



**FLEETWOOD PRIMARY SCHOOL**  
Fleetwood Drive  
NARRE WARREN VIC 3805

Telephone: 9705 2281  
Edumail: [fleetwood.ps@education.vic.gov.au](mailto:fleetwood.ps@education.vic.gov.au)

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## FOUNDATION INFORMATION FORM

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male  Female

**Kindergarten/ Childcare Centre:**

\_\_\_\_\_

**Group:**

\_\_\_\_\_

Full names of siblings: (at school)

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Full names of siblings: (at home)

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Did your child attend either/both: (please circle) 3 year old kindergarten  
Child Care or  
Creche

If so where: \_\_\_\_\_

Medical information: eg. Illness, allergies, asthma, etc. \_\_\_\_\_

Or other relevant information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT ENROLMENT INFORMATION – 20\_\_

Computer Generated Student ID: \_\_\_\_\_

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

Surname: _____		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name: _____			
Second Given Name: _____			
Preferred Name (if applicable): _____			
<input checked="" type="checkbox"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)			
Student Mobile Number: _____		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

### PRIMARY FAMILY HOME ADDRESS:

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

### 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	_____	Timetabling Group	_____
Student Email Address:		_____			
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.: _____	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

## FAMILY DETAILS

List any other family members attending this school:

❖ 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):

<b>Gender :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
<b>Title:</b> (Ms, Mrs, Mr, Mx, 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>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 highest 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'. <input type="checkbox"/>

WWCC Number

❖ Expiry / /

### ADULT B DETAILS:

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
<b>Title:</b> (Ms, Mrs, Mr, Mx, 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>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 highest 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'. <input type="checkbox"/>

WWCC Number

Type    E    V    (please circle)

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:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

## 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:	

### 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:	

#### After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

#### After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

### PRIMARY FAMILY MAILING ADDRESS:

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

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

**PRIMARY FAMILY DOCTOR DETAILS:**

<b>Doctor's Name</b>		<b>Individual or Group Practice:</b> (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
<b>No. &amp; Street or PO Box No.:</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Current Ambulance Subscription:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Medicare Number:</b>	

**PRIMARY 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				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

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

<b>No. &amp; Street or PO Box</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Billing Email</b>	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)

**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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# 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-yyyy)    ____ / ____ / ____	
<b>What is the Residential Status of the student? (tick)</b>	<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>	<b>Visa Expiry Date:</b> (dd-mm-yyyy)    ____ / ____ / ____
<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? (tick)</b> ( 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? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>	
<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>Is the student a young carer (providing support/care for other family member/s)? (tick one)</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>What is the student's living arrangements? (tick one):</b>	
<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	

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school: (tick)</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

❖ 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:	
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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
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"/>	
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
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

## 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 Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

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

<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"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<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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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# STUDENT MEDICAL 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) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 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) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		<b>If my child displays any of these symptoms please:</b> (tick) 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>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> (tick) <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> (tick) <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> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
<b>Medication is stored:</b> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
<b>Dosage time</b>		<b>Reminder required?</b> (tick) <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> (tick) <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> (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <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> (tick) <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> (tick) <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> (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
<b>Medication is stored:</b> (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
<b>Dosage time</b>		<b>Reminder required?</b> (tick) <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>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student 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>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				

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)

## EAL STUDENT INFORMATION

Student's full name: ensure correct spelling and pronunciation –			
Date of birth:			
Country of birth:			
When did he/she arrive in Australia?			
What language does your parent/s speak?			
What is his/her first language?			
Is he/she literate in his/her parent's language?			
Has he/she gone to kindergarten? Own country ___ Australia ___			
Has he/she attended a school in Australia? How long were they at the school/s?			
Has he/she been to an English Language School? Name? How long?			
What language/s does he/she speak at home?			
Does he/she speak English?			
How long has he/she spoken English?			
How much English is spoken at home?			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">None</td> <td style="width: 33%;">50%</td> <td style="width: 33%;">100%</td> </tr> </table>	None	50%	100%
None	50%	100%	
Where and with whom does he/she speak English?			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">School</td> <td style="width: 33%;">Friends</td> <td style="width: 33%;">Relatives</td> </tr> </table>	School	Friends	Relatives
School	Friends	Relatives	
Where and with whom does he/she speak to in his/her parent's language?			
Has he/she lived in other countries besides Australia and his/her homeland?			

## EAL STUDENT INFORMATION

	Brothers	Sisters
Write the name and ages of any brothers and sisters in the places provided		

Other
Interests?
Friends at our school?

## PURPOSE

Research shows that parents involved in their child's school have a positive effect on their learning. Effective parental involvement in your child's education impacts on the success that a child achieves from that educational experience, academically, socially and emotionally.



## SCHOOL RULES

1. We follow ALL staff instructions with good grace.
2. We use good manners when speaking and listening.
3. We allow others to learn and play without interference.
4. *We solve problems calmly, fairly and sensibly.*
5. We keep hands, feet and objects to ourselves.
6. We take care of our own property and the property of others.
7. We move around the school in a safe and orderly manner, playing in the correct areas.

## School

### The school will:

- Support and build your child's physical, social and emotional health and wellbeing by developing their confidence and self esteem.
- Facilitate a balanced and carefully planned curriculum which meets student needs.
- Provide a range of enriching activities designed to enhance learning experiences.
- Welcome parents/guardians into the school to participate and support student learning and arrange meeting times to discuss any issues that parents/guardians or students may have about student progress or general welfare.
- Keep you informed about school matters.
- Ensure that staff keep up to date on important educational developments and DEECD initiatives which might impact upon families or educational programs.

## Parents/Carers

### I/We undertake to:

- Ensure that my child attends school daily and if my child is absent, I must notify the school in writing of such an absence.
- Ensure that my child arrives, on time and is collected promptly at the end of the school day.
- Support the school's policies and guidelines on learning and behaviour.
- Support my child in his/her home learning and wherever possible, discuss with my child the value of a good education for life.
- Ensure that my child goes to bed at a reasonable time on weekdays.
- Attend Parent/Teacher meetings and information sessions about my child's progress at school.
- Make an appointment to discuss school issues and attend these meetings in a positive manner with a solution focus.
- Work with the school to promote a positive school spirit.
- Ensure my child has a healthy snack, lunch and brings a water bottle to school daily.

## Agreement

By the signing of this agreement, all parties are showing a commitment to work together, as a team for the benefit of the student.

**Teacher:**

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**Parents/Carers:**

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**Pupil:**

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**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Parent Authorisation Form

Students Name.....Grade.....

## AUTHORISATION FORM - PUBLICATION OF PHOTOGRAPHS/MEDIA

The students of Fleetwood Primary School could be featured in newspaper articles and photographs highlighting the outstanding achievements of individuals and the exemplary programs offered by the school. It is recommended that we gain approval before photographs and children's names are made public.

Throughout the year we will continue to develop Fleetwood Primary's Web page and Facebook site to promote information about our school. Your child's work and/or photos of them may be displayed on the Web Page, which will be published on the internet. Students may also appear in web sites promoting the school eg Casey Council or Department of Education web sites.

Your daughter / son will continue to own the copyright on the work to be published. Under no circumstances will any personal information such as surnames, home addresses or phone numbers be published on the Internet by the school.

Yes, I am happy for my child/ren's photograph and name to be used in the media or to publicise / promote the school and its activities. This includes Fleetwood Primary School's website, school cds/dvds eg camps, school production, school activities, newsletter, local radio, local newspapers, Fleetwood Primary Schools Facebook page and any sites promoting Fleetwood Primary School.

Signature(s) of Parent/Guardian .....Parent Name (please print).....

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## AUTHORISATION FORM – LOCAL EXCURSIONS

On occasion your child may take part in local excursions that are within walking distance of the school eg local parks or the reserve at the back of Fleetwood Primary School. These trips involve no transport and no expense.

I understand that my child is expected to behave according to the behaviour code set by the school. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical, first aid or surgical treatment as may be deemed necessary. I understand that emergency transport may be by private car, and that such car will have full comprehensive insurance.

I give permission for my child to participate in local excursions.

Signature(s) of Parent/Guardian .....Parent Name (please print).....

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## AUTHORISATION FORM – PG RATED MOVIES

I consent to my child watching PG movies considered appropriate for him/her to view by the staff of Fleetwood Primary School. I understand that any movies shown will be viewed previously by a member of the staff to ensure that they are appropriate. Films will be screened to groups of students during school hours or at school events such as school camp.

I give permission for my child to watch PG rated movies.

Signature(s) of Parent/Guardian .....Parent Name (please print).....





# DIGITAL TECHNOLOGIES ACCEPTABLE USE AGREEMENT

Fleetwood Primary School is committed to the safe and responsible use of technologies. We believe the teaching of cybersafety, responsible online behaviour and using technologies correctly is essential in the lives of students and is best taught in partnership between home and school.

Twenty first century students spend increasing amounts of time online, learning and collaborating. To be safe online and to gain the greatest benefit from the opportunities provided through an online environment, students need to do the right thing by themselves and others online, particularly when no one is watching. Students must also develop the ability to willingly balance screen time with device free time (DFT).

Fleetwood Primary School will use digital technology in the following situations:

- Class based learning and modelling
- Remote Learning (Google Classroom)
- Approved school apps (eg. Mathletics, Literacy Planet)
- Learning research, resource production
- Social media posts to our school community
- School based organisation and communication via Compass (Attendance, newsletters etc.)

Safe and responsible behaviour is explicitly taught at our school in the Digital Learning specialist subject and parents/carers are requested to reinforce this behaviour at home.

## **Part A - School support for the safe and responsible use of digital technologies**

Fleetwood Primary School uses the internet and digital technologies as teaching and learning tools. We see the internet and digital technologies as valuable resources, but acknowledge they must be used responsibly.

Your child has been asked to agree to use the internet and mobile technologies responsibly at school. Parents/carers should be aware that the nature of the internet is such that full protection from inappropriate content can never be guaranteed. At Fleetwood Primary School we:

- have policies in place that outline the values of the school and expected behaviours which are relevant when students use digital technology and the internet
- provide a filtered internet service
- provide supervision and direction in online activities and when using digital technologies for learning
- support students in developing digital literacy skills
- explicitly teach about the importance of cyber safety
- have partnered with the Cyber Safety Project to educate staff, students and the community
- use mobile technologies for educational purposes
- will provide cyber safety support to families through Compass and Facebook
- work with students to outline and reinforce the expected school wide positive behaviours around internet usage



# DIGITAL TECHNOLOGIES ACCEPTABLE USE AGREEMENT

## **Part B - Student Agreement**

### **When I use digital technology I agree to:**

- be a safe, responsible and respectful user whenever and wherever I use it
- support others by being respectful in how I communicate with them and never write or participate in online bullying (this includes forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviour)
- talk to a teacher or trusted adult if I feel uncomfortable or unsafe online or see others participating in unsafe, inappropriate or hurtful online behaviour
- seek to understand the terms and conditions of websites and online communities and be aware that content I upload or post is my digital footprint
- protect my privacy rights and those of other students by not giving out personal details including full names, telephone numbers, addresses and images
- use the internet for educational purposes and use the equipment properly
- abide by copyright procedures when using content on websites (ask permission to use images, text, audio and video and cite references where necessary)
- think critically about other users and how I use content posted on the internet
- not interfere with network security, the data of another user or attempt to log into the network with a username or password of another student
- not reveal my password to anyone except the system administrator or the teacher
- not bring/download unauthorised programs/games, to school or run them on school devices

Although all agreement conditions may not be totally understood by some of our younger students it is vital that parents read the form carefully and if appropriate discuss certain aspects of it with their children. This will further reinforce the instruction provided by teachers on the school's usage requirements where aspects of security, safety, privacy, copyright and respect for others and the system will be discussed.

I have read the Acceptable Use Agreement carefully and understand the significance of the conditions and agree to abide by these conditions. I understand that any breach of these conditions will result in internet and digital technology access privileges being suspended or revoked. As a parent, I also understand that whilst all due care will be taken in controlling the information which can be accessed, Fleetwood Primary School, including staff members and school councillors will not be held responsible for consequences arising from my child's use of the internet and digital technologies.

Student Name:	
Student Signature:	
Parent/Carer Signature:	
Date:	
For further support with online issues students can call Kids Helpline on 1800 55 1800. Parents/carers can call Parentline 132289 or visit: <a href="http://www.cybersmart.gov.au/report.aspx">http://www.cybersmart.gov.au/report.aspx</a>	

## SCHOOLS' PRIVACY POLICY

The Department of Education and Training (which includes all Victorian government schools, central and regional offices) values the privacy of every person and is committed to protecting information that schools collect.

All staff including contractors, service providers and volunteers of the Department, and this Victorian government school (**our school**), must comply with Victorian privacy law and this policy.

In Victorian government schools the management of 'personal information' and 'health information' is governed by the *Privacy and Data Protection Act 2014* (Vic) and *Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**). This policy explains how our school collects and manages personal and health information, consistent with Victorian privacy law.

### CURRENT VERSION OF THIS POLICY

This policy will be regularly reviewed and updated to take account of new laws and technology and the changing school environment when required. Please ensure you have the current version of this policy.

### DEFINITIONS

**Personal information** is information or opinion, whether true or not, about a person whose identity is apparent, or can reasonably be ascertained, from the information or opinion – that is recorded in any form. For example, a person's name, address, phone number and date of birth (age). De-identified information about students can also be personal information.

**Health information** is information or opinion about a person's physical, mental or psychological health or disability, that is also personal information – whether in writing or not. This includes information or opinion about a person's health status and medical history, immunisation status and allergies, as well as counselling records.

**Sensitive information** is information or opinion about a set of specific characteristics, including a person's racial or ethnic origin, political opinions or affiliations, religious beliefs or affiliations, philosophical beliefs, sexual orientation or practices; or criminal record. It also includes health information.

### WHAT INFORMATION DO WE COLLECT?

Our school collects the following type of information:

- information about students and their families, provided by students, their families and others
- information about job applicants, staff, volunteers and visitors; provided by job applicants, staff members, volunteers, visitors and others.

### HOW DO WE COLLECT THIS INFORMATION?

Our school collects information in a number of ways, including:

- in person and over the phone: from students and their families, staff, volunteers, visitors, job applicants and others
- from electronic and paper documentation: including job applications, emails, invoices, enrolment forms, letters to our school, consent forms (for example: enrolment, excursion, Student Support Services consent forms), our school's website or school-controlled social media
- through online tools: such as apps and other software used by our school
- through any CCTV cameras located at our school.

#### Collection notices

When our school collects information about you, our school takes reasonable steps to advise you of how the information will be handled. This includes the purpose of the collection, and how to access, update and correct information held about you. For information about students and their families, a collection notice is provided to parents (or students who are mature minors) upon enrolment.

#### Unsolicited information about you

Our school may receive information about you that we have taken no active steps to collect. If permitted or required by law, our school may keep records of this information. If not, we will destroy or de-identify the information when practicable, lawful and reasonable to do so.

### WHY DO WE COLLECT THIS INFORMATION?

#### Primary purposes of collecting information about students and their families

Our school collects information about students and their families when necessary to:

- educate students

- support students' social and emotional wellbeing, and health
- fulfil legal requirements, including to:
  - take reasonable steps to reduce the risk of reasonably foreseeable harm to students, staff and visitors (duty of care)
  - make reasonable adjustments for students with disabilities (anti-discrimination law)
  - provide a safe and secure workplace (occupational health and safety law)
- enable our school to:
  - communicate with parents about students' schooling matters and celebrate the efforts and achievements of students
  - maintain the good order and management of our school
- enable the Department to:
  - ensure the effective management, resourcing and administration of our school
  - fulfil statutory functions and duties
  - plan, fund, monitor, regulate and evaluate the Department's policies, services and functions
  - comply with reporting requirements
  - investigate incidents in schools and/or respond to any legal claims against the Department, including any of its schools.

#### Primary purposes of collecting information about others

Our school collects information about staff, volunteers and job applicants:

- to assess applicants' suitability for employment or volunteering
- to administer employment or volunteer placement
- for insurance purposes, including public liability and WorkCover
- to fulfil various legal obligations, including employment and contractual obligations, occupational health and safety law and to investigate incidents
- to respond to legal claims against our school/the Department.

#### WHEN DO WE USE OR DISCLOSE INFORMATION?

Our school uses or discloses information consistent with Victorian privacy law, as follows:

1. for a **primary purpose** – as defined above
2. for a related **secondary purpose** that is reasonably to be expected – for example, to enable the school council to fulfil its objectives, functions and powers
3. with **notice and/or consent** – including consent provided on enrolment and other forms (the information collected will not be disclosed beyond the Department of Education and Training without consent, unless such disclosure is lawful)
4. when **necessary to lessen or prevent a serious threat** to:
  - a person's life, health, safety or welfare
  - the public's health, safety or welfare
5. when **required or authorised by law** – including as a result of our duty of care, anti-discrimination law, occupational health and safety law, child wellbeing and safety law, reporting obligations to agencies such as
6. the Department of Health and Health and Department of Families, Fairness and Housing and complying with tribunal or court orders, subpoenas or search warrants

7. to investigate or report **unlawful activity**, or when reasonably necessary for a specified **law enforcement** purpose, including the prevention or investigation of a criminal offence or seriously improper conduct, by or on behalf of a law enforcement agency
8. for Department **research or school statistics** purposes
9. to establish or respond to a **legal claim**.

A unique identifier (a CASES21 code) is assigned to each student to enable the school to carry out its functions effectively.

## STUDENT TRANSFERS BETWEEN VICTORIAN GOVERNMENT SCHOOLS

When a student has been accepted at, and is transferring to, another Victorian government school, our school transfers information about the student to that school. This may include copies of the student's school records, including any health information.

This enables the next school to continue to provide for the education of the student, to support the student's social and emotional wellbeing and health, and to fulfil legal requirements.

## NAPLAN RESULTS

NAPLAN is the national assessment for students in years 3, 5, 7 and 9, in reading, writing, language and numeracy. When a student transfers to another Victorian government school, their NAPLAN results are able to be transferred to that next school.

Additionally, a student's NAPLAN results are able to be provided to the student's previous Victorian government school to enable that school to evaluate their education program.

## RESPONDING TO COMPLAINTS

On occasion our school, and the Department's central and regional offices, receive complaints from parents and others. Our school and/or the Department's central or regional offices will use and disclose information as considered appropriate to respond to these complaints (including responding to complaints made to external organisations or agencies).

## ACCESSING YOUR INFORMATION

All individuals, or their authorised representative(s), have a right to access, update and correct information that our school holds about them.

## ACCESS TO STUDENT INFORMATION

Our school only provides school reports and ordinary school communications to parents who have a legal right to that information. Requests for access to other student information must be made by making a Freedom of Information (FOI) application through the Department's Freedom of Information Unit (see below).

In some circumstances, an authorised representative may not be entitled to information about the student. These circumstances include when granting access would not be in the student's best interests or would breach our duty of care to the student, would be contrary to a mature minor student's wishes or would unreasonably impact on the privacy of another person.

## ACCESS TO STAFF INFORMATION

School staff may first seek access to their personnel file by contacting the principal. If direct access is not granted, the staff member may request access through the Department's Freedom of Information Unit.

## STORING AND SECURING INFORMATION

Our school takes reasonable steps to protect information from misuse and loss, and from unauthorised access, modification and disclosure. Our school stores all paper and electronic records securely, consistent with the Department's records management policy and information security standards. All school records are disposed of, or transferred to the State Archives (Public Record Office Victoria), as required by the relevant Public Record Office Standard.

When using software and contracted service providers to manage information, our school assesses these according to the appropriate departmental processes. One example of this is that staff passwords for school systems are strong and updated on a regular basis, consistent with the Department's password policy.

## UPDATING YOUR INFORMATION

We endeavour to ensure that information about students, their families and staff is accurate, complete and up to date. To update your information, please contact our school's general office.

## FOI AND PRIVACY

To make a FOI application contact:

### **Freedom of Information Unit**

Department of Education and Training  
2 Treasury Place, East Melbourne VIC 3002  
(03) 9637 3961

[foi@education.vic.gov.au](mailto:foi@education.vic.gov.au)

If you have a query or complaint about privacy, please contact:

### **Knowledge, Privacy and Records Branch**

Department of Education and Training  
2 Treasury Place, East Melbourne VIC 3002  
(03) 8688 7967

[privacy@education.vic.gov.au](mailto:privacy@education.vic.gov.au)