Dear Parents/Guardians,

Thank you for your interest in Milgate Primary School. We look forward to welcoming you and your child to our school and our welcoming Milgate community.

**What forms do you need to provide to enrol your child at Milgate?**

- Enrolment Form
- Additional Enrolment Information for Classroom Teachers
- Proof of Date of Birth [either Birth Certificate or Passport]
- Certificate of Immunisation

Where a child lives with one parent, the **Alternative Family Enrolment Form** is used to provide Milgate with the other parent’s contact details. This form can be obtained from the School’s Office or on our website.

You can obtain a Certificate of Immunisation from The Australian Childhood Immunisation Register (ACIR) via:

- 1800 653 809 / acir@medicareaustralia.gov.au
- Medicare Australia Office or online at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)
- Your GP / Doctor
- Your local council immunisation service

**What if my child received their immunisations overseas?**

As immunisation programs can differ from country to country, students coming from overseas will need to provide a letter or certificate confirming your child’s immunisation program has been completed in line with current Australian standards. This can be done at the Manningham City Council offices and they will assess your child’s immunisation status in line with the current Australian schedule. You will receive a completed immunisation certificate or be provided advice on what additional vaccines are required. For further advice about immunisation certificates, please call Council on 9840 9256 or use their online service request form at [www.manningham.vic.gov.au/immunisation](http://www.manningham.vic.gov.au/immunisation).

If you have any questions or queries about the enrolment process please ring our friendly office staff, email us or drop in and see us at Milgate Primary School.

We hope you and your child are as excited about coming to Milgate as we are.

Regards,

D. J. Mierisch
Debbie Mierisch
Principal
STUDENTS ENROLLING in PREP

**Age for Enrolment:** Your child's 5th birthday must be on or before the 30th April, in their Prep year, to be eligible for enrolment into Prep.

**When to Enrol?** Parents of Prep students can enrol their child the year before they commence school. At Milgate we prefer this to be done as early as possible, but no later than the end of Term 3. Enrolments after this date will still be accepted however it will not always be possible to accommodate class friendship requests.

Enrolling your child early ensures we keep you updated on our comprehensive Transition Program and enables your child to participate in these programs [Prep Discovery, Storytime and Kinder-to-Prep Transition], to give your child every chance for a **successful start to school life**.

STUDENTS TRANSFERRING from another AUSTRALIAN SCHOOL

We warmly welcome students and families from around Australia at Milgate PS and we invite you to contact us directly via telephone or email. Parents with students transferring from another School within Australia will need to notify their current school of their intention to transfer, please check with your current school's Office staff as to whether they require this in writing.

Age requirements for enrolment into a Victorian school may vary from interstate schools so students may be placed into a different Year Level from their current studies. In Victoria this is guided by age to ensure they are with other students of a similar age group for both academic and social integration. Further information is available on the Department of Education's website, see [www.education.vic.gov.au/school/parents/primary/Pages/changingschool](http://www.education.vic.gov.au/school/parents/primary/Pages/changingschool).

STUDENTS COMING from OVERSEAS

We warmly welcome students and families from around the world at Milgate PS and we invite you to contact us directly via telephone or email. To determine your child's eligibility for enrolment, as well as which year level they would be eligible to enrol into, we require your:

- Child's Name
- Date of Birth
- Residency VISA Sub-Class number

Further information is available on the Department of Education's website, see [www.education.vic.gov.au/school/students/Pages/international](http://www.education.vic.gov.au/school/students/Pages/international).

**What forms do I need to provide to enrol my child at Milgate?** Once eligibility to enrol has been determined, we will need you to provide the same documentation as listed on the previous page.

**Age for Enrolment:** Age requirements for enrolment into an Australian school may vary from overseas countries so students may be placed into a different Year Level from their current studies. In Australia this is guided by age to ensure they are with other students of a similar age group for both academic and social integration.

**Certificate of Accreditation International Student Program. CRICOS CODE: 00861K**
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 Milgate Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Milgate Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Milgate 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. Milgate Primary School depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

Milgate 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 Milgate Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Debbie Mierisch, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts
These are people that Milgate 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 Milgate 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 Milgate 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.

Religious Affiliation
If you want your child to receive religious instruction while at Milgate Primary School please complete this section. The Department of Education & Early Childhood Development needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Milgate Primary School.

Immunisation Status
This assists Milgate 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 Milgate Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Milgate Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Milgate 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 (Insert School Name) can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.
# 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

<table>
<thead>
<tr>
<th>Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Executive / Manager / Department Head</td>
<td>in industry, commerce, media or other large organisation</td>
</tr>
<tr>
<td>Public Service Manager</td>
<td>(Section head or above), regional director, health / education / police / fire services administrator</td>
</tr>
<tr>
<td>Other administrator</td>
<td>(school principal, faculty head / dean, library / museum / gallery director, research facility director)</td>
</tr>
<tr>
<td>Defence Forces</td>
<td>Commissioned Officer</td>
</tr>
</tbody>
</table>

**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:
- 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

<table>
<thead>
<tr>
<th>Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner / Manager</td>
<td>of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</td>
</tr>
<tr>
<td>Specialist Manager</td>
<td>(finance / engineering / production / personnel / industrial relations / sales / marketing)</td>
</tr>
<tr>
<td>Financial Services Manager</td>
<td>(bank branch manager, finance / investment / insurance broker, credit / loans officer)</td>
</tr>
<tr>
<td>Retail sales / Services manager</td>
<td>(shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)</td>
</tr>
<tr>
<td>Arts / Media / Sports</td>
<td>(musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)</td>
</tr>
</tbody>
</table>

**Associate Professionals** - generally have diploma / technical qualifications and support managers and professionals:
- 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

<table>
<thead>
<tr>
<th>Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tradesmen/women</td>
<td>generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</td>
</tr>
<tr>
<td>Clerks</td>
<td>(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)</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers, mobile plant, production / processing machinery and other machinery operators</td>
<td></td>
</tr>
<tr>
<td>Hospitality staff</td>
<td>(hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)</td>
</tr>
</tbody>
</table>

**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 (laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)
# MILGATE PRIMARY SCHOOL

## STUDENT ENROLMENT INFORMATION – 2015

| Computer Generated Student ID: |

### STUDENT DETAILS

#### PERSONAL DETAILS OF STUDENT

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Title: (Miss Ms Mr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Given Name:</td>
<td></td>
</tr>
<tr>
<td>Second Given Name:</td>
<td></td>
</tr>
<tr>
<td>Preferred Name (if applicable):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (tick):</th>
<th>Birth Date: (dd-mm-yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Male</td>
</tr>
<tr>
<td>☐ Female</td>
<td>☐ Female</td>
</tr>
</tbody>
</table>

| Student Mobile Number: |

### PRIMARY FAMILY HOME ADDRESS

<table>
<thead>
<tr>
<th>No. &amp; Street:</th>
<th>Suburb:</th>
</tr>
</thead>
<tbody>
<tr>
<td>or PO Box details</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Postcode:</td>
</tr>
<tr>
<td></td>
<td>Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>Silent Number: (tick)</td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>Mobile Number:</td>
</tr>
<tr>
<td></td>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Home Group</th>
<th>Timetabling Group</th>
<th>N/A</th>
<th>House</th>
<th>Campus</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Enrolment Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Complete</td>
<td>☐ Not sighted</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | ☐ Yes | ☐ No |
| Is there a Medical Alert for the student? (tick) | ☐ Yes | ☐ No |
| ☐ No | ☐ Yes | Disability ID No: |
| ☐ No | ☐ Yes | ☐ Pending |

| | ☐ Yes | ☐ No |
| Does the student have a Disability ID Number? (tick) | ☐ Yes | ☐ No |
| ☐ No | ☐ Yes | ☐ Pending |

| | ☐ Yes | ☐ No |
| Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) | ☐ Yes | ☐ No |
| ☐ No | ☐ Yes | ☐ Pending |

| For prep students only | |

### 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):

- **Sex (tick):**
  - [ ] Male
  - [ ] Female

- **Title:** (Ms, Mrs, Mr, Dr etc)

- **Legal Surname:**

- **Legal First Name:**

- **What is Adult A’s occupation?**

- **Who is Adult A’s employer?**

- **In which country was Adult A born?**
  - [ ] Australia
  - [ ] Other (please specify):

- ✗ **Does Adult A speak a language other than English at home?** (If more than one language is spoken at home, indicate the one that is spoken most often) (tick)
  - [ ] No, English only
  - [ ] Yes (please specify):

- Please indicate any additional languages spoken by Adult A:

- **Is an interpreter required?** (tick)
  - [ ] Yes
  - [ ] 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’.)
  - [ ] Year 12 or equivalent
  - [ ] Year 11 or equivalent
  - [ ] Year 10 or equivalent
  - [ ] Year 9 or equivalent or below

- ✗ **What is the level of the highest qualification the Adult A has completed?** (tick one)
  - [ ] Bachelor degree or above
  - [ ] Advanced diploma / Diploma
  - [ ] Certificate I to IV (including trade certificate)
  - [ ] No non-school qualification

- ✗ **What is the occupation group of Adult A?** 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 paid work for the last 12 months, enter ‘N’.

### ADULT B DETAILS:

- **Sex (tick):**
  - [ ] Male
  - [ ] Female

- **Title:** (Ms, Mrs, Mr, Dr etc)

- **Legal Surname:**

- **Legal First Name:**

- **What is Adult B’s occupation?**

- **Who is Adult B’s employer?**

- **In which country was Adult B born?**
  - [ ] Australia
  - [ ] Other (please specify):

- ✗ **Does Adult B speak a language other than English at home?** (If more than one language is spoken at home, indicate the one that is spoken most often) (tick)
  - [ ] No, English only
  - [ ] Yes (please specify):

- Please indicate any additional languages spoken by Adult B:

- **Is an interpreter required?** (tick)
  - [ ] Yes
  - [ ] 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’.)
  - [ ] Year 12 or equivalent
  - [ ] Year 11 or equivalent
  - [ ] Year 10 or equivalent
  - [ ] Year 9 or equivalent or below

- ✗ **What is the level of the highest qualification the Adult B has completed?** (tick one)
  - [ ] Bachelor degree or above
  - [ ] Advanced diploma / Diploma
  - [ ] Certificate I to IV (including trade certificate)
  - [ ] No non-school qualification

- ✗ **What is the occupation group of Adult 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 paid work for the last 12 months, enter ‘N’.

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

<table>
<thead>
<tr>
<th><strong>Main language spoken at home:</strong></th>
<th><strong>Preferred language of notices:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)</td>
<td>[ ] Adult A  [ ] Adult B  [ ] Both  [ ] Neither</td>
</tr>
</tbody>
</table>
**PRIMARY FAMILY CONTACT DETAILS**

### ADULT A CONTACT DETAILS:

**Business Hours:**
- Can we contact Adult A at work? [ ] Yes [ ] No
- Is Adult A usually home during business hours? (tick) [ ] Yes [ ] No

**Work Telephone No:**

**Mobile / Other Work Contact information:**

**After Hours:**
- Is Adult A usually home AFTER business hours? (tick) [ ] Yes [ ] No

**Home Telephone No:**

**Mobile / Other Contact Information:**

**Adult A’s preferred method of contact:** (tick one)
- [ ] Mail
- [ ] Email

**Email address:**

---

### ADULT B CONTACT DETAILS:

**Business Hours:**
- Can we contact Adult B at work? [ ] Yes [ ] No
- Is Adult B usually home during business hours? (tick) [ ] Yes [ ] No

**Work Telephone No:**

**Mobile / Other Work Contact information:**

**After Hours:**
- Is Adult B usually home AFTER business hours? (tick) [ ] Yes [ ] No

**Home Telephone No:**

**Mobile / Other Contact Information:**

**Adult B’s preferred method of contact:** (tick one)
- [ ] Mail
- [ ] Email

**Email address:**

---

**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**

- **Doctor’s Name:**
- **Individual or Group Practice:** (tick) [ ] Individual [ ] Group
- **Name of Practice:**
- **No. & Street or PO Box No:**
- **Suburb:**
- **State:** [ ] Postcode:
- **Telephone Number:**
- **Fax Number:**
- **Current Ambulance Subscription:** (tick) [ ] Yes [ ] No

**Medicare Number:**
**PRIMARY FAMILY EMERGENCY CONTACTS:**
Parents will always be contacted in the first instance, Emergency Contacts are additional contacts in case we are unable to make contact with either Parent. Please do not list parent details here, this is for additional contacts only.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English Write “E”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY FAMILY BILLING ADDRESS:**
Write “As Above” if the same as Family Home Address

<table>
<thead>
<tr>
<th>No. &amp; Street or PO Box:</th>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

**OTHER PRIMARY FAMILY DETAILS**

**Relationship of Adult A to Student:** (tick one)
- ☐ Parent
- ☐ Foster Parent
- ☐ Friend
- ☐ Step-Parent
- ☐ Host Family
- ☐ Self
- ☐ Relative
- ☐ Other
- ☐ Adoptive Parent

**Relationship of Adult B to Student:** (tick one)
- ☐ Parent
- ☐ Foster Parent
- ☐ Friend
- ☐ Step-Parent
- ☐ Host Family
- ☐ Self
- ☐ Relative
- ☐ Other
- ☐ Adoptive Parent

**The student lives with the Primary Family:** (tick one)
- ☐ Always
- ☐ Mostly
- ☐ Balanced
- ☐ Occasionally
- ☐ Never

**Send Correspondence addressed to:** (tick one)
- ☐ Adult A
- ☐ Adult B
- ☐ Both Adults
- ☐ Neither

**NOTE:** Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.
**DEMOGRAPHIC DETAILS OF STUDENT**

- **In which country was the student born?**
  - ☐ Australia
  - ☐ Other (please specify): ____________________________

- **Date of arrival in Australia OR Date of return to Australia:** (dd-mm-yyyy) _____ / _____ / _____

- **What is the Residential Status of the student? (tick)**
  - ☐ Permanent
  - ☐ Temporary

- **Basis of Australian Residency:**
  - ☐ Eligible for Australian Passport
  - ☐ Holds Australian Passport
  - ☐ Holds Permanent Residency Visa (complete Visa details) →

- **Visa Details:**
  - **Visa Sub Class:** ____________________________
  - **Visa Expiry Date:** (dd-mm-yyyy) _____ / _____ / _____
  - **Visa Statistical Code:** (Required for some sub-classes)

- **International Student ID:** (Not required for exchange students)

- **Does the student speak English? (tick)**
  - ☐ Yes
  - ☐ No

- **Does the student speak a language other than English at home? (tick)**
  - (If more than one language is spoken at home, indicate the one that is spoken most often)
  - ☐ No, English only
  - ☐ Yes (please specify): ____________________________

- **Is the student of Aboriginal or Torres Strait Islander origin? (tick one)**
  - ☐ No
  - ☐ Yes, Aboriginal
  - ☐ Yes, Torres Strait Islander
  - ☐ Yes, Both Aboriginal & Torres Strait Islander

- **What is the student’s living arrangements? (tick one):**
  - ☐ At home with TWO Parents/ Guardians
  - ☐ At home with ONE Parent/ Guardian
  - ☐ Independent
  - ☐ State Arranged Out of Home Care # (See Note)
  - ☐ Homeless Youth

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

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

**Beginning of journey to school:**

<table>
<thead>
<tr>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
</tr>
</tbody>
</table>

**Usual mode of transport to school:** (tick)

| Walking | School Bus | Train | Driven | Taxi | Bicycle | Public Bus | Tram | Self-Driven (N/A) | Other |

If student drives themself to school:

| Car Reg. No. | N/A | Distance to School in kilometres: |

**Student’s Religion:**

- 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)? |  | Yes. Please specify: |
|  | Yes, but the VSN is unknown | No. The student has never been issued a VSN. |
| 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/week) |  |
| Other school Name: | Time fraction: 0. | Enrolled: Yes | No |
| Other school Name: | Time fraction: 0. | Enrolled: Yes | 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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information ([http://www.education.vic.gov.au/management/governance/referenceguide/default.htm](http://www.education.vic.gov.au/management/governance/referenceguide/default.htm)).

Enrolment conditions

-  
-  

## OFFICE USE ONLY

| Has the documentation been provided and retained on school records? | Yes | No |
| Have the conditions been met to complete the enrolment? | Yes | No |
**STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the student at risk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an Access Alert for the student? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Type: (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe any Access Restriction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an Activity Alert for the student? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, then describe the Activity Restriction:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current custody document placed on student file?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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: ________________________________ Date: _______/ _____/ ________
**STUDENT MEDICAL DETAILS**

**MEDICAL CONDITION DETAILS:**

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments?</th>
<th>Hearing:</th>
<th>Vision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tick)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the student suffer from Asthma?</td>
<td>Speech:</td>
<td>Mobility:</td>
</tr>
<tr>
<td>(tick) If No, please go to the Other Medical Conditions section</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**ASTHMA MEDICAL CONDITION DETAILS:**

Answer the following questions ONLY if the student suffers from any asthma medical conditions.

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the following symptoms:</th>
<th>If my child displays any of these symptoms please:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tick) Cough</td>
<td>Inform Doctor</td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td>Information</td>
</tr>
<tr>
<td>Wheeze</td>
<td>Emergency Contact</td>
</tr>
<tr>
<td>Exhibits symptoms after exertion</td>
<td>Medication</td>
</tr>
<tr>
<td>Tight Chest</td>
<td>Other Medical Action</td>
</tr>
</tbody>
</table>

If yes, please specify:

<table>
<thead>
<tr>
<th>Has an Asthma Management Plan been provided to School?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**OTHER MEDICAL CONDITIONS**

(More copies of the other medical condition forms are available on request from the school.)

<table>
<thead>
<tr>
<th>Does the student have any other medical condition?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please specify:

<table>
<thead>
<tr>
<th>Symptoms:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If my child displays any of the symptoms above please:</th>
<th>Name of medication taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tick) Inform Doctor</td>
<td>Yes</td>
</tr>
<tr>
<td>Administer Medication</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Medical Action</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, please specify:

<table>
<thead>
<tr>
<th>Does the student take medication?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of medication taken:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Is the medication taken regularly by the student (preventive) or only in response to symptoms? | Preventative | Response |
| --- | --- |

| Indicate the usual dosage of medication taken: |
| Indicate how frequently the medication is taken: |

<table>
<thead>
<tr>
<th>Medication is usually administered by:</th>
<th>Student</th>
<th>Nurse</th>
<th>Teacher</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medication is stored:</th>
<th>with Student</th>
<th>with Nurse</th>
<th>Fridge in Staff Room</th>
<th>Elsewhere</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dosage time Reminder required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Poison Rating</th>
</tr>
</thead>
</table>
## 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.

<table>
<thead>
<tr>
<th>Doctor’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual or Group Practice: (tick)</td>
<td></td>
</tr>
<tr>
<td>☐ Individual</td>
<td>☐ Group</td>
</tr>
<tr>
<td>No. &amp; Street or PO Box No.:</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Fax Number</td>
</tr>
<tr>
<td>Student Medicare Number:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Language Spoken (If English Write “E”)</th>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

## PARENT DECLARATION

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: ___________________________________________ Date: _____ / _____ / ______
Page intentionally left blank
SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parents/carers in consultation with their child’s doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.3.19.3 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide).

STUDENT’S PERSONAL DETAILS

Student’s Name ____________________________ Gender M F
Date of Birth _____/____/____ Form/Class __________________________ Teacher ____________________________
Ambulance Membership Yes No Membership No. ____________________________
What other health management plans does this student have, if any? ____________________________
Emergency Contact (e.g. parent/carer)
Name ____________________________ Relationship ____________________________
Ph: (H) ____________________________ (W) ____________________________ (M) ____________________________
Doctor ____________________________ Ph: ____________________________

USUAL ASThma ACTION PLAN

Usual signs of student’s asthma:
☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other ____________________________

Signs student’s asthma is getting worse
☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other ____________________________

Student’s Asthma Triggers
☐ Cold/Mu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐ Other ____________________________

Asthma Medication Requirements (including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method</th>
<th>When and how much?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. Ventolin, Flixotide)</td>
<td>(e.g. puffer &amp; spacer, turbuhaler)</td>
<td>(e.g. 1 puff in morning and night, before exercise)</td>
</tr>
</tbody>
</table>

Does the student need assistance taking their medication? Yes No If yes, how? ____________________________

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:
1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:
1. Stop the exercise or activity and refer to the student’s asthma first aid plan (on back page). If their symptoms reoccur, reccommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer any incident.

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ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan
☐ Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

Step 1. Sit the person upright
- be calm and reassuring
- Do not leave them alone.

Step 2. Give medication
- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- Take 4 breaths from the spacer after each puff
*You can use a Britany/ Turbuhaler if you do not have access to a puffer and spacer
Giving blue reliever medication to someone who doesn’t have asthma is unlikely to harm them

Step 3. Wait 4 minutes
- If there is no improvement, repeat steps 2.

Step 4 If there is still no improvement call emergency assistance (DIAL 000).
- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse

OR

☐ Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: ____________________________ Date ___/___/

Doctor's Signature: ____________________________ Date ___/___/

For further information about the Victorian Schools Asthma Policy or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7988, toll free 1800 645 130, or visit www.asthma.org.au

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The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The presence of head lice in a child’s hair does not mean that their hair is less clean or well-kept than anyone else’s. This is explained to students and pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

Teachers are authorised by the school Principal to perform visual checks of your child’s hair for the presence of head lice or eggs, when it is suspected that head lice may be present. They do not physically touch the child’s head during a visual check.

In cases where head lice are found, the Teacher will inform the Office and Office staff will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

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CONSENT DETAILS
-------------------------------

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

Signature of Parent/Guardian: .................................................. Date: .................

Name of Parent/Guardian: .......................................................... Date: .................
Page intentionally left blank
Additional Enrolment Information for Classroom Teachers

This information is given directly to your child’s teacher and gives them a more comprehensive and personal understanding of your child’s needs in the classroom.

Name of Child: 
Name to use in Classroom: 

FAMILY DETAILS

Name of Parents/Guardian: Parent A  Parent B 
Parents’ Occupation: 
No. of children in the family? Place in Family? 
Siblings attending Milgate? 
Language/s your child speaks? 
Preferred language at home? 

Does your child suffer from any of the following (please tick):
- Aggression
- Autism
- Poor hearing
- Allergies
- Clumsiness
- Poor vision
- Anaphylaxis
- Fine motor issues
- Speech issues
- Anxiety
- Frequent illness
- Other, please specify below: 
- Asthma
- Gross motor issues
- Auditory processing issues
- Over-active tendencies

Further details: 

Are there any friendships you would like us to consider when placing your child into a grade:

FOR PREP ENROLMENTS ONLY

KINDERGARTEN / PRE-SCHOOL / CHILDCARE DETAILS

Name of Kinder: 
Name of Session / Group: 
Name of Teacher: 

Updated: Oct 2014