

# FOOTSCRAY PRIMARY SCHOOL

# ENROLMENT FORM PRIVACY NOTICE

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

Health information is asked for so that staff at FPS 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. FPS depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Footscray 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 should be made available to FPS. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Philip Fox if you would like to discuss, in strict confidence, any matters relating to family arrangements.

#### **Emergency Contacts**

These are people that we 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 us.

#### **Student Background Information**

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the 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, 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 us 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 FPS to process your child's enrolment.

### **Updating Your Child's Records**

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Footscray Primary we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

#### Access To Your Child's Record Held By School

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The school can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

Please return the attached enrolment form along with a copy of the child's birth certificate and proof of immunisation to the school office.

We also require you to provide any relevant medical information (eg. Asthma plan) and medication before your child can start school.



# 2018- ENROLMENT - FOOTSCRAY PRIMARY SCHOOL

Student Details	International Student ID	CASES Student ID:					
Personal Details of Studen	if applicable)	Date received:					
Surname:		Title: (Miss Ms Mr)					
First Given Name:							
Second Given Name:							
Preferred Name (if applicable):							
<b>∻Sex</b> (tick): ☐ Male ☐ Fen	male Birth Date: (dd-mm-y	/ууу)	_//				
PRIMARY FAMILY HOME ADDRESS:	:						
No. & Street: or PO Box details							
Suburb:							
State:	Post	tcode:					
Telephone Number	Siler	nt Number: (tick)	□ Yes □ No				
Mobile Number:	Fax	Number:					
FAMILY DETAILS							
List any other family members attend	ding this school:						
This question is asked as a requirement collect the same information.	of the Commonwealth Gover	rnment. All schools across A	Australia are required to				
OFFICE CHECK BOX ONLY ✓  Year Level Home Group	Enrolment Date	House	Permissions				
			School Photography				
Proof of Birth I	Immunization Documents	Visa Docs/Records	Local Excursion				
B/Cert P/Port Stat Dec							
	Court Order / Custody Docume		Internet Agreement				
Stadon d. N.S.	Sourt Graci / Guerca, Estamo		Transition Sighted				
Yes No	Yes No	Pending	LEVIES				
Medical Alert	Medical Information on File	IMPORTANT - IF YES	Essential Ed.				
Yes No	Yes No	Please complete Page 8	Excursion				
Asthma/Anaphylaxis Plan	Asthma/Anaphylaxis Informatio	on on File	Sport				

# PRIMARY FAMILY DETAILS

Sex (tick):

Title: (Ms, Mrs, Mr, Dr etc)

Legal Surname:

**Legal First Name:** 

□ Australia

No, English only

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances. As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

#### ADULT B DETAILS: **USUALLY FEMALE PARENT** FATHER/PARTNER/STEPFATHER ☐ Female □ Male □ Female Sex (tick): ☐ Male Title: (Ms, Mrs, Mr, Dr etc) Legal Surname: **Legal First Name:** What is Adult A's occupation? What is Adult B's occupation? Who is Adult A's employer? Who is Adult B's employer? In which country was Adult A born? In which country was Adult B born? ☐ Other (please specify): □ Australia ☐ Other (please specify): ❖Does Adult A speak a language other than English at ❖Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) the one that is spoken most often.) (tick) П No, English only Yes (please specify): Yes (please specify): Please indicate any additional Please indicate any additional languages spoken by Adult A: languages spoken by Adult B: Is an interpreter required? (tick) ☐ Yes □ No Is an interpreter required? (tick) ☐ Yes ΠNο ❖What is the highest year of primary or secondary ❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) have never attended school, mark 'Year 9 or equivalent or below'.) ☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below ☐ Year 9 or equivalent or below ❖What is the level of the highest qualification the Adult \* What is the level of the highest qualification the A has completed? (tick one) Adult B has completed? (tick one) ☐ Bachelor degree or above □ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification ☐ No non-school qualification ❖What is the occupation group of Adult A? Please select ❖What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in • 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 the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation use their last occupation to select from the attached occupation group list. • If the person has not been in paid work for the last 12 If the person has not been in paid work for the last 12

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

months, enter 'N'.

Main language spoken at home:	Preferred la	nguage of noti	ces:	
Are you interested in being involved in school group	☐ Adult A	□ Adult B	□ Both	☐ Neither
participation activities? (eg. School Council, excursions) (tick)	LI Addit A	Li Addit B		□ Meithei

months, enter 'N'.

# PRIMARY FAMILY CONTACT DETAILS

**ADULT B CONTACT DETAILS: ADULT A CONTACT DETAILS: Business Hours: Business Hours:** Can we contact Adult B at work? Can we contact Adult A at work? ☐ Yes □ No ☐ Yes П № (tick) Is Adult B usually home during Is Adult A usually home during ☐ Yes □ No ☐ Yes □ No business hours? (tick) business hours? (tick) **Work Telephone No: Work Telephone No: Other Work Contact Other Work Contact** information: information: After Hours: After Hours: Is Adult B usually home AFTER Is Adult A usually home AFTER ☐ Yes □ No ☐ Yes □ No business hours? (tick) business hours? (tick) **Home Telephone No: Home Telephone No: Other After Hours** Other After Hours **Contact Information: Contact Information:** Adult B's preferred method of contact: (tick one) Adult A's preferred method of contact: (tick one) ☐ Mail ☐ Email ☐ Facsimile ☐ Mail ☐ Email ☐ Facsimile **Email address: Email address:** Fax Number: Fax Number: PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address No. & Street or PO Box Suburb: Postcode: State: Primary Family Doctor Details: **Individual or Group Practice: Doctor's Name** ☐ Individual ☐ Group (tick)

**Telephone Number** 

No. & Street or PO Box No.:

**Current Ambulance Subscription:** (tick)

Suburb:

State:

□ No

☐ Yes

Postcode:

**Fax Number** 

**Medicare Number:** 

Name		Relations (Neighbour	ship r, Relative, Friend or Other)	Telephone Contac	Language Spoke (If English Write "E"
1					
2					
3					
4					
		ING ADDRESS:			
		as Family Home A	ddress		
	PO Box				
No. & Street or Suburb: State:			Р	ostcode:	
Suburb: State: THER PRIM. Relationship of	ARY FAMI  f Adult A to S  f Adult B to S	LY DETAILS Student: (tick one) Student: (tick one)	☐ Parent ☐ Foster Parent ☐ Friend ☐ Parent ☐ Parent ☐ Foster Parent ☐ Friend	Step-Parent  Host Family Self Step-Parent Host Family	☐ Adoptive Parent ☐ Relative ☐ Other ☐ Adoptive Parent ☐ Relative ☐ Other
Suburb: State: THER PRIM. Relationship of	ARY FAMI  f Adult A to S  f Adult B to S  es with the P	Student: (tick one) Student: (tick one)	☐ Parent ☐ Foster Parent ☐ Friend ☐ Parent ☐ Parent ☐ Foster Parent ☐ Friend	☐ Step-Parent ☐ Host Family ☐ Self ☐ Step-Parent ☐ Host Family	☐ Relative ☐ Other ☐ Adoptive Parent ☐ Relative
Suburb: State: THER PRIM Relationship of	ARY FAMI  f Adult A to S  f Adult B to S  es with the P	Student: (tick one) Student: (tick one) Primary Family: (tick	☐ Parent ☐ Foster Parent ☐ Friend ☐ Parent ☐ Foster Parent ☐ Foster Parent ☐ Friend one)	☐ Step-Parent ☐ Host Family ☐ Self ☐ Step-Parent ☐ Host Family ☐ Self	☐ Relative ☐ Other ☐ Adoptive Parent ☐ Relative ☐ Other
Suburb:  State:  THER PRIM.  Relationship of the student liver Always	ARY FAMI  f Adult A to S  f Adult B to S  es with the P	Student: (tick one) Student: (tick one) Primary Family: (tick	☐ Parent ☐ Foster Parent ☐ Friend ☐ Parent ☐ Foster Parent ☐ Friend one) ☐ Balanced	☐ Step-Parent ☐ Host Family ☐ Self ☐ Step-Parent ☐ Host Family ☐ Self ☐ Occasionally	☐ Relative ☐ Other ☐ Adoptive Parent ☐ Relative ☐ Other

Name of Kindergarten Attended

# **DEMOGRAPHIC DETAILS OF STUDENT**

♦In which country wa	as the student born?						
☐ Australia	☐ Other (ple	ase specify):			<u>.</u>		
Date of arrival in Aus	tralia OR Date of return t	o Australia: (d	ld-mm-yyyy)	/	_/		
What is the Residenti	al Status of the student?	(tick)		Permanent   T	emporary		
Basis of Australian R	esidency:						
☐ Eligible for Australian Passport ☐ Holds Australian Passport							
☐ Holds Permanent Re	esidency Visa						
Visa Sub Class:		V	isa Expiry	Date: (dd-mm-yyyy)	///		
Visa Statistical Code:	(Required for some sub-clas	ses)					
International Student	ID :(Not required for exchange	ge students)					
•	beak a language other th	•	•	<i>'</i>			
☐ No, English only		lease specify):	•	onen,			
Does the student spe	ak English? (tick)	_			□ Yes	□ No	
♦Is the student of Abo	riginal or Torres Strait Isla	nder origin? (tid	ck one)				
□ No			☐ Yes, Abo	original			
☐ Yes, Torres Strait Isl	lander		☐ Yes, Bot	h Aboriginal & Torres	Strait Islander		
What is the student's	living arrangements? (ti	ck one):					
☐ At home with TWO F	Parents/ Guardians		☐ State Arr	ranged Out of Home C	Sare # (See Note)		
☐ At home with ONE F	Parent/ Guardian		□ Homeles	ss Youth			
☐ Independent							
ervices and live in altern ring with relatives or frier	lome Care - Students who ative care arrangements ands (kith and kin), living wiresidential care units with	way from their th non-relative	parents. Th	ese DHS-facilitated ca	are arrangements		
Beginning of journey	to school: Map Type		Melway /	VicRoads / Country F	ire Authority / Oth	er	
Map Number	X Refe	erence		Y Refe	erence		
Usual mode of transp	ort to school: (tick)						
□ Walking	☐ School Bus	□ Train		☐ Driven	□ Taxi		
☐ Bicycle	□ Public Bus	□ Tram		☐ Self Driven	☐ Other		
If student drives thems	elf to school: Car Reg.	No.		Distance to School	ol in kilometres:		
Student's Religion:							
	cipate in Religious Instru	ıction classes	? (tick)	□ Yes	□ No		

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

# **SCHOOL DETAILS**

Date of first enrolment in an Au	ustralian School:		/	/				
Name of previous School or Ki	ndergarten:							
Prep Students Only – Has a Tra provided (either by the Early C				Yes	□N	0	□Pend	ding
Years of previous education:				as the language lent's previous on?	of			
Does the student have a Victor	ian Student Number	(VSN)?			•			
☐ Yes. Please specify:		□ Yes,	but the \	'SN is unknown		No. The stude en issued a VS		ever
Years of interruption to educat	ion:			e student ating a year?		Yes	□ No	0
Integration:				s student and ration Student		Yes	□ No	0
Will the student be attending the	nis school full time?	(tick)	- `			Yes	□ No	0
If <b>No</b> , what will be the time fraction	on that the student will	be attend	ing this s	chool? (i.e: 0.8 =	4 days/	week)		
Other school Name:				Time fraction:	0.	Enrolled:	□ Yes	□ N
Other school Name:				Time fraction:	0.	Enrolled:	□ Yes	□ N
some circumstances a child may e shared parental responsibility are overnment Schools Reference Guttp://www.education.vic.gov.au/ma	be enrolled conditional rangements for a child ide for more information	d is not pro on	ovided. P	lease refer to Se				ine
FFICE USE ONLY  Has the documentation been pro-	vided and retained on	school	□ Yes			lo		<u> </u>
records?		2000			1	- <del>-</del>		
Have the conditions been met to			□ Yes					

# STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

If you complete this section you must provide copies of Documents before information can be acted upon.

	?	□ Yes		□ No	
Is there an Access Al	ert for the student? (tick)	☐ Yes (If Yes, then comfollowing questions and pure current copy of the docur school.)	present a	☐ No (If No, move to the immure / medical condition details quest	
Access Type: (tick)	☐ Court Order	☐ Family Law Order	☐ Restrainin	ng Order □ Other	
Describe any Access	Restriction:				
Is there an Activity A	lert for the student? (tick)	□ Yes		□No	
If Yes, then describe th	ne Activity Restriction:				
FFICE USE ONLY Current custody docum	rent placed on student file?	□Yes		□ No	
Current custody docum	nent placed on student file?	□ Yes		□ No	
MPORT <i>A</i>	ANT MEDI	CAL INF	ORMA	ATION	
the event of illness o thorise the Principal	r injury to my child whilst	at school, on an excuny child, where the Pri	ursion, or trave incipal or teac	elling to or from school; I her-in-charge is unable to	
the event of illness o thorise the Principal ntact me, or it is othe	r injury to my child whilst or teacher-in-charge of n erwise impracticable to co my child receiving such	at school, on an excuny child, where the Priontact me to: (cross or	ursion, or trave incipal or teac ut any unacce	elling to or from school; I her-in-charge is unable to	/ a
the event of illness o thorise the Principal ntact me, or it is othe consent to medical pr	r injury to my child whilst or teacher-in-charge of n erwise impracticable to co my child receiving such eactitioner,	at school, on an excuny child, where the Priontact me to: (cross or medical or surgical at	ursion, or trave incipal or teac ut any unacce tention as ma	elling to or from school; I her-in-charge is unable to ptable statement)	/ a

# STUDENT MEDICAL DETAILS

# MEDICAL CONDITION DETAILS:

D	oes the student suffer from any o	of the Hear	ring:	□ Yes	□ No	Vision	□ Yes	□ No
fo	ollowing impairments? (tick)	Spee	ech:	□ Yes	□ No	Mobility:	□ Yes	□ No
D	oes the student suffer from Asthr	na? (tick) If No, ple	ase go to	he Other Medi	cal Condition	s section	□ Yes*	□ No
Ast	THMA MEDICAL CONDITION DE							
	wer the following questions <b>ONL</b>		suffere fr	om anv astl	nma medic	al condition	ns Students	with
	ma must have an asthma manag							WICH
	lease indicate if the student suffe bllowing symptoms: (tick)	rs from any of th	e	f my child d	isplays any	of these s	ymptoms ple	ase: (tick)
	Cough			nform Docto	r		□ Yes	□ No
	Difficulty Breathing			Inform Emerg	gency Conta	ct	□ Yes	□ No
	Wheeze			Administer M	edication		□ Yes	□ No
	Exhibits symptoms after exertion		•	Other Medica	I Action		☐ Yes	□ No
	Tight Chest			f yes, please	specify:			
Н	as an Asthma Management Plan I	been provided to	School	>			□ Yes	□ No
D	oes the student take medication?	r (tick) ☐ Yes	□ No	Name of m	nedication t	aken:		
	the medication taken regularly be symptoms? (tick)	y the student (pr	eventive	or only in r	esponse	☐ Preventa	itive □ F	Response
	dicate the usual dosage of edication taken:				ow frequen	_		
М	edication is usually administered	l by: (tick)	☐ Stud	ent 🗆	First Aid	□ Teach	er □ Ot	her
M	edication is stored: (tick)	□ with Student	□ v	ith First Aid	□ Fridge i	n First Aid	□ Els	sewhere
		□ with Student er required? (tick)	□ v		□ Fridge i		□ Els	sewhere
D	osage time Reminde	-					□ El	sewhere
D OTH	osage time Reminde	er required? (tick)	□ Yes	□ No	Poison R	ating		
OTH (Mor	osage time Reminde HER MEDICAL CONDITIONS re copies of the other medical co	er required? (tick)	□ Yes	□ No	Poison Ra	ating	Students with	1
OTH (Moraller	ne copies of the other medical cogies/anaphylaxis must have a m	er required? (tick)  ondition forms are	□ Yes	□ No	Poison Ra	ating	Students with	1
OTH (Moraller	osage time Reminde HER MEDICAL CONDITIONS re copies of the other medical co	er required? (tick)  ondition forms are	□ Yes	□ No	Poison Ra	ating	Students with	1
OTH (Moraller	ne copies of the other medical cogies/anaphylaxis must have a m	er required? (tick)  ondition forms are	□ Yes	□ No	Poison Ra	ating	Students with	n ffice).
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OTH (Moraller If S)	describe Reminder  HER MEDICAL CONDITIONS  The copies of the other medical congress/anaphylaxis must have a magnetic describing of the student have any other magnetic describing of the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic describing of the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic described on the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic described on the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic described on the symptoms:	er required? (tick)  ondition forms are an agement planedical condition  optoms above ple	□ Yes re availal n comple ? (tick)  pase: (tick	□ No  ble on requented by a do	Poison Rates of the ctor (form a sergency Cor	e school.) Savailable fr	Students with om school of	n ffice).
OTH (Moraller If S)	osage time  Reminde  HER MEDICAL CONDITIONS  re copies of the other medical cogies/anaphylaxis must have a moes the student have any other moes, please specify:  ymptoms:  my child displays any of the sym	er required? (tick)  ondition forms are an agement planedical condition  optoms above ple	□ Yes re availal n comple ? (tick)	□ No  ble on requented by a do  Inform Em Other Med	Poison Rates of the ctor (form a sergency Corical Action	e school.) Savailable fr	Students with om school of Yes	n ffice). □ No
OTH (Moraller If S)	describe Reminder  HER MEDICAL CONDITIONS  The copies of the other medical congress/anaphylaxis must have a magnetic describing of the student have any other magnetic describing of the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic describing of the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic described on the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic described on the symptoms:  The copies of the other medical congress/anaphylaxis must have a magnetic described on the symptoms:	er required? (tick)  ondition forms are an agement planedical condition  optoms above ple	□ Yes re availal n comple ? (tick)  pase: (tick	□ No  ble on requented by a do  Inform Em Other Med	Poison Rates of the ctor (form a sergency Cor	e school.) Savailable fr	Students with om school of	n ffice).
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OTH (Moraller  If Signature  If In According	Reminder HER MEDICAL CONDITIONS The copies of the other medical congies/anaphylaxis must have a most the student have any other mayes, please specify:  Important may be any of the symptoms:  Important medication  The medication taken regularly be a medication of the symptoms:  The medication taken regularly be a medication of the symptoms:  The medication taken regularly be a medication of the symptoms:	er required? (tick)  condition forms are nanagement planedical condition  proms above ple  yes  yes  (tick) yes	e availal n comple (tick)  ease: (tick)	Inform Em Other Med If yes, plea Name of m or only in	Poison Rates of the control of the c	e school.) Savailable frontact	Students withom school of	n ffice).
OTH (Moraller  Diff Sy  If In Add  Dis re In m	Reminder HER MEDICAL CONDITIONS The copies of the other medical congies/anaphylaxis must have a most the student have any other mayes, please specify:  The medication design of the symptoms of the student take medication?  The medication taken regularly be sponse to symptoms? (tick) indicate the usual dosage of	er required? (tick)  condition forms are nanagement planedical condition  sptoms above ple  yes  yes  (tick) yes  y the student (pr	e availal n comple (tick)  ease: (tick)	Inform Em Other Med If yes, plea Name of n or only in Indicate h medicatio	Poison Rates from the ctor (form a sergency Corical Action assessment).	e school.) Savailable frontact	Students withom school of Pes	n ffice).

Dosage time

☐ Yes

Reminder required? (tick)

 $\;\square\;\mathsf{No}$ 

**Poison Rating** 

# **STUDENT DOCTOR DETAILS**

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Do	octor's Name:				
Inc	dividual or Group Practice: (tick)			☐ Individual	☐ Group
No	o. & Street or PO Box No.:				
Su	ıburb:				
Sta	ate:		Postcode:		
Те	elephone Number		Fax Number		
St	udent Medicare Number:				
	rgency Contacts.  Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoke	en Telepho	ne Contact
	JDENT EMERGENCY CON section should ONLY be filled or	TACTS ut if THIS student has emergency of	contacts other tha	ın the Prime Fa	amily
	Name				ne Contact
		(Neighbour, Neighbor, Friend of Outer)	(II Liigiisii vviito L)	)	
1					
2					
ave		nplete this Student Enrolment form Il be treated as such, but the detail			
cert	tify that the information conta	nined within this form is correct.			
ign	ature of Parent/Guardian:		Date:	//	

# **ALTERNATIVE FAMILY DETAILS**

# ADULT A OF ALTERNATIVE FAMILY DETAILS: ADULT B OF ALTERNATIVE FAMILY DETAILS:

Sex (tick):	□ Male	☐ Female		Sex (tick):	□ Male	☐ Female	
Title: (Ms, Mrs, Mr, I	Or etc)			Title: (Ms, Mrs, Mr, I	Or etc)		
Legal Surname:				Legal Surname:			
Legal First Name:				Legal First Name:			
What is Adult A's	occupation?			What is Adult B's	occupation?		
Who is Adult A's	employer?			Who is Adult B's	employer?		
In which country v	was Adult A bo	orn?		In which country	was Adult B bor	n?	
-	Other (please				☐ Other (please s		
<ul> <li>Does Adult A sphome? (If more than the one that is spoker</li> <li>No, English</li> <li>Yes (please</li> <li>Please indicate an languages spoker</li> </ul>	n one language is in most often.) (tic only specify): ny additional	spoken at home, indi		Does Adult B sp home? (If more than one that is spoken me □ No, English □ Yes (please Please indicate ar languages spoker	n one language is spost often.) (tick) only specify):  ny additional		_
Is an interpreter re	equired? (tick)	□Yes□	l No	Is an interpreter re	eauired? (tick)	□ Yes	□ No
❖What is the high school Adult A hat have never attended. □ Year 12 or equiver of the properties of the prope	s completed? school, mark 'Yea valent valent valent	(tick one) (For person	<b>y</b> ns who	❖What is the high school Adult B hat have never attended □ Year 12 or equiver □ Year 11 or equiver □ Year 10 or equiver	nest year of primes completed? (tipes completed.)))))))))))))))))))))))))))))))))))	ck one) (For pe	rsons who
school Adult A ha have never attended.  Year 12 or equiv  Year 11 or equiv  Year 10 or equiv  Year 9 or equiva	s completed? school, mark 'Yea ralent ralent ralent telent or below	(tick one) (For persor ar 9 or equivalent or b	y ns who elow'.)	❖What is the high school Adult B hat have never attended □ Year 12 or equive □ Year 11 or equive □ Year 10 or equive □ Year 9 or equive	nest year of primes completed? (to school, mark 'Year valent valent valent or below	ck one) (For pe 9 or equivalent	rsons who or below'.)
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collect the same information

Main language spoken at home:	Preferred la	nguage of noti	ces:	
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	☐ Adult A	□ Adult B	□ Both	□ Neither

# **ALTERNATIVE FAMILY CONTACT DETAILS**

ADULT A OF ALTERNATIVE FAMILY CONTACT

**DETAILS: Business Hours:** Can we contact Adult B at work? **Business Hours:** ☐ Yes □ No Can we contact Adult A at work? ☐ Yes □ No Is Adult B usually home during (tick) □ Yes □ No business hours? (tick) Is Adult A usually home during ☐ Yes □ No business hours? (tick) **Work Telephone No: Work Telephone No: Other Work Contact** information: **Other Work Contact** information: After Hours: Is Adult B usually home AFTER After Hours: ☐ Yes □ No business hours? (tick) Is Adult A usually home AFTER ☐ Yes □ No business hours? (tick) **Home Telephone No: Home Telephone No: Other After Hours Contact Information: Other After Hours Contact Information:** Adult B's preferred method of contact: (tick one) Adult A's preferred method of contact: (tick one) □ Mail □ Email ☐ Facsimile ☐ Mail ☐ Email ☐ Facsimile **Email address: Email address:** Fax Number: Fax Number: **ALTERNATIVE FAMILY HOME ADDRESS:** No. & Street: or Box details Suburb: Postcode: State: **Telephone Number** Silent Number: (tick) ☐ Yes □ No **Mobile Number:** Fax Number: **ALTERNATIVE FAMILY MAILING ADDRESS:** Write "As Above" if the same as Family Home Address No. & Street Suburb:

ADULT B OF ALTERNATIVE FAMILY CONTACT

**DETAILS:** 

State:

Postcode:

	octor's Name		Ind (tick		Group Practice:	□ In	ndividual	☐ Group
N	o. & Street or Box No.:							
Sı	uburb:							
St	ate:				Postcode:			
Te	elephone Number				Fax Number			
Cı	urrent Ambulance Subscription:	(tick)	□ No	Medicare	Number:			
<u>L</u> 7	TERNATIVE FAMILY EMER	Relationship			Telephone Co	ntact		age Spoke
1		(Neighbour, Rela	ative, Frien	d or Other)			(If Englis	sh Write "E")
2								
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4 Li	TERNATIVE FAMILY BILLI e "As Above" if the same as Far o. & Street							
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Send Correspondence addressed to: (tick one)	□ Adult A	□ Adult B	☐ Both Adults	□ Neither
Is the Alternative Family to receive Academic Reports?		l Yes		No
Thank you for taking the time to complete this Student En have provided is confidential and will be treated as such, enrol your child at our school.				•
I certify that the information contained within this form is c	orrect.			
Signature of Parent/Guardian:			Date: /	/

## PARENTAL OCCUPATION GROUP CODES

# <u>GROUP A</u> <u>Senior management in large business organisation, government administration and defence, and qualified professionals</u>

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

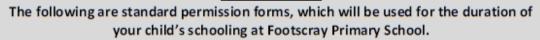
**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper) **Office assistants, sales assistants and other assistants**:

- 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

# CONSENT FORMS



STUDENT NAME:



Home Group

Local School Excursion Permission
I hereby give permission for my child, whose name appears above, to participate in local excursions, which do not require
transport but involve the children leaving the school grounds to walk to a particular local venue, for the duration of their
schooling at Footscray Primary School, providing a teacher is in charge and all reasonable care is taken.
I agree that, in the event of an accident or illness during this excursion, if I cannot be contacted, the teacher in charge has
permission to obtain such medical assistance as considered necessary for my child. I will accept responsibility for any charge
involved. I note an excursion includes any teacher-supervised activity outside the school grounds.
I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the school on 9687
1910.
Signature of Parent/Guardian Dated/
School Photography Permission
I hereby give permission for my child, whose name appears above, to participate in any appropriate school media activities for
the duration of their schooling at Footscray Primary School.
This permission includes the right to be photographed in a school activity by the school, press or television networks.
I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the school on 9687
1910.
Signature of Parent/Guardian Dated//
Sahaal Samuutan and Internat Use Balley
School Computer and Internet Use Policy
The Department of Education and Training provides access to your child/ren to be able to use computers at school for projects
and E-mail facility for communicating with students at other schools.
Your child MUST only use these facilities under teacher supervision and in accordance to their teacher's rules.
I agree to instruct my child to:
Take great care of all computer equipment and to respect their fellow student' work.
Use Internet to access appropriate information relevant to their work.
Make NO attempt to access unsuitable material via the Internet.
Always check with the teacher in charge before downloading any information to the hard drive from the Internet.
Not to use any USB's, DVD's or CD's on school computers without the permission of the teacher in charge.
I understand that if my child breaks any of these rules they will lose the privilege of using school computers and Internet
access.
Signature of Parent/Guardian Dated//
Pre-School Information Sharing
Has your child received additional developmental support?
Occupational Therapy
Speech Pathology
Psychologist
Early Learning Teacher eg: Kinder, Pre-School teacher
I, give permission for reciprocal sharing of information to support my child's,
learning and development at school
Signature of Parent/Guardian Dated//