

**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 Caulfield South P.S. can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Caulfield South P.S. and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Caulfield South P.S. 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.

Caulfield South P.S. 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 Caulfield South. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal 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 Caulfield South.

**Student Background Information**

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the school receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

**Immunisation status**

This assists 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 so no individual is identified.

**Visa status**

This information is required to enable the 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 school on 03 9578 3718 or by email [caulfield.south.ps@edumail.vic.gov.au](mailto:caulfield.south.ps@edumail.vic.gov.au) to update any information. During your child's time with Caulfield South 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. Caulfield South 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.





# CAULFIELD SOUTH PRIMARY SCHOOL

**STUDENT ENROLMENT FORM – 2018**

Computer Generated  
Student ID:

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**PLEASE NOTE - THE FOLLOWING FORMS MUST ACCOMPANY YOUR APPLICATION:**

- An Immunisation Certificate**  
available from - Medicare offices  
- [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)  
- Phone 1800 653 809
- Proof of date of birth**  
eg (Birth Certificate or Passport)  
(Please present originals for photocopying)
- In Zone Residents - Proof must be provided**  
(If renting - Lease Agreement and Current Gas/Electricity bill  
If Owner Occupier – Contract of Sale and Gas/Electricity bill)  
(Please present originals for photocopying)

**Original documents must be sighted**

## STUDENT DETAILS - PERSONAL DETAILS OF STUDENT

<b>Title:</b> <small>(Miss Ms Mr)</small>	<b>Surname:</b>
<b>First Given Name:</b>	
<b>Second Given Name:</b>	
<b>Preferred Name</b> (if applicable):	
❖ <b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date:</b> (dd-mm-yyyy)    ____ / ____ / ____

### PRIMARY FAMILY HOME ADDRESS:

<b>Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Silent Number:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mobile Number:</b>	<b>Fax Number:</b>
<b>Mailing Address</b> <small>(Write 'as above' if same as Home address)</small>	

### OFFICE USE ONLY

<b>Child's Name &amp; Birth Date proof sighted</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Enrolment Date:</b>	
<b>Immunisation Certificate received?:</b> (tick) <input type="checkbox"/> Complete <input type="checkbox"/> Not sighted		
<b>Year Level</b>	<b>Home Group</b>	<b>House</b>
<b>Is there a Medical Alert for the student?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Does the student have a Disability ID Number?</b> (tick) <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Disability ID No.:</b>	
<b>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?</b> (tick) For prep students only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		

## FAMILY DETAILS

<b>List any other family members attending this school:</b>
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❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information.

# PRIMARY FAMILY DETAILS

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.**

These additional forms are designed to cater for varying family circumstances, such as separated parents.

## ADULT A DETAILS (PRIMARY CARER):

<b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult A speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Main language spoken at home:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (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
<b>❖ What is the level of the <i>highest</i> qualification the Adult A has completed?</b> (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
<b>❖ What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list. • 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: (PRIMARY CARER):

<b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
<b>❖ Does Adult B speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Main language spoken at home:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult B has completed?</b> (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
<b>❖ What is the level of the <i>highest</i> qualification the Adult B has completed?</b> (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
<b>❖ What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list. • 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'.

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

## DEPARTMENT OF EDUCATION AND TRAINING

I have read and agree to abide by the DET Statement of Values. (see attached)

Are you interested in being involved in school group participation activities? (eg. School Council, Excursions, Parents' Association) (tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
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## 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:		
Other Work Contact information:		
Email address:		

### 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:		
Other Work Contact information:		
Email address:		

#### After Hours:

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

#### After Hours:

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

## PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Telephone:
Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
Address	
Suburb	Postcode:
Current Ambulance Subscription: (tick)	Medicare Number:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PRIMARY FAMILY EMERGENCY CONTACTS: (OTHER THAN PARENTS)

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

## OTHER PRIMARY FAMILY DETAILS

<b>Relationship of Adult A to Student:</b> (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
<b>Relationship of Adult B to Student:</b> (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

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

<b>Send Correspondence addressed to:</b> (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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## ADDITIONAL/ALTERNATIVE FAMILY

<b>Is there an additional/alternative family that you wish to record for contact and report purposes?</b> ( <i>eg. separated parents</i> )
Yes <input type="checkbox"/> (Contact school office for relevant forms)
No <input type="checkbox"/>

# DEMOGRAPHIC DETAILS OF STUDENT

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yy)    ____ / ____ / ____	
<b>What is the Residential Status of the student:</b> (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b> (Photocopy of Visa is required)	<b>Visa Expiry Date:</b> (dd-mm-yyy)    ____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes)	
<b>International Student ID</b> (Not required for exchange students)	
<b>❖ Does the student speak a language other than English at home?</b> (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): _____
<b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (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
<b>What is the student's living arrangements?</b> (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

<b>Student's Religion:</b>
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# 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.

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

## SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous school:	
Name of Kindergarten attended: (Prep enrolments only)	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Yes, but VSN unknown	
<input type="checkbox"/> No. The student has never been issued a VSN	
Years of interruption to education:	Is the student repeating a year? (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 <b>No</b> , 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:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CONDITIONAL ENROLMENT DETAILS — (TO BE COMPLETED BY THE SCHOOL IF APPLICABLE)

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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information.

<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>

Enrolment conditions
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

## OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

## ACCESS RESTRICTIONS

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (tick)	<input type="checkbox"/> Yes If Yes, then 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.)		
<b>Access Type:</b> (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				

## ACTIVITY RESTRICTIONS

<b>Is there an Activity Alert for the student?</b> (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
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# STUDENT MEDICAL DETAILS

## IMMUNISATION DETAILS OF STUDENT (IMMUNISATION STATUS CERTIFICATE REQUIRED)

<b>What is the student's Immunisation Status:</b> (tick)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Not Immunised
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### MEDICAL CONDITION DETAILS:

<b>Does the student suffer from any of the following impairments?</b> (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
<b>Does the student suffer from Asthma? **</b> (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.

<b>Please indicate if the student suffers from any of the following symptoms:</b> (tick)	<b>If my child displays any of these symptoms please:</b> (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:
<b>Has an Asthma Management Plan been provided to School?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the student take medication?</b>	<b>Name of medication taken:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b>	
<input type="checkbox"/> Preventative <input type="checkbox"/> Response	
<b>Indicate the usual dosage of medication taken:</b>	<b>Indicate how frequently the medication is taken:</b>
<b>Medication is usually administered by:</b>	
<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
<b>Medication is stored:</b>	
<input type="checkbox"/> with Student <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
<b>Dosage time</b>	<b>Reminder required?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Poison Rating</b>	

### OTHER MEDICAL CONDITIONS (More copies of the 'other medical condition' forms are available on request from the school.)

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

## 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.

<b>Doctor's Name</b>	<b>Telephone:</b>
<b>No. &amp; Street</b>	
<b>Suburb</b>	<b>Postcode:</b>
<b>Medicare Number:</b>	

## STUDENT EMERGENCY CONTACTS

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

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Telephone Contact</b>	<b>Language Spoken</b> (If English Write "E")
1				
2				

## PARENT CONSENT

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# 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)

# LIVING ARRANGEMENTS EXPLANATORY NOTES

Student living arrangement information is one component of the Student Learning Needs (SLN) index.

## **(B) At home with TWO parents / guardians**

Where student has regular access to two adults to support them with their education

## **(O) At home with ONE parent / guardian**

Where student has regular access to one adult to support them with their education

## **(A) Arranged by State-Out of Home Care**

Students to be entered in this category are those ***who have been subject to protective intervention by the Department of Human Services*** and live in one of the following 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. In Victoria, approximately 4000 children and young people live in out of home care. Students entered in this category are those that the Partnering Agreement: School Attendance and Engagement of Children and Young People in Out of Home Care has been developed to support.

In order to monitor the educational outcomes for this cohort, it is necessary to accurately record and maintain the attendance and achievement records of these students.

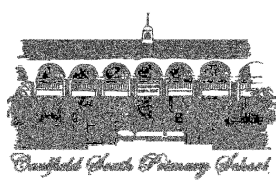
## **(H) HOMELESS Youth:**

- ♦ Have parents who cannot exercise their parental responsibilities, **or**
- ♦ Finds it unreasonable to live at home because there is:
  - extreme family breakdown;
  - serious risk if they continue to live in the parental home;
  - consistent deprivation of basic necessities such as food, water, clothing, shelter, sleep etc.;
  - threat to health and wellbeing through drug or alcohol abuse, criminal or illegal activity or violence in the home; **or**
- ♦ Are a refugee or orphan not living with parents / guardians

## **(I) INDEPENDENT students (with extended family or arranged private board):**

- ♦ Have to live away from home to study
- ♦ Are or has been married or has been living in a marriage-like relationship for at least 12 months, **or**
- ♦ Have a dependant child, **or**
- ♦ Have worked at least 30 hours per week for at least 18 months during the past 2 years





## STATEMENT OF VALUES

### PROMOTING HEALTHY, SAFE AND RESPECTFUL SCHOOL COMMUNITIES

Caulfield South Primary School recognises the importance of the partnership between schools and parents to support student learning, engagement and wellbeing. We share a commitment to, and a responsibility for, ensuring inclusive, safe and orderly environments for children and young people.

This Statement of Values sets out our behavioural expectations of all members in this school community, including the principal, all school staff, parents, students and visitors. It respects the diversity of individuals in our school community and addresses the shared responsibilities of all members in building safe and respectful school communities.

Discrimination, sexual and other forms of harassment, bullying, violence, aggression and threatening behaviour are unacceptable and will not be tolerated in this school.

Our Statement of Values acknowledges that parents and school staff are strongly motivated to do their best for every child. Everyone has the right to differing opinions and views and to raise concerns, as long as we do this respectfully as a community working together.

### RESPONSIBILITIES

#### AS PRINCIPALS AND SCHOOL LEADERS, WE WILL:

- Work collaboratively to create a school environment where respectful and safe conduct is expected of everyone.
- Behave in a manner consistent with the standards of our profession and meet core responsibilities to provide inclusive, safe and orderly environments.
- Plan, implement and monitor arrangements to ensure the care, safety, security and general wellbeing of all students in attendance at the school is protected.
- Identify and support students who are or may be at risk.
- Do our best to ensure every child achieves their personal and learning potential.
- Work with parents to understand their child's needs and, where necessary, adapt the learning environment accordingly.
- Respond appropriately when inclusive, safe or orderly behaviour is not demonstrated and implement appropriate interventions and sanctions when required.
- Make known to parents the school's communication and complaints procedures.
- Ask any person who is acting in an offensive or disorderly way to leave the school grounds.

#### AS TEACHERS AND ALL NON-TEACHING STAFF, WE WILL:

- Model positive behaviour to students consistent with the standards of our profession.
- Proactively engage with parents about student outcomes.
- Work with parents to understand the needs of each student and, where necessary, adapt the learning environment accordingly.
- Work collaboratively with parents to improve learning and wellbeing outcomes for students with additional needs.
- Communicate with the principal and school leaders in the event we anticipate or face any tension or challenging behaviours from parents.
- Treat all members of the school community with respect.

#### AS PARENTS, WE WILL:

- Model positive behaviour to our child.
- Ensure our child attends school on time, every day the school is open for instruction.
- Take an interest in our child's school and learning.
- Work with the school to achieve the best outcomes for our child.
- Communicate constructively with the school and use expected processes and protocols when raising concerns.
- Support school staff to maintain a safe learning environment for all students.
- Follow the school's complaints processes if there are complaints.
- Treat all school leaders, staff, students, and other members of the school community with respect.

#### AS STUDENTS, WE WILL:

- Model positive behaviour to other students.
- Comply with and model school values.
- Behave in a safe and responsible manner.
- Respect ourselves, other members of the school community and the school environment.
- Actively participate in school.
- Not disrupt the learning of others and make the most of our educational opportunities.

### **AS COMMUNITY MEMBERS, WE WILL:**

- Model positive behaviour to the school community.
- Treat other members of the school community with respect.
- Support school staff to maintain a safe and orderly learning environment for all students.
- Utilise the school's communications policy to communicate with the school.

### **THE DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT WILL:**

- Provide support and advice to principals to equip them to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools respond to and prevent bullying and promote cyber-safety and wellbeing.
- Provide access to evidence based resources and strategies to increase student safety, wellbeing and engagement.
- Provide schools with practical and legal support as required.
- Provide parents with practical guidance and resources to resolve conflicts with the school.

## **CONSEQUENCES FOR FAILING TO UPHOLD THE STATEMENT OF VALUES**

### **UNREASONABLE BEHAVIOURS**

Behaviours that are considered inappropriate on and adjacent to school grounds or in relation to school business and that do not uphold the principles of this Statement of Values include when a person:

- is rude, aggressive or harasses others
- sends rude, confronting or threatening letters, emails or text messages
- is manipulative or threatening
- speaks in an aggressive tone, either in person or over the telephone
- makes sexist, racist or derogatory comments
- inappropriately uses social media as a forum to raise concerns/make complaints against the school
- is physically intimidating, e.g. standing very close.

### **CONSEQUENCES**

Principals are responsible for determining what constitutes reasonable and unreasonable behaviour.

Unreasonable behaviour and/or failure to uphold the principles of this Statement of Values may lead to further investigation and the implementation of appropriate consequences. This may include:

- utilising mediation and counselling services
- alternative communication strategies being applied
- formal notice preventing entry onto school premises or attendance at school activities. Written notice will follow any verbal notice given.
- an intervention order being sought
- informing the police which may result in a charge of trespass or assault

By agreeing to meet specified standards of positive behaviour, everyone in our school community can be assured that they will be treated with fairness and respect. In turn, this will help to create a school that is safe and orderly, where everyone is empowered to participate and learn.