



DEPARTMENT OF EDUCATION AND TRAINING WYNDHAM VALE PRIMARY SCHOOL

ENROLMENT FORM - INFORMATION for PARENTS, GUARDIANS and CARERS

(Including privacy collection notice)

The Enrolment Form asks you for personal and health Information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the Education and Training Reform Act 2006, to collect some of this information.

Our school relies on you to provide health information about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all parents, guardians and carers so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti- discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful, For more about information- sharing and privacy, see our school's privacy policy on our website at: wyndhamvaleps.vic.edu.au Our school's use of online tools (including apps and other software) to collect and manage information

Our school may use online tools, such as apps and other software, to collect and manage information about your child.

When our school uses these online tools, we do our best to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.





Student background information

The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also use= this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

Immunisation status

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

Our school also requires this information to process your child's enrolment.

Updating your child's personal and health information Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

Accessing your child's records

Our school provides ordinary school communications and school reports to students and parents, guardians and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information.

Transferring this information assist the next school to provide the best possible education and support to students



WYNDHAM VALE PRIMARY SCHOOL B Ζ P/C Ε INT

STUDENT ENROLMENT INFORMATION – 2023 Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DI	ETAILS (OF STUDE	ENT							
Surname:								Title: (Miss, Ms	, Mrs, Mr)	
First Given Name):									
Second Given Na	ıme:									
Preferred Name (if applicable):										
❖ Sex (tick):	❖ Sex (tick): ☐ Male ☐ Female			rth Date: ((dd-m	nm-yyy	уу)	1_	/	_
Student Mobile N	umber:									
PRIMARY FAMILY HOME ADDRESS:										
No. & Street: or PO Box details										
Suburb:										
State: Victoria						Postcode:				
Telephone Number:					Sil	Silent Number: (tick)		☐ No		
Mobile Number:	Mobile Number:			Fax Number:						
OFFICE USE ONLY										
Child's Name and B	Birth Date pro	oof sighted (tick	()	□ Yes	[□ No		Enrolment Date:		
Year Level	Home Group		Timeta			н	House		"	Campus
Student Email Addr	ess:		·			11				
Immunisation Certif	ficate receive	ed?: (tick)		□ Complete			☐ Not sighted			
Is there a Medical Alert for the student? (tick)				□ Yes	[□ No				
Does the student have a Disability ID Number? (tick)			•	□No	[□ Yes	;	Disability ID No.:		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick For prep students only				□ Yes	[□ No		□ Pending		
FAMILY DETAILS										
AWILY DI	EIAIL	>								
List any other far	nily membe	ers attending	this s	chool:						

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

PRIMARY FAMILY DETAILS

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.

ADULT A DETAILS (PRIMARY CARER): ADULT B DETAILS: ☐ Female ☐ Female Sex (tick): Sex (tick): ☐ Male Title: (Ms, Mrs, Mr, Dr etc) Title: (Ms, Mrs, Mr, Dr etc) **Legal Surname: Legal Surname: Legal First Name: Legal First Name:** What is Adult A's What is Adult B's occupation? 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? ☐ Australia 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) No, English only 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) ☐ No Is an interpreter required? (tick) ☐ Yes ☐ No ❖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 12 or equivalent ☐ Year 11 or equivalent ☐ Year 11 or equivalent ☐ Year 10 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 Adult** A has completed? (tick one) 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 • 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 Select Select months, enter 'N' months, enter 'N'. These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information Main language spoken at home: Preferred language of notices:

☐ Adult A

☐ Adult B

□ Both

□ Neither

Are you interested in being involved in school group

participation activities? (eg. School Council, excursions) (tick)

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS: ADULT B CONTACT DETAILS: Business Hours: Business Hours: Can we contact Adult A at work? Can we contact Adult B at work? ☐ No ☐ No ☐ Yes Yes 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 A usually home AFTER Is Adult B 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: Mobile No: Mobile No: SMS Notifications:** ☐ Yes ☐ No **SMS Notifications:** ☐ Yes ☐ No Adult A's preferred method of contact: (tick one) Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) cannot be sent via phone.) ☐ Email ☐ Phone ☐ Facsimile ☐ Email ☐ Phone ☐ Mail ☐ Mail ☐ Mail **Email address: Email address: Email Notifications: Email Notifications:** ☐ Yes ☐ Yes ☐ No ☐ No Fax Number: Fax Number: PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address No. & Street or PO Box Suburb: State: Victoria Postcode:

Doctor's Name	OCTOR DETAILS:		Individual or (Group Practice	e: □ In	dividual	☐ Group
No. & Street or	PO Box No.:		(tick)				
Suburb:							
State:		Victoria		Postcode:			
Telephone Num	ber			Fax Number			
Current Ambula	nce Subscription:	(tick) Yes	No Medicare	Number:			
RIMARY F A	MILY EMERG	ENCY CONTAC	CTS:				
Name		Relationship (Neighbour, Relative		Telephone	Contact		age Spoke sh Write "E")
1							
2							
3							
4							
No. & Street or I	РО Вох						
State:	Victoria				Postcode:		
Billing Email	☐ Adult A☐ Adult E		ase Specify)				
THER PRIM	ARY FAMILY	DETAILS					
Relationship of	Adult A to Student	t: (tick one)	☐ Parent☐ Foster Parent☐ Friend	☐ Step-Pa ☐ Host Fa ☐ Self	mily [Adoptive Relative Other)
Relationship of	Adult B to Studen	t: (tick one)	☐ Parent☐ Foster Parent☐ Friend	☐ Step-Pa ☐ Host Fa ☐ Self		Adoptive Relative Other	
The student live	s with the Primary	/ Family: (tick one)					
☐ Always	☐ Mostly	□ Bal	anced	☐ Occasiona	ılly [☐ Never	
Send Correspor	ndence addressed	to: (tick one)	☐ Adult A	☐ Adult B	☐ Both Ad	lults	☐ Neither

DEMOGRAPHIC DETAILS OF STUDENT

In which country was	as the student born?					
☐ Australia	☐ Other	(please specify):				
Date of arrival in Austr	ralia OR Date of retur	n to Australia: (dd-	nm-yyyy)	//		
What is the Residentia	I Status of the stude	nt? (tick)	☐ Permane	ent		
Basis of Australian Re	sidency:					
☐ Eligible for Australiar	n Passport] Holds Australian	Passport		
☐ Holds Permanent Re	esidency Visa					
Visa Sub Class:	Visa Sub Class: Visa Expiry Date: (dd-mm-yyyy)					
Visa Statistical Code:	(Required for some sub-c	classes)				
International Student I	D :(Not required for exch	ange students)				
Does the student sp		_				
(If more than one language	<u>_</u>		oken most often)			
☐ No, English only	∐ Ye	s (please specify):				
Does the student spea	k English? (tick)			☐ Ye	es 🗌 No	
❖Is the student of Abori	ginal or Torres Strait I	slander origin? (tick	one)			
□ No			Yes, Aboriginal			
Yes, Torres Strait Isla	ander		Yes, Both Aborig	inal & Torres Strait Islan	der	
What is the student's I	iving arrangements?	(tick one):				
☐ At home with TWO P	Parents/ Guardians] State Arranged C	Out of Home Care # (See	Note)	
☐ At home with ONE P	arent/ Guardian] Homeless Youth			
☐ 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 ving with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community lacements) and living in residential care units with rostered care staff.						
Beginning of journey t			Select	or tanoport details.		
			_ 5.00.	V.D.		
Map Number	XR	eference		Y Reference		
Usual mode of transpo	ort to school: (tick)					
☐ Walking	☐ School Bus	☐ Train	☐ Drive	en 🗌 Ta	ıxi	
Bicycle	☐ Public Bus	Tram	☐ Self I	Driven	her	
If student drives themse	olf to school: Car Re	ea. No.	Dista	nce to School in kilomet	res:	

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

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SCHOOL DETAILS

Date of first enrolment in a	n Australian Sch	ool:	/	/				
Name of previous School/Kindergarten:								
Years of previous educatio	n:			the language of the previous education	?			
Does the student have a Vi	ctorian Student	Number (VSN))?					
☐ Yes. Please specify:		Yes, but the \	/SN is	s unknown		o. The student led a VSN.	nas never t	oeen
Years of interruption to edu	ucation:		the ear?	student repeating a	l 🗆 Y	'es	☐ No	
Will the student be attending	ng this school fu	II time? (tick)			☐ Y	es	☐ No	
If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)								
Other school Name:				Time fraction:	0.	Enrolled:	☐ Yes	□N
Other school Name:				Time fraction:	0.	Enrolled:	☐ Yes	□ N
Conditional Enrolment Details In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx). Enrolment conditions • • •								
OFFICE USE ONLY Has the documentation been	provided and reta	ained on school	ol	☐Yes		☐ No		
records?	F. 2							
Have the conditions been me	t to complete the	enrolment?		Yes]	□ No		

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risl	k?	☐ Yes		□ No		
Is there an Access Alert for the student? (tick)		Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)		☐ No (If No, move to the immunisation / medical condition detail questions.)		
Access Type: (tick)	☐ Parenting Order	☐ Parenting Plan	☐ Interve	ention Order	☐ Protection Order	
	☐ Informal Carer Stat Dec	☐ DHHS Authorisation	☐ Witnes Program (s Protection Order	☐ Other	
Describe any Acces	s Restriction:					
Is there an Activity	Alert for the student? (tick)	☐ Yes ☐ N		□No] No	
If Yes, then describe	the Activity Restriction:					
OFFICE USE ONLY						
Current custody docu	ment placed on student file?	☐ Yes		□No		
authorise the Principa contact me, or it is oth consent medical	or injury to my child whilst a il or teacher-in-charge of my nerwise impracticable to con t to my child receiving such I practitioner, ster such first aid as the Prin	v child, where the Prince tract me to: (cross out medical or surgical att	cipal or tead any unacce tention as m	cher-in-charg eptable stater nay be deem	e is unable to ment) ed necessary by a	
Signature of Parent/G	uardian:		Date:	//		

STUDENT MEDICAL DETAILS **MEDICAL CONDITION DETAILS:** Hearing: Yes ☐ No Vision ☐ Yes □ No Does the student suffer from any of the following impairments? (tick) □No Speech: ☐ Yes □ No Mobility: ☐ Yes Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section ☐ Yes □ No **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 If my child displays any of these symptoms please: (tick) following symptoms: (tick) ☐ No □ Cough Inform Doctor ☐ Yes ☐ No ☐ Yes □ Difficulty Breathing Inform Emergency Contact ☐ No Administer Medication ☐ Yes ☐ Wheeze ☐ No Other Medical Action □ Exhibits symptoms after exertion ☐ Yes ☐ Tight Chest If yes, please specify: ☐ Yes □No Has an Asthma Management Plan been provided to School? Does the student take medication? (tick) ☐ Yes Name of medication taken: Is the medication taken regularly by the student (preventive) or only in response ☐ Preventative Response to symptoms? (tick) Indicate the usual dosage of Indicate how frequently medication taken: the medication is taken: ☐ Student Medication is usually administered by: (tick) ■ Nurse ☐ Teacher Other Medication is stored: (tick) □ with Student □ with Nurse ☐ Fridge in Staff Room Elsewhere Reminder required? (tick) ☐ Yes ☐ No Dosage time **Poison Rating 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) ☐ Yes □ No If yes, please specify: Symptoms: If my child displays any of the symptoms above please: (tick) Inform Emergency Contact ☐ No Inform Doctor ☐ Yes □ No ☐ Yes Administer Medication ☐ Yes □ No Other Medical Action ☐ Yes □ No If yes, please specify:

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☐ Yes

□ with Student

Reminder required? (tick)

Is the medication taken regularly by the student (preventive) or only in

□ No

☐ Student

□ with Nurse

☐ Yes

Name of medication taken:

Indicate how frequently the

☐ Nurse

☐ Fridge in Staff Room

Poison Rating

medication is taken:

☐ No

☐ Preventative

☐ Teacher

Response

☐ Other

Elsewhere

Does the student take medication? (tick)

Medication is usually administered by: (tick)

response to symptoms? (tick)
Indicate the usual dosage of

Medication is stored: (tick)

medication taken:

Dosage time

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.

Doctor's Name:				
Individual or Group Practice: (tick)			☐ Individual	☐ Group
No. & Street or PO Box No.:				
Suburb:				
State:	Victoria	Postcode:		
Telephone Number		Fax Number		
Student Medicare Number:				

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

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

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)								
☐ Walk	Bicycle	☐ Train		☐ Tram				
☐ School Bus	☐ Public Bus	☐ Public Taxi		☐ Driven by parent/carer				
First date of travel? (tick)	First date of travel? (tick) Next school year			/				
Is the student applying to tra	Is the student applying to travel on a school bus or for other travel assistance? (tick)							
Yes		□ No						
Type of travel assistance recompletion of additional form	=							
☐ Access to School Bus		Conveyance Al	lowance					
If by School Bus, please advise local bus stop if known:								
Landmark:	Мар Туре:		Χ	Υ				
Assisted Mobility (if applicable):								
If applicable, specify the stude	nt's mode of assisted mobility.	☐ Wheelchair		☐ Walker				
Comments relevant to trave	l:							
Office Use Only:								
Can the student Individual L	earning Plan (ILP) include trav	el training?	Yes	□ No				
Is the student attending thei	r nearest school?		☐ Yes	□ No				
Does the student reside in D special school)?	Designated Transport Area (DTA	A) (if attending	☐ Yes	□No				
Can the student be accomm	odated on existing route (if app	olicable)?	☐ Yes	□No				
Pick-up Point:			Map Ref:	Time AM:				
Set Down Point:			Map Ref:	Time PM:				
The Department may give acc	ural/Regional Victoria or attending ess to a school bus service or pa ne application process can be obta	y a conveyance	allowance to assis					

Thank you for taking the time to complete this Student Enrolment form. We understand that the

enable staff to properly enrol your child at our school.

information you have provided is confidential and will be treated as such, but the details are required to