapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Speech pathology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Physiotherapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Exercise physiology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Psychologist / Psychiatrist	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Paediatrician	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Behaviour support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Learning Intervention	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Report Available
	Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____	

OFFICE USE ONLY			
Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, please provide further detail:	

Court Orders and Other Care Arrangements (previously referred to as an Access Alert)

Is there an intervention order, parenting order or any other court order impacting the student?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, then complete the following questions and present a current copy of the document to the school.	
Court Order or other access document type:	<input type="checkbox"/> Family Law Order / Parenting Order <input type="checkbox"/> Parenting Plan / Agreement <input type="checkbox"/> Intervention Order <input type="checkbox"/> Child Protection Order <input type="checkbox"/> DFFH Authorisation <input type="checkbox"/> Other: _____
Please provide further details of the Court Order or other access documents, and any other safety concerns:	
End Date (if applicable): (dd-mm-yyyy)	

Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third parties) that the student cannot participate in?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
If Yes, please provide further detail: (e.g. sport, excursions)	

OFFICE USE ONLY			
Current Court Order or other access document placed on student file?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> No	<input type="checkbox"/> Yes

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
If the student catches public transport to school, what station/stop does their journey commence:				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas. Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?	
<input type="checkbox"/> Yes (read below text)	<input type="checkbox"/> No
Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here: www.education.vic.gov.au/pal/transport-students-disabilities/policy	
First date of travel?	<input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____ / ____ / ____
Type of travel assistance requested?	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Conveyance Allowance
If applicable, specify the student's mode of assisted mobility.	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
Comments relevant to travel:	

OFFICE USE ONLY

Can the student Individual Education Plan include travel training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student attending their nearest school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student reside in Designated Transport Area (if attending special school)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on an existing route (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pick-up Point:	Map Ref:	Time AM:
Set Down Point:	Map Ref:	Time PM:

STUDENT DATA TRANSFER INFORMATION:

When a Victorian government school student has been accepted at another Victorian government school, the transferring school will provide the student's information to that next school. All Victorian government schools must transfer student information through Cases21 (Dept. Internal Data System)

Whenever you move schools, it is helpful for us to have information about your child's needs and abilities. This assists our school to make the best placement possible for your child and provide them with the support they need, both in and out of the classroom, to get the most out of their education. Sometimes communication with your child's previous school is necessary.

Sharing student information with the student's next Victorian government school is in the best interests of our students, because it assists the next school to provide optimal education and support to the student. This also enables the Department to fulfil important legal obligations.

I have read and understood the Student Data Transfer process between Schools and understand that my child's previous school or kindergarten may be contacted by South Melbourne Primary School.

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

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

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

Signature of Enrolling Adult 2: _____ Date: ____ / ____ / ____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

- ☐ Both parents/carers have completed and signed this form.
- ☐ Parents/carers are completing separate forms (schools can provide additional forms on request).
- ☐ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- ☐ One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- ☐ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- ☐ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

SOUTH MELBOURNE PRIMARY SCHOOL PERMISSIONS AND AUTHORITY FORM:

NAME OF STUDENT: _____

Please note that a separate form must be completed for each child attending South Melbourne Primary School.

MEDICAL CONSENT

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 they are unable to contact me, or it is otherwise impracticable to contact me, to:

☐ Yes ☐ No

- Consent for my child to receive such medical or surgical attention as may be deemed necessary by a medical practitioner; and/or
- Administer such First Aid as the Principal or staff member may judge to be reasonably necessary.

CONSENT TO LOCAL EXCURSIONS

I give my permission for my child to attend any excursion within walking distance of the school, under the supervision of school staff. I understand that I will receive one detailed notice about each excursion, and that for my child to participate in a particular excursion my written consent will be required. I understand that my child must wear full school uniform on all excursions.

☐ Yes ☐ No

CONSENT TO HEAD LICE INSPECTIONS

From time to time it may be necessary to conduct head lice inspections if an outbreak occurs. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. Please note that health regulations require that when a child has head lice, that child should not return to school until appropriate treatment has commenced. I give permission for my child to be inspected for head lice.

☐ Yes ☐ No

OSH CLUB (AFTER SCHOOL CARE)

I give permission for After School Care (OSH Club at SMPS) to obtain enrolment information from SMPS about my child in the event I am unavoidably detained and unable to collect my child from school by 3:45pm (school finishes at 3:30pm) on any given day. This approval allows my child to attend one afternoon session of OSH Club at which time I will register my child online for OSH Club in the event this situation arises again. SMPS maintain a duty of care to make every effort to ensure every child at SMPS is safe.

☐ Yes ☐ No

CONSENT TO USE OF PHOTOGRAPHS/VIDEOS/MULTIMEDIA

As part of the learning programmes at SMPS, teachers often take photographs or digital images of students at school, on excursions, or around the local community. Sometimes, for special events, photos are taken and used for school promotion or publicity purposes. **If you do not wish your child to be photographed, a written letter must be provided to the school in this regard.**

☐ Yes ☐ No

Name of Parent/Carer _____ Signature: _____ Date: ____ / ____ / ____

Name of Parent/Carer _____ Signature: _____ Date: ____ / ____ / ____

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)