

SUNBURY PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2022	Computer Generated Student ID:								
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STUDENT DETAILS

Surname:	Title: (Miss Ms Mr)
First Given Name:	Second Given Name:
Preferred Name (if applicable):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self described
Birth Date / /	
Proof of birth date must be provided	
List any other family members attending this school:	

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

FAMILY DETAILS

Adult A Details (Primary Carer):

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:		
First Name:		
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify)	
Adult A's occupation?		
Adult A's employer?		
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? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<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 level of the highest qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A?		
Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

Adult B Details:

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr etc)
Surname:		
First Name:		
Relationship to student:	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify):	
Adult B's occupation?		
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? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<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 level of the highest qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B?		
Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

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.

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)

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Mobile No:		
SMS Notifications: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Adult A's preferred method of contact: (tick one) If phone is selected, email shall be used for communication that cannot be sent via phone.	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
	<input type="checkbox"/> Email	
Email address:		
Email Notifications: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADULT B CONTACT DETAILS

Business Hours

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Mobile No:		
SMS Notifications (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Adult B's preferred method of contact: (tick one) If phone is selected, email shall be used for communication that cannot be sent via phone.	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
	<input type="checkbox"/> Email	
Email address:		
Email Notifications (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or Box No.			
Suburb:	State:	Postcode:	
Telephone Number	Silent Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:	Fax Number:		

PRIMARY FAMILY MAILING ADDRESS: Write "As Above" if the same as Family Home Address

No. & Street: or Box No.			
Suburb:	State:	Postcode:	

PRIMARY FAMILY DOCTOR DETAILS:

Practice Name:	Phone No:	
Suburb:	State:	Postcode:
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicare Number:		

PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN ADULT A OR ADULT B):

	Name	Relationship (Neighbour, Relative, Friend or Other)	Daytime Telephone Contact	
1			B/H:	M:
2			B/H:	M:
3			B/H:	M:

OTHER PRIMARY FAMILY DETAILS

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

❖ In which country was the student born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____	
		Arrival or Return Date ____ / ____ / ____	
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 <input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: ____ / ____ / ____	Visa Statistical Code: (Required for some sub-classes)	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)			
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____	
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, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <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 <input type="checkbox"/> State Arranged Out of Home Care # (See Note)	
# 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 and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.			
STUDENT RELIGION:			

SCHOOL DETAILS

Date of first enrolment in an Australian School: ____ / ____ / ____	Name of previous School or Kindergarten: _____				
Years of previous education: _____	Language of previous education? _____				
Is the student a repeat student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student an Integration student? (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

STUDENT ACCESS 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, complete the following questions and present a current copy of the document to the school) <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 and attach copy of current document:			

STUDENT MEDICAL DETAILS

Does the student suffer from any Medical Conditions? (If Yes, please list)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical Condition/Allergy	Symptoms and further information					
LIFE THREATENING ALLERGIES OR CONDITIONS SUCH AS ASTHMA REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED						
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

ACCIDENT CONSENT FORM

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.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Print Name: _____

SIGNATORY

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/We certify that the information contained within this form is correct.

Name of Parent/Guardian A: _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian B: _____ Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Both Parent's must sign this form if there is a shared custody order in place.

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level			Home Group	
Immunisation Certificate Status?: (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
Authority to Publish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Custody/Intervention orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation letter sent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date letter sent	

RESPECT FOR SCHOOL STAFF POLICY

PURPOSE

To ensure that members of our community understand Sunbury Primary School's expectations for appropriate interactions with school staff.

POLICY

Staff at Sunbury Primary School, including teachers, education support staff, office staff, the assistant principal/s and principal are committed to providing a supportive learning environment for all our students. Our staff take their work very seriously and feel privileged to be able to play an important role in each child's education.

All staff at Sunbury Primary School have a right to a safe and supportive work environment.

Sunbury Primary School expects that all parents/carers and visitors to our school behave in an appropriate and respectful manner to school staff at all times.

There will be a zero tolerance approach to any aggression, intimidation, threats or harassment of school staff, by any means (e.g. in person, by phone, by email, on social media etc). These behaviours may lead to exclusion from school grounds and school activities.

The principal may report aggressive, intimidating, threatening or otherwise inappropriate conduct to Victoria Police. The Department of Education and Training may also take legal or other appropriate action against community members or parents/carers who pose a threat to the safety and wellbeing of school staff.

Sunbury Primary School expects all members of our community to act consistently with our *Statement of Values*. We are committed to ensuring that staff, parents/carers and students are able to work together in an appropriate and respectful way.

REVIEW CYCLE

This policy was last updated in December 2018 and is scheduled for review in December 2021.

SUNBURY PRIMARY SCHOOL

The Heights
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Sunbury 3429

Telephone: 9744 9744
Facsimile: 9744 9799

E-mail: sunbury.ps@edumail.vic.gov.au



Consent for Publications/Media & Local Community Walking Excursions

Dear Parents

Please complete the following form and return to school as soon as possible.

Childs' Name: _____

Consent

These consents are ongoing. If you wish to withdraw consent, please inform the school in writing.

CONSENT TO PUBLICATIONS

Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and enable parents and others to be informed about the school's work. Since photographs on websites are available to the whole world, Department of Education guidelines aim to ensure student's safety by requiring staff not to link student's name to their photographs.

- A** I give consent for photographs that include the students to be published in school print publications, such as the newsletter. Yes No
- B** I give consent for **photographs** that include the students to be published on the school internet site and in other electronic publications. Yes No

CONSENT TO THE MEDIA

- C** I give consent for the student to be photographed, filmed or interviewed and their given name and surname to be published by **newspapers, radio and television** in stories about education and school activities. The media may also publish the name of the school the student attends. Yes No

CONSENT TO PARTICIPATE IN LOCAL AND COMMUNITY WALKING EXCURSIONS

From time to time classes may need to attend local activities within walking distance of the school grounds. For example children may go to Victoria University, Galaxy Land, Sunbury Library, tree planting, examining local modern and historic housing to name a few.

This form will cover all of these types of visits in the local school area.

You will be notified when one of these visits is to take place, but won't need to fill in a permission form on each occasion.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary

Signed: _____ Date: _____