



774 High Street Road
P.O. Box 6
Glen Waverley 3150
Telephone: 9802 9938
E: glen.waverley.ps@edumail.vic.edu.au
Web: www.glenps.vic.edu.au

GLEN WAVERLEY PRIMARY SCHOOL

ENROLMENT DOCUMENTATION REQUIREMENTS

- IMMUNISATION CERTIFICATE
- BIRTH CERTIFICATE IF BORN IN AUSTRALIA
- PASSPORT/VISA IF NOT BORN IN AUSTRALIA
- TRANSFER NOTE FROM EXITING VICTORIAN PRIMARY SCHOOL

IMPORTANT NOTE TO PARENT/GUARDIAN:-

- Please complete the attached Enrolment Form, ensuring that accurate information is supplied in **ALL** sections.
- Questions marked with an ❖ are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.
- If English is **not** your child's main language, please ensure that you write their native language in the **'Main Family Language Spoken at home'** section at the bottom of the second page. *This information affects their 'English as a Second Language' tuition entitlement.*
- The Parental Occupation Group Codes outlined on the back sheet of this enrolment form are to be used when providing family occupation details for enrolled students. This information is used for determining Government funding allocations to our school and it is imperative that they are an accurate reflection of your current employment circumstances. Please select the appropriate Group Code from the list on the back of this form.
- Please ensure that you sign both the Consent and the Certification of Information sections on the last page.
- Parents receiving a benefit from Centrelink, and holding a current Health Care card or a current Pension card, may be entitled to receive the Camps, Sports and Excursions Levy. Information on eligibility and application forms are available from the school office.



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PRIMARY SCHOOL PRIVACY NOTICE

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

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Glen Waverley Primary School (GWPS) can register your child and allocate staff and resources to provide for their educational and support needs. All staff at GWPS and the Department of Education & Training (DET) are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at GWPS 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. The school depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Glen Waverley 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 us. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Ms Robyn James, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that the 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 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 GWPS 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 the 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, therefore no individual is identified.

Visa Status

This information is required to enable Glen Waverley Primary School 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. Please contact the office on 03 9802 9938 or by email glen.waverley.ps@edumail.vic.gov.au to update any information. During your child's time with GWPS 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 on (03) 9802 9938 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. Glen Waverley 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. The Glen Waverley Primary School Privacy Policy is available on our website;

<http://www.glenps.vic.edu.au/page/62/School-Policies>



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774 HIGH STREET ROAD, GLEN WAVERLEY, 3150

TELEPHONE: (03) 9802 9938 EMAIL: GLEN.WAVERLEY.PS@EDUMAIL.VIC.GOV.AU

| STUDENT ENROLMENT INFORMATION - 20 (Office Use Only) | | | | | Computer Generated Student ID | | | | | |
|---|--|------------|--|-------------|-------------------------------|--------------------|--|--|--|--|
| | | | | | | | | | | |
| Year Level | | Home Group | | House Group | | | | | | |
| Enrolment Date: | | | | POB Sighted | | Imm. Cert. Sighted | | | | |

PERSONAL DETAILS OF STUDENT - TO BE COMPLETED BY PARENT/GUARDIAN

| | | | | | | |
|-------------------------------------|-------------------------------|---------------------------------|--------------------------|----------------|--|--|
| Surname: | | | | | | |
| First Given Name: | | | | | | |
| Second Given Name: | | | | | | |
| Preferred Name: (if applicable): | | | | | | |
| ❖ Gender: (tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Birth Date: (dd-mm-yyyy) | ____/____/____ | | |

FAMILY DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

| | |
|--|--|
| List any other family members attending this school: | |
|--|--|

PRIMARY FAMILY DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required.

ADULT A DETAILS (PRIMARY CARER): - TO BE COMPLETED BY PARENT/GUARDIAN

| | | | | |
|---|-------------------------------|---------------------------------|------------------------------|--|
| ❖ Gender: (tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Title: (Ms, Mrs, Mr, Dr etc) | |
| Legal Surname: | | | Legal First Name: | |
| What is Adult A's occupation? | | | | |
| Who is Adult A's employer? | | | | |
| In which country was Adult A born? | | | | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): | | | | |

❖ Questions marked with an ❖ are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

| | |
|--|--|
| ❖ Does Adult A speak a language other than English at home? (tick) | |
| <input type="checkbox"/> No, English only | <input type="checkbox"/> Yes* (please specify): * If more than one language is spoken at home, indicate the one that is spoken most often |
| 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) | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below |
| ❖ What is the level of the <i>highest</i> qualification Adult A has completed? (tick one) | |
| <input type="checkbox"/> Bachelor Degree or above | <input type="checkbox"/> Certificate 1 to IV (including trade certificate) |
| <input type="checkbox"/> Advanced Diploma / Diploma | <input type="checkbox"/> No non-school qualification |
| ❖ What is the occupation group of Adult A? Please see attached sheet and choose Group A, B, C or D. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |

ADULT B DETAILS: - TO BE COMPLETED BY PARENT/GUARDIAN

| | | | |
|--|--|--|--|
| Gender: (tick) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Title: (Ms, Mrs, Mr, Dr etc) | |
| Legal Surname: | | Legal First Name: | |
| What is Adult B's occupation? | | | |
| Who is Adult B's employer? | | | |
| In which country was Adult B born? | | | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): | | | |
| ❖ Does Adult B speak a language other than English at home? (tick) | | | |
| <input type="checkbox"/> No, English only | <input type="checkbox"/> Yes* (please specify): * If more than one language is spoken at home, indicate the one that is spoken most often | | |
| Please indicate any additional languages spoken by Adult B: | | | |
| Is an interpreter required? (tick) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) | | | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent | | |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent or below | | |
| ❖ What is the level of the <i>highest</i> qualification Adult B has completed? (tick one) | | | |
| <input type="checkbox"/> Bachelor Degree or above | <input type="checkbox"/> Certificate 1 to IV (including trade certificate) | | |
| <input type="checkbox"/> Advanced Diploma / Diploma | <input type="checkbox"/> No non-school qualification | | |
| ❖ What is the occupation group of Adult B? Please see attached sheet and choose Group A, B, C or D. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | | | |

| | |
|--|--|
| Main Family Language spoken at home: | |
| Would either Adult A or B be interested in helping out the school with School Council, excursions or similar activities? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRIMARY FAMILY CONTACT DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

ADULT A CONTACT DETAILS:

| | | | |
|---------------------------------------|--|-------------------|--|
| Can we contact Adult A at work?(tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work Tel. Number: | |
| SMS notifications to Adult A?(tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mobile Number: | |
| Email notifications to Adult A?(tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Email Address: | |

ADULT B CONTACT DETAILS:

| | | | |
|---------------------------------------|--|-------------------|--|
| Can we contact Adult B at work?(tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work Tel. Number: | |
| SMS notifications to Adult B?(tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mobile Number: | |
| Email notifications to Adult B?(tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Email Address: | |

PRIMARY FAMILY HOME ADDRESS:

| | | | |
|-----------------------------------|------|-----------------------|--|
| No. & Street or P.O. Box details: | | | |
| Suburb: | | | |
| State: | | Postcode: | |
| Telephone Number: | (03) | Silent Number: (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRIMARY FAMILY MAILING ADDRESS:

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

| | | | |
|-----------------------------------|--|-----------|--|
| No. & Street or P.O. Box details: | | | |
| Suburb: | | Postcode: | |

PRIMARY FAMILY DOCTOR DETAILS: - - TO BE COMPLETED BY PARENT/GUARDIAN

| | | | |
|---------------------------|--|-------------------|--|
| Doctor's Name: | | | |
| No. & Street or P.O. Box: | | | |
| Suburb: | | | |
| Postcode: | | Telephone Number: | |

| | |
|---|--|
| Does the primary family have a current Ambulance Subscription: (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicare Number: | |

EMERGENCY CONTACTS OTHER THAN PARENTS - TO BE COMPLETED BY PARENT/GUARDIAN

(DETAILS OF PERSONS TO BE CONTACTED IF PARENTS ARE NOT AVAILABLE)

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

OTHER PRIMARY FAMILY DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

| | | | |
|--|--|--------------------------------------|--|
| 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 | | |

DEMOGRAPHIC DETAILS OF STUDENT - TO BE COMPLETED BY PARENT/GUARDIAN

| | | | |
|--|--------------------|---|--|
| ❖ In which Country was the student born? | | | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please write Country): | | | |
| Date of arrival in 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: (tick) | | | |
| <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa | | | |
| Visa Expiry Date: (dd-mm-yyyy) | ____ / ____ / ____ | Visa Sub Class: | |
| International Student ID: | | Visa Statistical Code: | |
| ❖ Does the student speak a language other than English at home? (tick) | | | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please write language): * If more than one language is spoken at home, indicate the one that is spoken most often | | | |
| Does the student speak English? (tick) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one) | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander | | | |
| What is the student's living arrangements? (tick one): | | | |
| <input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian <input type="checkbox"/> Arranged by State-Out of Home Care# <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Independent | | | |

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends, living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

| | | | | | | | |
|--|---------------------------------|----------------------------------|-------------------------------------|--------------------------------|-------------------------------|--------------------|--|
| Beginning of journey to school: | | | | | | | |
| Map Type | Melway | Map No. | | X Reference | | Y Reference | |
| Usual mode of transport to school: (tick) | | | | | | | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Driven | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Train | <input type="checkbox"/> Tram | | |
| Distance to School in kilometres: | | | | Student's Religion: | | | |

STUDENT'S SCHOOLING DETAILS – TO BE COMPLETED BY PARENT/GUARDIAN

| | | | |
|--|--------------------|--|-----------------------------|
| Date of first enrolment in an Australian School: | | ____ / ____ / ____ | |
| Name of previous School: | | | |
| Language of the student's previous education? | | | |
| Years of previous education: | | Years of interruption to education: | |
| Victorian Student Number: <small>(Allocated by first Victorian School Child Enrolled In)</small> | ____ - ____ - ____ | | |
| Is the student repeating a year? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student require an Integration Aide? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the student be attending this school full time? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, what will be the time fraction that the student will be attending this school? | | | |

STUDENT RESTRICTIONS DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

ACCESS/ACTIVITY RESTRICTIONS

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

OFFICE USE ONLY

| | | |
|---|------------------------------|-----------------------------|
| Current custody document placed on student file? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? For prep students only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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"/> Yes | <input type="checkbox"/> No |
| | ID No.: | |

STUDENT MEDICAL AND IMMUNISATION DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

IMMUNISATION DETAILS OF STUDENT

| | | | |
|--|--|---|--|
| What is the student's Immunisation Status: (tick) | <input type="checkbox"/> Complete Immunisation | <input type="checkbox"/> Partial Immunisation | <input type="checkbox"/> Not Immunised |
|--|--|---|--|

MEDICAL CONDITION DETAILS:

| | | | | | | |
|--|-----------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| Does the student suffer from any of the following impairments? (tick) | <i>Hearing:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>Vision:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <i>Speech:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>Mobility:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student suffer from Asthma? ** (tick) | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

** If No, please go to the Other Medical Conditions section.

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

| | | | |
|--|--|---|---|
| Please indicate if the student suffers from any of the following symptoms: (tick) | If my child displays any of the indicated symptoms please: (tick) | | |
| <input type="checkbox"/> Cough | Inform Doctor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Difficulty Breathing | Inform Emergency Contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wheeze | Administer Medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Exhibits symptoms after exertion | Other Medical Action | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Tight Chest | If yes, please specify: | | |
| Has an Asthma Management Plan been provided to School? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student take medication for the above medical conditions? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of medication taken: | | | |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | | <input type="checkbox"/> Preventative | <input type="checkbox"/> Response |
| Indicate the usual dosage of medication taken: | | Indicate how frequently the medication is taken: | |
| Medication is usually administered by: (tick) | | <input type="checkbox"/> Student | <input type="checkbox"/> Nurse |
| | | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other |
| Is a reminder required for the student to take their medication? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication is stored: (tick) | <input type="checkbox"/> Student | <input type="checkbox"/> Teacher | <input type="checkbox"/> Fridge in Staff Room |
| | | <input type="checkbox"/> Elsewhere | |
| What is the Poison Rating of the medication being taken? | | | |

OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

| | | | |
|--|----------------------------------|---|---|
| Does the student have any other medical condition? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please specify condition and symptoms | | | |
| If my child displays any of the symptoms above please: (tick) | | | |
| Inform Doctor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inform Emergency Contact |
| Administer Medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Medical Action |
| If yes, please specify: | | | |
| Does the student take medication for the above medical conditions? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of medication taken: | | | |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | | <input type="checkbox"/> Preventative | <input type="checkbox"/> Response |
| Indicate the usual dosage of medication taken: | | Indicate how frequently the medication is taken: | |
| Medication is usually administered by: (tick) | | <input type="checkbox"/> Student | <input type="checkbox"/> Nurse |
| | | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other |
| Is a reminder required for the student to take their medication? (tick) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication is stored: (tick) | <input type="checkbox"/> Student | <input type="checkbox"/> Teacher | <input type="checkbox"/> Fridge in Staff Room |
| | | <input type="checkbox"/> Elsewhere | |
| What is the Poison Rating of the medication being taken? | | | |



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PHOTO RELEASE PERMISSION

In order to celebrate and promote the achievements of our school and our students to the wider community, we participate in the media in a variety of ways. From time to time, we use group and individual photos of the children at our school for these promotional purposes. These photos may be captioned but will show first names only. They may be used in pamphlets, newspaper articles and on our school Website and Intranet. We request your approval for photographs of your child to be used in this way should the occasion arise.

I consent to my child's photo to be used for promotional purposes.

.....
Signature of Parent/Guardian

MEDICAL AUTHORITY

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,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.
- I consent to my child receiving the appropriate head lice inspection, as necessary.

.....
Signature of Parent/Guardian

PERSONAL PROPERTY

Glen Waverley Primary School understands that staff and/or students may sometimes like to bring items of personal property to school. The Department of Education and Training does not have insurance for personal property of staff, students and visitors. Glen Waverley Primary School does not take responsibility for items of personal property that are lost, stolen or damaged at school or during school activities. Damage to personal property brought to school is the responsibility of the owner of that property. Glen Waverley Primary School encourages staff and students not to bring items of value to school, or to obtain appropriate insurance for such items.

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 Parent/Guardian: Date: / /

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Camps, Sports and Excursions Levy. Information on eligibility and application forms are available from the school office.

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.

Please select the appropriate letter from the following list of groups.

- If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please enter the occupation group letter of your last occupation
- If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS

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)