

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 friendly Milgate community.

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

- **Enrolment Form** [including the Additional Enrolment Information for Classroom Teachers]
- Proof of **Date of Birth** [either Birth Certificate or Passport]
- Certificate of **Immunisation** [showing your child has received all immunisations required]
- **Residency VISA** [if applicable]
- **Alternative Family** Enrolment Form [if your child does not live with both parents]

IMMUNISATION | How do I obtain a certificate of immunisation?

If your child was immunised in Australia, you can obtain an immunisation certificate 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
- Your GP / Doctor
- Your local council immunisation service

We require a certificate or letter confirming your child's immunisation program has been completed in line with the current Australian immunisation standards.

IMMUNISATION | 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.

IMPORTANT | Enrolment Process

It is important that you only enrol your child into one government school. Our enrolment system is very different from that of pre-schools or childcare and we do not allow for multiple enrolments.

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,



Debbie Mierisch
Principal

STUDENTS ENROLLING in FOUNDATION / PREP

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

When to Enrol? Parents of Foundation / 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 - Foundation Discovery, Storytime and Foundation 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 their requirements.

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.

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.

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.

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. Milgate Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. 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.
IMPORTANT: This information is used for determining funding allocations to schools.

Group A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation
Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator
Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)
Defence Forces Commissioned Officer
Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

Group B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)
Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)
Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

Group C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group
Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Group D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators
Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)
Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

STUDENT ENROLMENT INFORMATION

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

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

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

PRIMARY FAMILY | HOME ADDRESS

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

FAMILY DETAILS

List any other family members attending this school: [current or previous]

OFFICE USE ONLY

Child's Name and Birth Date proof sighted? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Enrolment Date: _____ / _____ / _____		
Year Level: _____	Home Group: _____	Timetabling Group: _____ N/A	House: _____	Campus: _____ N/A
Immunisation Certificate received?: (tick) <input type="checkbox"/> Complete <input type="checkbox"/> Not sighted				
Is there a Medical Alert for the student? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Zone: <input type="checkbox"/> In <input type="checkbox"/> Out		
Does the student have a Disability ID Number? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Disability ID No: _____		
For FOUNDATION students only Has a Transition Statement been provided? (tick) (either by the Early Childhood Educator or parents)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pending	<input type="checkbox"/> Not Applicable	

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):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
Preferred Name:		
Occupation?		
Employer?		
Country of Birth?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (specify):		
❖ Do you 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)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify): _____		
Please indicate any other languages spoken:		
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) (If you did not attend school, tick '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 level of qualification completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ What is the OCCUPATION GROUP code of Adult A? Please select the appropriate parental occupation group from the attached list .		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
Preferred Name:		
Occupation?		
Employer?		
Country of Birth?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (specify):		
❖ Do you 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)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify): _____		
Please indicate any other languages spoken:		
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) (If you did not attend 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 level of qualification completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ What is the OCCUPATION GROUP code of Adult B? Please select the appropriate parental occupation group from the attached list .		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

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

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

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile No:		
Work Telephone No:		
Other Work No:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile No:		
Work Telephone No:		
Other Work No:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred method of contact: (tick)	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Email:		
Email Notifications: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred method of contact: (tick)	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Email:		
Email Notifications: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
Name of Practice:				
No. & Street or PO Box No:				
Suburb:		State:		
Postcode:		Telephone Number:		
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

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

PRIMARY FAMILY | BILLING DETAILS

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

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

PRIMARY FAMILY | OTHER 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 <u>Primary Family</u>: (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"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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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 Camps, Sports and Excursions Fund [CSEF]. Information on eligibility and application forms are available from the school office.

ALTERNATIVE FAMILY | DETAILS

NOTE: The 'ALTERNATIVE Family is: "the family or parent the student sometimes lives with". This additional form is designed to cater for varying family circumstances.

ADULT A DETAILS (ALTERNATIVE FAMILY PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
Preferred Name:
Occupation:
Employer:
Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Do you 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) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____
Please indicate any additional languages spoken:
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) (If you did not attend 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 level of the <i>highest</i> qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ 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 <u>paid</u> in Australia work for the last 12 months, enter 'N'.

ADULT B DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
Preferred Name:
Occupation:
Employer:
Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Do you 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) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____
Please indicate any additional languages spoken:
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) (If you did not attend 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 level of the <i>highest</i> qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ 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 <u>paid</u> work in Australia 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

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

ALTERNATIVE FAMILY | CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile No:		
Work Telephone No:		
Other Work No:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile No:		
Work Telephone No:		
Other Work No:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred method of contact: (tick)	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Email:		
Email Notifications: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred method of contact: (tick)	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Email:		
Email Notifications: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ALTERNATIVE FAMILY HOME ADDRESS:

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

ALTERNATIVE FAMILY MAILING ADDRESS:

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

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

ALTERNATIVE FAMILY BILLING DETAILS:

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

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

ALTERNATIVE FAMILY | DOCTOR DETAILS

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

ALTERNATIVE 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.

	<i>Name</i>	<i>Relationship</i> (Grandparent, Neighbour, Friend or Other)	<i>Telephone Contact</i>	<i>Language Spoken</i> (If English Write "E")
1				
2				
3				
4				

OTHER ALTERNATIVE 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 **Alternative 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 Camps, Sports and Excursions Fund [CSEF]. Information on eligibility and application forms are available from the school office.

ALTERNATIVE FAMILY | PARENT DECLARATION

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

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) If applicable _____ / _____ / _____

Visa Statistical Code: (Required for some sub-classes)

International Student ID: (Not required for exchange students)

❖ 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): _____

Does the student speak English: (tick)

- Yes
- No

❖ 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 State Arranged Out of Home Care # (See Note)
- At home with ONE Parent/ Guardian Homeless Youth
- Independent

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.

BEGINNING OF JOURNEY TO SCHOOL:	Map Type: Melway / VicRoads / Country Fire Authority / Other
Map Number:	X Reference: _____ Y Reference: _____
Usual mode of transport to school: (tick one)	
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus
<input type="checkbox"/> Train	<input type="checkbox"/> Driven
<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven (N/A)
<input type="checkbox"/> Taxi	<input type="checkbox"/> Other
Distance to School in kilometres:	_____

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

SCHOOL DETAILS

Date of first enrolment in an Australian School:	____ / ____ / ____		
Name of previous School:			
Location of previous School:	<input type="checkbox"/> Within Victoria	<input type="checkbox"/> Interstate	<input type="checkbox"/> Overseas
Years of previous education:	What was the language of the student's previous education?		
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes, please specify: <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No, the student has never been issued a VSN.			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Years of interruption to education:	Is the student repeating a year? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other School Name:	Time fraction:	0.	Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to 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>).

Enrolment conditions [please specify]:

OFFICE USE ONLY

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (Complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (Move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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, and
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

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

ASTHMA - MEDICAL CONDITION DETAILS

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

Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms 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:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medication name:	
Medication dosage:		Frequency taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Other _____	
Medication is stored: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Elsewhere _____	
Dosage time:		Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Poison Rating	

OTHER - MEDICAL CONDITIONS

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

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		Other Medical Action, complete below <input type="checkbox"/> Yes <input type="checkbox"/> No	
Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify:	
Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the student take medication: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medication name:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Medication dosage:		Frequency taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Other _____	
Medication is stored: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Other _____	
Dosage time:		Reminder required: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Poison Rating	

STUDENT SPECIFIC | 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
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT SPECIFIC | EMERGENCY CONTACTS

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

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

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

PARENT DECLARATION

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Consent Form for Head Lice Inspections

Permission to cover the duration of the student's schooling

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 parent/guardian/carer.

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.

CONSENT DETAILS

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

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

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:

Preferred First Name:

FAMILY DETAILS

Parent / Guardian A

Parent / Guardian B

Name:

Occupation:

Child lives with:

<input type="checkbox"/> Always	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Always	<input type="checkbox"/> Occasionally
<input type="checkbox"/> Mostly	<input type="checkbox"/> Never	<input type="checkbox"/> Mostly	<input type="checkbox"/> Never
<input type="checkbox"/> Balanced		<input type="checkbox"/> Balanced	

No. of children in the family? Place in Family?

Siblings attending Milgate?

KINDERGARTEN / PRE-SCHOOL / CHILDCARE DETAILS

For students enrolling in Foundation / Prep ONLY

Name of Service:

Session / Group:

Teacher:

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

STUDENT DETAILS

Does your child exhibit/have any of the following: [please tick]

- | | | |
|---|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Autism | <input type="checkbox"/> Poor hearing |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Clumsiness | <input type="checkbox"/> Poor vision |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Fine motor issues | <input type="checkbox"/> Speech issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Frequent illness | <input type="checkbox"/> Other [please specify below] |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gross motor issues | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Auditory processing issues | <input type="checkbox"/> Over-active tendencies | |

Other / Further details:

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