



STOP !

Thank you for downloading the Preston Primary School enrolment form.

Please follow these instructions :

- **SAVE** this document onto your computer **before completing**.
- We suggest saving the enrolment form as your **CHILD'S SURNAME**.
- Make sure you save it when completed.
- **Please EMAIL your completed form to preston.ps@education.vic.gov.au** along with copies of :
 1. **your child's Birth Certificate or Passport or Visa.**
 2. **Immunisation Certificate** which you will obtain from the local council, Medicare office or Australian Childhood Immunisation Register (ACIR) on 1800 653 809.
 3. **Proof of Residential Address** – i.e. Rates Notice or Lease Agreement

The Office is happy to photocopy any or all of these documents - please contact us on 9470 1167 if you have any questions.

- **If you require additional forms including:**
 1. **Student enrolment form – alternative family** (if you and your partner are not living together); or
 2. **Student medical condition form**

they are available on our website. Please download, complete and return to preston.ps@education.vic.gov.au



PRESTON 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 Preston Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Preston Primary School and the Department of Education (DET) are required by law to protect the information provided by this enrolment form.

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

Preston 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 Preston Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Janet Paterson if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Preston Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Preston Primary School.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Preston Primary School receives appropriate resource allocations for their students. It is also used by DET 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 DET will not otherwise disclose the information to others without your consent or as required by law.

Immunisation status

This assists Preston Primary School in managing health risks for children. This information may also be passed to the Department of Health and Human Services (DHHS) to assess immunisation rates in Victoria. Information sent to the DHHS is aggregate data so no individual is identified.

Visa status

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

UPDATING YOUR CHILD'S RECORDS

Please let Preston Primary School know if any information needs to be changed by updating information on compass. During your child's time with Preston Primary School 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 Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.

Please call DET's Privacy Manager on (03) 9637 3601 if you would like this information.



PRESTON PRIMARY SCHOOL

Confidential Student Enrolment Form

240 Tyler Street Preston Vic 3072 - 9470 1167 preston.ps@education.vic.gov.au - www.preston-ps.vic.edu.au

STUDENT ENROLMENT INFORMATION 2022

Computer Generated
Student ID:

STUDENT DETAILS

Title :	Miss / Mr	Legal Surname:	
Legal First Given Name:			
Legal Second Given Name (if applicable):			
Preferred Name (if applicable):			
❖ Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date (dd/mm/yyyy): _____ / _____ / _____

PRIMARY FAMILY RESIDENTIAL ADDRESS:

No. & Street details:			Office Use:
Suburb:			
State:		Postcode:	
Postal address if not as above:			
Telephone Number:		Silent Number (tick):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mobile Telephone Number/s: Adult A (Female Male)

Adult B (Male Female)

FAMILY DETAILS

List any other immediate family members attending this school:	
List any siblings due to start school in the future & their date of birth:	

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

OFFICE USE ONLY

Child's Name & Birth Date proof sighted (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date:	
Proof of Address	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
C / S / O	Year Level	Home Group	Authority to publish Y / N / U
What is the student's Immunisation Status: (tick)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Con. Objection (C21=C and add med cond. IMMUNISAT.)
Is there a Medical Alert for the student: (tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Action Plan & Medication supplied: (tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a Disability ID Number: (tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes	ID No.:	Int. Unit ID No.:

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" – If the child's parents are separated & therefore, the child lives at two houses, please fill in an Alternative Family Details form (inserted) for the second household.

ADULT A DETAILS

Gender: Female Male

Legal Surname:	Title (Ms, Mrs, Mr, Dr etc):
Legal First Name:	
What is Adult A's occupation?	
Who is Adult A's employer?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which country was Adult A born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
❖ Does Adult A speak a language other than English at home? (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) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the highest qualification level Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult A? NB: See Office for definitions.	
Would Adult A be interested in helping out the school with School Council, excursions or similar activities? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we contact Adult A at work? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Adult A usually home during business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact Information:	
After Hours: Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	
*NB: The Newsletter will be sent to this address weekly.	

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

ADULT B DETAILS:

NB. If the parents are living in two households, please STOP and put the second parent's details onto an Alternative Family Form, not on here. Thanks

Gender: Male Female

Legal Surname:	Title (Ms, Mrs, Mr, Dr etc):
Legal First Name:	
What is Adult B's occupation?	
Who is Adult B's employer?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)	
<i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i>	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the highest qualification level Adult B has completed? (tick one)	
<input type="checkbox"/> Bachelor Degree or above	
<input type="checkbox"/> Advanced Diploma / Diploma	
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult B?	
NB: See Office for definitions.	
Would Adult B be interested in helping out the school with School Council, excursions or similar activities? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we contact Adult B at work? (tick)	Is Adult B usually home during business hours?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact Information:	
After Hours: Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	
*NB: The Newsletter will be sent to this address weekly.	

OTHER PRIMARY FAMILY DETAILS:

Main language spoken at home:
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❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name <small>(Other than parents / guardians)</small>	Relationship <small>(Grandparent, Neighbour, Aunt/Uncle, Friend or Other)</small>	Telephone Contact Numbers:	Language Spoken <small>(If English Write "E")</small>
1				
2				
3				
4				

PRIMARY FAMILY DOCTOR DETAILS:

Doctor or Clinic Name:	
Individual or Group Practice (tick):	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or Box No.:	
Suburb:	
State:	Postcode:
Telephone Number:	

Do you have a Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the primary family have a current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Medicare Number:	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student (tick one):	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student (tick one):	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family (tick one):
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

Send Correspondence addressed to (tick one):	<input type="checkbox"/> Both Adults <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
What is the Residential Status of the student: (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport (Must provide copy) <input type="checkbox"/> Holds Permanent Residency Visa (Must provide copy)	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)	____ / ____ / ____
Visa Expiry Date (dd-mm-yyyy): ____ / ____ / ____	Visa Sub Class: _____
Visa Statistical Code / International ID:	
<small>(Office Use Only : Required for some sub-classes)</small>	
❖ Does the student speak a language other than English at home? (tick)	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify): <small>* If more than one language is spoken at home, indicate the one that is spoken most often</small>	
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, Both 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 (Alternative family form required when the parents live in two households) <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 (kith & kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff. See attached note for a full explanation of Living Arrangement codes.

SCHOOL DETAILS

Prep enrolments - Name of child's Kindergarten:	
OR	
Upper year enrolments - Name of previous School:	
Date of first enrolment in an Australian School:	____ / ____ / ____
What was the language of the student's previous education?	
Is the student repeating a year? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student have an Integration Aide at previous school? (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 , how many days will the student will be attending this school?	

STUDENT RESTRICTIONS DETAILS

ACCESS RESTRICTIONS

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? eg sport (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a

STUDENT MEDICAL AND IMMUNISATION DETAILS

MEDICAL CONDITION DETAILS:

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

* If yes please fill in a School Asthma Management Plan available from the School Office OR If you already have an Asthma Management Plan from your doctor, please bring it into school and we will make a copy to be kept at the school.
NB. Asthma medication & a SPACER must be given to the school before your child commences.

Does the student suffer from Anaphylaxis? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you supplied an Epipen & action plan to the school? ** (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

** If no, an Epipen & Anaphylaxis action plan must be given to the school before your child commences.

Please note: It is a DET requirement that all Asthma & Anaphylaxis Management Plans need to be updated and provided to the school on an ANNUAL basis.

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
Immunisation Certificate Provided? or If Conscientious Objection – have you provided a letter from your doctor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER MEDICAL CONDITIONS

Does the student have any other medical condition?*** (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*** If yes please complete a Medical Conditions form available at the School Office.

PARENTAL / GUARDIAN AUTHORISATION AND CONSENT

Your permission is for the duration of your child's time at Preston Primary School.

1. **INTERNET ACCESS PERMISSION** I consent to my child using the Internet at school for educational purposes. I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material. Yes No

EMAIL PERMISSION I consent to my child corresponding with authorised people, using email through the school's Internet access. I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material. Yes No

PUBLICITY PERMISSION I consent to my child's photograph (individual/small group) to be used in publications or broadcasts related to school activities, e.g. school webpage, Wednesday Weekly (school newsletter). Yes No

Parent / Guardian Signature

2. 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.

Parent / Guardian Signature

3. I agree to support the School's Compulsory Uniform Policy and the Student Welfare and Discipline Policy and other School Rules. See School Websites for full policies.

Parent / Guardian Signature

4. I give permission for my child to participate in any local excursion where transport is not required (i.e. walking to the local sports ground, park etc.).

Parent / Guardian Signature

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.

Adult A : Name

Signature

Date: ____ / ____ / ____

Adult B : Name

Signature

Date: ____ / ____ / ____