



Name of School: _____

Name of Student: _____

Date of Birth: ____ / ____ / ____

***PLEASE PROVIDE PROOF OF BIRTH**

SCHOOL ENROLMENT FORM

INFORMATION PRIVACY STATEMENT

The Department for Education is committed to respecting the privacy of the information we collect about children, young people and their families. The information we collect from the school enrolment form helps us:

- maintain emergency contact information
- inform you about matters concerning your child, their school and the education system
- provide first aid and support student's health requirements
- provide information for school resource entitlements
- collect data to better understand student performance and to improve the education system
- meet our reporting requirements, including to other government agencies
- give information to contractors completing the Australian Early Development Census (www.aedc.gov.au).

The information you provide on this form can help your child's school make planning and resourcing decisions. **Questions marked * on this form are included to collect information required under the *Australian Education Regulations 2013*.**

Information from this form is stored securely in local school and department databases and files. The information may be transferred between schools if your child moves schools or locations between levels of education. Transferred information is updated by information provided on the current enrolment form. Data will also be shared with the Australian Government and the Australian Curriculum, Assessment and Reporting Authority (ACARA) where it is required by law for purposes such as NAPLAN testing.

We will collect data about student education and wellbeing from enrolled students, including:

- records of learning progress (including NAPLAN testing)
- absences from school
- behaviour, health and social development reports, observations and assessments.

To make sure our data collection is secure, private and confidential, we are governed by legislation including:

- *Australian Education Act 2013 (Cth)*
- *Education and Children's Services Act 2019 (SA)*
- *State Records Act 1997 (SA)*

Our contracts with any external organisations who need access to data about a child include strict confidentiality and disposal provisions.

The school enrolment form has been designed to ensure a parent or legal guardian complies with their obligation to provide information under the *Education and Children's Services Act 2019 (SA)* and to ensure the department complies with the Information Privacy Principles (IPP) www.dpc.sa.gov.au/resources-and-publications. The IPPs regulate the disclosure of personal information held by the South Australian government. The department will not disclose information to others without your consent, unless required or authorised by a law of the State of Commonwealth, or under the IPP or the Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG) www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines (refer below for more information).

INFORMATION SHARING STATEMENT

There are situations when the Department for Education might need to share information externally. For example, when it's important to your child's educational progress, or to manage a risk of serious harm to others. These situations are addressed by the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG).

Under the ISG, we will seek your consent to share personal information about you or your child unless:

- disclosure is authorised or required by law
- it's unsafe or impossible to gain consent or consent has been refused
- not sharing the information will result in increased risk of serious harm to someone.

Your school may share information about your child's personal needs with specialised department staff, including Student Support Services. This is to help your school provide an appropriate education program and make teaching and learning adjustments for your child if needed.

Your school may also use the information you provide when applying for specialist resources, services or funding to support your child's education. The school will seek your consent before making any formal referrals for additional support.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. We work with you and other agencies/services to achieve this aim. We strongly encourage you to share all relevant information about your child that can help them enjoy and benefit from education. You can do this by:

- filling in the 'any other information' section of this form
- discussing any concerns with staff when enrolling and in the future.

I have read above information privacy statement and information sharing statement.

Parent Signature

Refer to the occupation groups listed below when completing the questions on page 3.

<p>Group 4 Other Occupations</p>	<p>Group 3 Trades and advanced / intermediate clerical, sales and service staff</p>	<p>Group 2 Other business managers, Arts / Media / Sportspersons and associate Professionals</p>	<p>Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals</p>
<p>Drivers Mobile plant, Production / Processing, Machinery, Other machinery Operators.</p> <p>Hospitality staff Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.</p> <p>Office assistants Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.</p> <p>Sales assistants 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.</p> <p>Assistant / aide Trade's assistant, School / Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum / gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.</p> <p>Labourers and related workers</p> <p>Defence Forces Other ranks below senior NCO not included above.</p> <p>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.</p> <p>Other worker Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.</p>	<p>Tradesmen / women Generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen / women are included in this group.</p> <p>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.</p> <p>Skilled Office Staff Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.</p> <p>Skilled Sales Staff Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher.</p> <p>Skilled Service Staff 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.</p>	<p>Owner / manager Farm, Construction, Import / Export, Wholesale, Manufacturing, Transport, Real estate business.</p> <p>Specialist manager Finance, Engineering, Production, Personnel, Industrial relations, Sales / marketing.</p> <p>Financial services manager Bank branch manager, Finance / investment / insurance, Broker, Credit / loans officer.</p> <p>Retail sales / services manager Shop petrol station, Restaurant club, Hotel / Motel, Cinema, Theatre agency.</p> <p>Arts / media / sports Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media presenter, photographer, Designer, Illustrator, Proof reader, sportsman / woman, Coach / trainer, Sports official.</p> <p>Associate professionals Generally have diploma / Technical qualifications, Support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician / Associate professional.</p> <p>Business / administration Recruitment / Employment / Industrial relations / Training officer. Marketing / Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office / project manager.</p> <p>Defence Forces Senior Non-Commissioned officer.</p>	<p>Senior executive / manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), Regional Director, Health / Education / Police / Fire services, Administrator.</p> <p>Other administrator School Principal, Faculty head / Dean, Library / Museum / Gallery director, Research facility director.</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals Generally have degree or higher qualifications and experience in applying this knowledge to:</p> <ul style="list-style-type: none"> • Design, develop or operate complex systems; • Identify, treat and advise on problems; • And teach others. <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing. Professional.</p> <p>Business Management consultant, Business analyst, Accountant, Auditor, Policy analyst, Actuary, Valuer.</p> <p>Air / sea transport Aircraft / ship's Captain / Officer / Pilot, Flight officer, Flying instructor, Air traffic controller.</p>
<p>Parent's education, qualification and occupation</p> <p>The questions about each parent's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's <i>Index of Educational Disadvantage</i> (IED), which is linked to funding levels and may be used to allocate resources to school services. In the future this information may be used to determine resource allocations to schools.</p> <p>If you are an independent student (living without a parent) please go straight to Page 5 - Student Personal Details.</p>			

Enrolling parent 1

(eg Birth, adoptive parent or guardian)

Mr / Mrs / Ms / Other:

Family Name:

Given Names:

Sex:

Male Female

Relationship to student:

Employment status:

Occupation:

* What is the occupation group of parent?
Please select the appropriate occupation group from the list on page 2.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

Mobile Phone:

Email:

* What is the highest year of primary or secondary school the parent has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)

- Year 12 or equivalent 4
Year 11 or equivalent 3
Year 10 or equivalent 2
Year 9 or equivalent, or below 1

* What is the level of the highest qualification the parent has completed?

- Bachelor degree or above 7
Advanced diploma / Diploma 6
Certificate I to IV (including trade certificate) 5
No non-school qualification 8

In which country was the parent born?

If not born in Australia, what was the date the parent arrived in Australia?

DD	MM	YY
----	----	----

* Does the parent speak a language other than English at home? No, English only Yes

If **yes**, what is the main language the parent speaks at home?

Does the parent require an interpreter? No Yes

 No
 Yes

Language for translation:

What is the cultural background of the parent?

Enrolling parent 2

(eg Birth, adoptive parent or guardian)

Mr / Mrs / Ms / Other:

Family Name:

Given Names:

Sex:

Male Female

Relationship to student:

Employment status:

Occupation:

* What is the occupation group of parent?
Please select the appropriate occupation group from the list on page 2.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

Mobile Phone:

Email:

* What is the highest year of primary or secondary school the parent has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)

- Year 12 or equivalent 4
Year 11 or equivalent 3
Year 10 or equivalent 2
Year 9 or equivalent, or below 1

* What is the level of the highest qualification the parent has completed?

- Bachelor degree or above 7
Advanced diploma / Diploma 6
Certificate I to IV (including trade certificate) 5
No non-school qualification 8

In which country was the parent born?

If not born in Australia, what was the date the parent arrived in Australia?

DD	MM	YY
----	----	----

* Does the parent speak a language other than English at home? No, English only Yes

If **yes**, what is the main language the parent speaks at home?

Does the parent require an interpreter? No Yes

 No
 Yes

Language for translation:

What is the cultural background of the parent?

Other person 1 providing care to the student (if applicable)

This section should be completed for any other persons providing some level of care for the student. If the school has established that a person claiming to be a parent has appropriate authority to enrol the student (eg person in loco parentis), they should be recorded as an enrolling parent (page 3). For further details schools should refer to the admission procedure.

Resides at the same address as the student? Yes No Reports Access Correspondence

Mr / Mrs / Ms / Other

Sex: Male Female

Family Name:

Given Names:

Phone Number:

Relationship to student:

Mobile Number:

Mailing Title:

Address Line 1:

Address Line 2:

Address Line 3:

Suburb / Locality:

Postcode:

Country (if not Australia):

Email Address:

Other person 2 providing care to the student (if applicable)

Resides at the same address as the student? Yes No Reports Access Correspondence

Mr / Mrs / Ms / Other

Sex: Male Female

Family Name:

Given Names:

Phone Number:

Relationship to student:

Mobile Number:

Mailing Title:

Address Line 1:

Address Line 2:

Address Line 3:

Suburb / Locality:

Postcode:

Country (if not Australia):

Email Address:

Student Personal Details (provide proof of identity)

Family Name:

Given Names:

Preferred Name:

Date of Birth: DD MM YY * Sex: Male Female

Government regulations require the capture of students' sex. The Department for Education recognises the sensitivities of identifying sex and gender for some students. The department is committed to inclusion, and all schools provide an inclusive environment for all students. If you wish to provide additional information about this student's sex or gender identity, please add them to the Comments section (page 9). The school will respond confidentially, inclusively and according to requests made in your comments.

Has this student been approved for School Card Assistance at their previous school? No Yes

* Is the student of Australian Aboriginal or Torres Strait Islander origin? No
 (For persons of both Australian Aboriginal or Torres Strait Islander origin, tick both 'Yes' boxes.) Yes, Australian Aboriginal
 Yes, Torres Strait Islander

* In which country was the student born? Australia Other – please specify below

For a student born overseas with a date of arrival in Australia on or after 1/1/2006, a "visa sub-class" must be entered. Refer to visa grant letter or visa entitlement verification online (VEVO) for visa details and conditions. Some temporary residents are required to pay fees and must have a letter of offer / confirmation from International Education Services.

If other, on what date did the student arrive in Australia? DD MM YY

Residence status of student: Australian Citizen / Permanent Resident
 Temporary Resident
 Tourist Visa Length of intended enrolment (months): MM

Visa Sub-Class: Visa grant date: DD MM YY

Passport Number:

What is the student's cultural background?

Religion (optional):

Does the school need to be aware of any cultural and/or religious requirements? Please advise:

* Does the student speak a language other than English at home? No, English only Yes

Main language: Other language/s:

Does the student attend an after-hours Ethnic school? No Yes

If Yes, which school? Which language is studied?

Is the student in care and subject to a custody or guardianship order under the *Children and Young People (Safety) Act 2017 (SA)*? No Yes

If Yes, case workers and schools should ensure their local student support service office has been contacted, and appropriate forms and meetings are completed in relation to the student's educational needs.

Does this student receive Youth Allowance? No Yes

Does this student receive ABSTUDY? No Yes

School Use Only

Proof of identity provided?
 No Yes

Proof of residence provided?
 No Yes

School No:

ED ID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

Permanent Resident:

Origin:

Visa Sub-Class:

NESB:

EALD: Yes No

IELP / NAP Transfer: Yes No

Family contact details

Family Phone Number:

Family Mobile Phone:

Family Email Address:

Student address details (provide proof of residence)

Mailing* Address

Name to be used for all correspondence:

eg Mr and Mrs Black, Ms B Green

Address Line 1:

Address Line 2:

Suburb / Locality:

Postcode:

Country (if not Australia):

Student Mobile Number:

Hundred (if applicable):

Section:

UHF:

 -

MHz

Student's Email Address:

Residential* Address (must be the student's primary place of residence, not a commercial, postal or a mailing address)

Name to be used for all correspondence:

eg Mr and Mrs Black, Ms B Green

Address Line 1:

Address Line 2:

Suburb / Locality:

Postcode:

Country (if not Australia):

Hundred (if applicable):

Section:

UHF:

 -

MHz

* If student under shared care arrangements, provide address details of where the child lives the majority of the school week.

If you have other addresses that need to be documented (B – Billing, H – Holiday, S – SACE Mail, T – Term), note in any other information / comments on page 9.

Emergency Contacts (If enrolling parents cannot be contacted or unable to collect student)

Note: Includes permission to provide overnight care

Priority 1

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Priority 2

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Priority 3

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Priority 4

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Medical conditions and health support for student

Does your child have a diagnosed medical condition? No Yes

If **Yes**, please tick the relevant conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Gastrostomy | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Impaired / Ear health issues | <input type="checkbox"/> Oral Eating and Drinking |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizures and Epilepsy |
| <input type="checkbox"/> Continence | <input type="checkbox"/> Joint Conditions | <input type="checkbox"/> Severe Allergy Anaphylaxis |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Medication | <input type="checkbox"/> Transfer and Positioning |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mild Allergy | <input type="checkbox"/> Visually Impaired |

If other, please specify:

Does the student require additional health support or first aid?
(e.g. support with medication management, continence care, psychological issues) No Yes

If **Yes**, the school will need a health care plan from the treating doctor / health professional.
Is plan attached? No Yes

Court orders (including parenting or intervention orders)

Are there any current Court orders relating to this student?

No Yes

If **Yes**, a copy of the order must be provided for the school's records.

On what date was the court order issued?

DD	MM	YY
----	----	----

Key details of court orders provided (**School use only**):

Siblings

Full Name

Sex

Date of birth

Attends this school?

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Other preschools and schools attended

Is the student currently attending a government school?

No Yes

If Yes, please specify the current Department for Education school:

If No, please specify the current non-government school they are attending:

If No, have they previously attended a government school? If so, please list the two recent government school attended.

Preschool / School Name

From

To

DD	MM	YY
----	----	----

DD	MM	YY
----	----	----

DD	MM	YY
----	----	----

DD	MM	YY
----	----	----

Any other information / comments

Signatures

By signing this form you are declaring that all information given is true and accurate.

Signature Enrolling parent 1:

Date:

DD	MM	YY
----	----	----

Signature Enrolling parent 2:

Date:

DD	MM	YY
----	----	----

School use only

Pre enrolment interviewer:

Data entry person:



PORT LINCOLN JUNIOR PRIMARY SCHOOL

PERMISSIONS

STUDENT NAME _____ **DATE** _____

Obtaining Emergency Medical Assistance (EMMA)

YES NO

In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary.

I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.

Local town walks and between schools (LTW)

YES NO

Students may walk across the road to the Primary School and High School or on occasions taken on local walks supervised by a Staff member for a school curriculum activity.

I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.

I have provided all information necessary for Department employees to plan safe, and reasonable health care support for my child. This includes, if relevant information about any activity modifications my child may require for medical reasons.

The information given is accurate to the best of my knowledge.

Head Lice Check (HDLC)

YES NO

Head Lice and Nits can be an ongoing problem at school. I give permission for a staff member to check my child's hair for head lice.

Aboriginal Health Check (Aboriginal students only) (ABHE)

YES NO

While my child is attending Port Lincoln Junior Primary School, I consent to my child being checked on a regular basis by an Aboriginal Health Worker. I expect that they will contact me if there are any issues or concerns that I should be aware of.

Travel consent by bus/car (TCBC)

YES NO

I consent to my child travelling by bus/car if required for school excursions/sports events (details of which will be made known prior to excursion) or as the Principal / Leadership deems necessary.

To Use image, Video, Voice and/or creative work of students and children (IVVW)

YES NO

I consent for Photographs, video or audio recordings, samples of my child's work, my child's first name to be distributed in printed publications, secure intranet websites, publically accessible websites, including social media accounts; to be photographed/recorded by external media organisations for publication/broadcast (for eg: Southern Cross News; Port Lincoln Times).



ADDITIONAL MEDIA (ivvw)

YES **NO**

The Department for Education develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website; Scootle, Itunes or other online environments). I grant permission for the Department of Education to create/use

- Photographs, video or audio recordings of my child
- Samples of my child’s work
- My child’s first name and school

And to distribute them in the following locations:

- Printed publications (eg Newsletters, year book, promotional material)
- Secure Intranet websites and publicly accessible websites, including social media accounts).

CYBER-SAFETY USE AGREEMENT

YES **NO**

I have read and understood this Cyber-safety Use Agreement and I am aware of the school’s initiatives to maintain a cyber-safe learning environment.

CHIEF EXECUTIVE APPROVED EARLY DISMISSALS

YES **NO**

I give my consent for them to be dismissed early under the following conditions:

- up to 1 hour before the normal end of the school day no more than 4 times a year for the purpose of the end of school terms;
- up to 1 hour before the normal end of the school day in the event of an extreme heatwave declared by the State Emergency Services, or where the health and safety of the children at the school are considered at risk due to the absence, localised failure or poor performance of air conditioning on days of extreme heat (36 degrees or above).

Parents will be notified in advance (minimum 1 month) of the reason, time and date of the above early dismissals through the normal communication channels used between the school and parents, including, but not limited to, school newsletters and the schools website.

For early dismissals relating to ‘extreme heat’ scenarios parents will be notified as soon as possible before students are dismissed.

AGREEMENT

I agree and acknowledge that my consent (if provided) will remain active/in place for the entire time my child is enrolled and attending at the school unless I withdraw it by notifying the principal (or delegate) either in writing or by telephone. If revoked, every effort will be made to remove from distribution, however this may not be possible or practical in some situations.

Name of Parent/Caregiver/Legal guardian:.....

Signature of Parent/Caregiver/Legal guardian:.....