

Please ensure all areas of the enrolment form are completed including the publicity and headlice pages.

A copy of your child's birth certificate and immunization certificate will be required (we are able to copy originals at the school for you).

Students Name _____

Year Level _____

Home Group _____

DROUIN WEST PRIMARY SCHOOL

'Nurture, Enrich, Inspire, Achieve'

ENROLMENT FORM

PRINCIPAL: MRS KERRY WARE

**DROUIN WEST PRIMARY SCHOOL
PO BOX 176
DROUIN 3818**

**TELEPHONE NO. 03 5625 1971
FAX NO. 03 5625 2175
EMAIL ADDRESS: drouin.west.ps@edumail.vic.gov.au**

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

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

Drouin West Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Drouin West Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Mrs. Kerry Ware, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

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

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Drouin West Primary 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 Drouin West Primary 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 Drouin West Primary School to process your child's enrolment.

Updating Your Child's Records

Please let Drouin West Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Drouin West Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access To Your Child's Record Held By School

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the Department's Privacy Manager on (03) 9637 3601 if you would like this information.



Drouin West Primary School Student Enrolment Information

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

Personal Student Details: *A copy of the birth certificate must be provided to the school before a child can be accepted for enrolment.*

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

Family Details:

List any other family members attending this school:

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 required. As the School Start Bonus will be sent to the "Primary Carer" of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

Adult A Details (Primary Carer): EG: Mother/Female Guardian/Female Carer

Title: (Ms, Mrs, Dr, etc.)	_____	Legal Surname:	_____
Legal First Name:	_____	Occupation:	_____
Employer:	_____		
Country of Birth: (Tick)	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: (Please specify)	_____
❖ Does Adult A speak a language other than English at home? (Tick)			
<input type="checkbox"/> No	_____		
<input type="checkbox"/> Yes* (Please specify):	_____		
*If more than one language is spoken at home, indicate the one that is spoken most often. Please indicate any additional languages spoken by Adult A: _____			
Is an interpreter required? (Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult A has completed? (Tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the highest qualification level Adult A has completed? (Tick one)			
<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> Advanced Diploma / Diploma		
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? (Please enter the letter of the appropriate 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 paid work for the last 12 months, enter "N".)			
_____ <input type="checkbox"/>			

Adult B Details: EG. Father / Male Guardian / Male Carer

Title: (Mr, Dr, etc.) _____	Legal Surname: _____
Legal First Name: _____	Occupation: _____
Employer: _____	
Country of Birth: (Tick) <input type="checkbox"/> Australia	<input type="checkbox"/> Other: (Please specify) _____
❖ Does Adult B speak a language other than English at home? (Tick)	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes* (Please specify): _____	
*If more than one language is spoken at home, indicate the one that is spoken most often. Please indicate any additional languages spoken by Father/Male Guardian/Male Carer: _____	
Is an interpreter required? (Tick) <input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult B has completed? (Tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below
❖ What is the highest qualification level Adult B has completed? (Tick one)	
<input type="checkbox"/> Bachelor Degree or above	<input type="checkbox"/> Advanced Diploma / Diploma
<input type="checkbox"/> Certificate 1 to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Father/Male Guardian/Male Carer? (Please enter the letter of the appropriate 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 paid work for the last 12 months, enter "N".)	
	<input type="checkbox"/>

Primary Family Details:

Main language spoken at home: _____
Preferred language of notices: _____

Assistance with School Group Activities:

Would Adult A be interested in helping out the school with School Council, excursions or similar activities? (Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would Adult B be interested in helping out the school with School Council, excursions or similar activities? (Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Adult A Contact Details (Primary Carer):

May 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 Number: _____		
Other Work Contact Information: _____		
Is Adult A usually home after business hours? (Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone Number: _____	Mobile Number: _____	
Other After Hours Contact Information: _____		
Adult A's preferred method of contact: (Tick one)	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email Address: _____	SMS Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Adult B Contact Details:

May we contact Adult B at work? (Tick) Yes No

Is Adult B usually home during business hours? (Tick) Yes No

Work Telephone Number: _____

Other Work Contact Information: _____

Is Adult B usually home after business hours? (Tick) Yes No

Home Telephone Number: _____ Mobile Number: _____

Other After Hours Contact Information: _____

Adult B's preferred method of contact: (Tick one) Phone Mail Email

Email Address: _____ SMS Notifications: Yes No

Primary Family Home Address:

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Telephone Number: _____ Silent Number: (Tick) Yes No

Mobile Number: _____ Fax Number: _____

Primary Family Mailing Address: Write "As Above" if the same as Primary Family Home Address

Number and Street/ or Box Number _____

Suburb: _____ State: _____ Postcode: _____

Primary Family Doctor Details:

Doctor's Name: _____ Individual or Group Practice: (Tick) Individual Group

Name of Practice: (If applicable) _____

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Does the Primary Family have a current Ambulance Subscription: (Tick) Yes No

Medicare Number: _____

Primary Family Emergency Contacts: *Please use a contact other than the Primary Carers as their details are on the previous pages.*

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

Other Primary Family Details:

Relationship of Adult A to student: (Tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to student: (Tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
The student lives with the Primary Family: (Tick one)	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced
	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	
Send Correspondence addressed to: (Tick one)	<input type="checkbox"/> Mother/Female Guardian	<input type="checkbox"/> Father/Male Guardian	
	<input type="checkbox"/> Both Parents/Guardians	<input type="checkbox"/> Other	

Demographic Details of Student:

❖ In which country was the student born?		<input type="checkbox"/> Australia	<input type="checkbox"/> Other: (please specify) _____
What is the Residential Status of the student? (Tick)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	
Basis of Australian Residency:	<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport	
	<input type="checkbox"/> Holds Permanent Residency Visa		
Date of arrival in Australia OR date of return to Australia: (dd-mm-yyyy)	___ / ___ / _____		
Visa Expiry Date: (dd-mm-yyyy)	___ / ___ / _____	Visa Sub Class:	_____
Visa Statistical Code: (Required for some sub-classes)	_____		
❖ Does the student speak a language other than English at home? (Tick)			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes* (Please specify) _____		
*If more than one language is spoken at home, indicate the one that is spoken most often.			
Does the student speak English? (Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (Tick one)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal		
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		
What is the student's living arrangement? (Tick one) (#See attached sheet for a full explanation of Living Arrangement codes.)			
<input type="checkbox"/> At home with TWO Parents/Guardians	<input type="checkbox"/> At home with ONE Parent/Guardian		
<input type="checkbox"/> Arranged by State Out-of-Home Care			
Usual mode of transport to school: (Tick one)			
<input type="checkbox"/> Walking	<input type="checkbox"/> Bicycle	<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus
<input type="checkbox"/> Train	<input type="checkbox"/> Tram	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Other			
Distance to school in kilometres:	_____		
Student's Religion:	_____		

School Details:

Date of first enrolment in an Australian school: (dd / mm / yyyy) ___ / ___ / _____

Name of previous school / kindergarten: _____

What was the language of the student's previous education: _____

Years of previous education: _____

Years of interruption to education: _____

Is the student repeating a year? (Tick)

Yes

No

Will the student be attending this school full time? (Tick)

Yes

No

If **NO**, what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days per week) _____

Does the student have a Victorian Student Number (VSN)?

Yes. Please Specify ↓

Yes, but the VSN is unknown

No. The student has never been issued a VSN

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Student Access or Activity Restrictions Details:

Is the student at risk? (Tick)

Yes

No

Is there an Access Alert for the student? (Tick)

Yes

No

If **Yes**, then complete the following questions and present a current copy of the document to the school.

If **No**, move to the immunisation/medical condition details questions.

Access Restriction Type: (Tick) Court Order Family Law Order

Restraining Order Other

Describe any Access Restriction: _____

Is there an Activity Alert for the student? (Tick)

Yes

No

If **YES**, then describe the Activity Restriction: _____

Is there a medical alert for the student? (Tick)

Yes

No

Does the student have a Disability ID Number? (Tick)

Yes

No

Disability ID Number: _____

Accident Authority:

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/Carer: _____

Date: _____

Signature of Parent/Guardian/Carer: _____

Date: _____

Student Medical and Immunization Details:

Medical Condition Details:

Does the student suffer from any of the following impairments? (Tick)	Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision <input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? ** (Tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No
**If NO , please go to the Other Medical Conditions section.		

Immunization Details of Student: *It is a department regulation that a copy of the immunization certificate is provided to the school*

What is the student's Immunization Status? (Tick)	<input type="checkbox"/> Complete Immunization	<input type="checkbox"/> Partial Immunization	<input type="checkbox"/> Not Immunized
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Student Doctor Details:

The following details should **ONLY** be provided if **THIS STUDENT** has a Doctor and/or Medicare number **DIFFERENT** to the Primary Family.

Doctor's Name: _____	Individual or Group Practice: (Tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group
Name of Practice: (If applicable) _____	
Number and Street: _____	
Suburb: _____	State: _____ Postcode: _____
Telephone Number: _____	Fax Number: _____
Student's Medicare Number: _____	

Other Medical Conditions:

More copies of 'Other Medical Condition' forms are available on request at the school office.

Does the student have any other Medical Condition? (Tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , please specify: _____	
Symptoms: _____	
If my child displays any of the symptoms above please: (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: _____	
Does the student take medication for the above medical condition? (Tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of medication taken: _____	
Is the medication taken regularly by the student preventative or only in response to symptoms? (Tick)	<input type="checkbox"/> Preventative <input type="checkbox"/> Responsive
Indicate the usual dosage of medication taken: _____	Indicate how frequently the medication is taken: _____
Medication is usually administered by: (Tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Is a reminder required for the student to take their medication? (Tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication is stored: (Tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Teacher <input type="checkbox"/> in fridge in Staff Room <input type="checkbox"/> Elsewhere	
What is the Poison Rating of the medication being taken?	

Asthma Medical Condition Details:

Please answer the following questions **ONLY** if the student suffers from any Asthma Medical Conditions.

<p>Please indicate if the student suffers from any of the following symptoms: (Tick)</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Difficulty Breathing</p> <p><input type="checkbox"/> Wheeze</p> <p><input type="checkbox"/> Exhibits symptoms after Exertion</p> <p><input type="checkbox"/> Tight Chest</p>	<p>If my child displays any symptoms please: (Tick)</p> <p>Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES please specify: _____</p>
<p>Has an Asthma Management Plan been provided to School? (Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No (Asthma Management Plan forms are available from the office)</p> <p>Does the student take medication for the above medical conditions? (Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of medication taken: _____</p> <p>Is the medication taken regularly by the student preventative or only in response to symptoms? (Tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Responsive</p> <p>Indicate the usual dosage of medication taken: <input style="width: 80px;" type="text"/> Indicate how frequently the medication is taken: <input style="width: 80px;" type="text"/></p> <p>Medication is usually administered by: (Tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other</p> <p>Is a reminder required for the student to take their medication? (Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medication is stored: (Tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Teacher <input type="checkbox"/> in fridge in Staff Room <input type="checkbox"/> Elsewhere</p> <p>What is the Poison Rating of the medication being taken? _____</p>	

Student Emergency Contacts:

*This section should **ONLY** be filled out if **THIS STUDENT** has emergency contacts **OTHER** than the Primary Family Emergency Contacts.*

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English write "E")
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 Drouin West Primary School.

<p><i>I certify that the information contained within this form is correct.</i></p>	
<p>Signature of Parent/Guardian: _____</p>	<p>Date: _____</p>
<p>Signature of Parent/Guardian: _____</p>	<p>Date: _____</p>

CONSENT for PUBLICITY

Drouin West Primary School undertakes many exciting and innovative activities. We are proud of our teacher's commitment and our student's achievements and at times wish to acknowledge and promote everyone's efforts.

For the duration of your child's/children's enrolment at Drouin West Primary School, throughout the years there will be many occasions (EG. Thank you morning tea), events (EG. Assembly), excursion, camps and activities (EG. Crazy Hair Day, Footy Day, Camp) that we like to highlight as a means of promoting our wonderful school to the broader community. This can be done via newsletters, newspapers, school flyers, school website and other forms of promotional materials.

Students, families and staff also like to record and keep a memento of those occasions, events, excursion, camps and activities. It is wonderful to be able to look back on the special times that form our lives. This can be done via photos or digital imaging: requiring parent/guardian permission.

Students' work, photos or digital images will be identified with the students' first name, class or year number. If an individual photograph and full name is required, we will only publish this on the website with consent of the parent/guardian/carer.

All photography will be under the supervision of school staff or an adult appointed by staff.

As events are occurring we will remind you that publicity will be taking place, if your circumstances have changed and you no longer wish your child to take part please let the school know.

We require permission for your child's name and/or photo to appear in our historical or promotional materials described above.

Please complete and return the form below.

✂ _____

CONSENT for PUBLICITY

I, _____ (parent/guardian/carer)

consent/do not consent to my child, _____

being photographed and named to help promote our school for the duration of his/her enrolment at Drouin West Primary School. I am aware that their photo or work could be used through newsletters, newspapers, school flyers, school website and other forms of promotional materials.

Parent/Guardian/Carer's signature: _____ Date: _____

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's school at: Drouin West Primary School

For the many families and teachers, of primary school aged children, head lice continue to create concerns. While it is known that head lice do not carry any infectious disease here at Drouin West, the Principal, teaching staff and school council have developed a parent-managed, head lice program to **help parents manage head lice**. A group of trained volunteer parents at the school have coordinated the program and it is fully supported by the Principal, teaching staff and the School Council.

Program goals include:

1. Reduce the spread of head lice.
2. Reduce the frustration and misinformation associated with head lice
3. Decrease the concerns regarding head lice within the school community
4. Protect families from misusing potentially harmful insecticide treatments
5. Promoting regular home based screening using a conditioner and comb method

We invite you to include your child in our screening program.

If you would like to include your child in our screening program the permission slip below needs to be completed and returned to the school. The program works best when the vast majority of children at the school are involved in a screening program.

If you would prefer to screen your child yourself, information on the best technique is available from the school office.

The volunteers will dry check all hair. **There are no toxic chemicals used in this method and no treatment is undertaken at the school.**

Regular updates about our program will appear in the newsletter. Interested parents are welcome to participate in the screening program /sessions. The names of the current volunteers are available from the school office.

If there are any questions please feel free to contact the school.

Thank you
Kerry Ware
Principal

.....
Please circle your response

I give /do not give permission for my child to participate in the Drouin West Primary Head Lice Program.

Parent's/guardian's/carer's full name:

Parent's/guardian's/carer's full name:

Name of child attending school

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: **Date:**

Signature of parent/guardian/carer: **Date:**

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

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.

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.

Please select the appropriate letter from the following list of groups.

- If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please enter the occupation group letter of your last occupation
- If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

List of Parental Occupations:

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)

