PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form

Please read this notice before completing the Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Narre Warren North Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Narre Warren North Primary School and the Department of Education and Training are required by law to protect the information provided by this enrolment form.

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

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

EMERGENCY CONTACTS
These are people that Narre Warren North 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 Narre Warren North 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 Narre Warren North 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
The Immunisation Status Certificate is required by the Department of Education and Training before your child starts school. The Child History Statement will be sent to you when your child turns five. Alternatively, the Immunisation Status Certificate can be obtained from the Australian Childhood Immunisation Register by:
- Phoning 1800 653 809
- Emailing acir@medicateaustralia.gov.au
- www.medicareaustralia.gov.au/online
- Visiting your local Medicare Office.

This certificate also assists Narre Warren North 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 (IF APPLICABLE)
This information is required to enable Narre Warren North Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Narre Warren North Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Narre Warren North 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. Narre Warren North Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information 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

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:
- 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 Services 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:
- 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 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>
<tr>
<td>Sex (tick):</td>
<td>Male □ Female □</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>(dd-mm-yyyy)</td>
</tr>
</tbody>
</table>

### PRIMARY FAMILY HOME ADDRESS:

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>Suburb:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Silent Number: (tick)</th>
<th>Yes □ No □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Child’s Name and Birth Date proof sighted (tick)</th>
<th>Yes □ No □ Enrolment Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Home Group</th>
<th>Timetabling Group</th>
<th>House</th>
<th>Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Student Email Address:

<table>
<thead>
<tr>
<th>Immunisation Certificate received?: (tick)</th>
<th>Complete □ Not sighted</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there a Medical Alert for the student? (tick)</th>
<th>Yes □ No □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the student have a Disability ID Number? (tick)</th>
<th>No □ Yes □ Disability ID No.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick)</th>
<th>Yes □ No □ Pending</th>
</tr>
</thead>
</table>

### 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):**

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is Adult A’s occupation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is Adult A’s employer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In which country was Adult A born?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- □ Australia
- □ Other (please specify):  

- □ No, English only
- □ Yes (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.)

- □ No, English only
- □ Yes (please specify):  

Please indicate any additional languages spoken by Adult A:

- □ Yes
- □ No

**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:**

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is Adult B’s occupation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is Adult B’s employer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In which country was Adult B born?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- □ Australia
- □ Other (please specify):  

- □ No, English only
- □ Yes (please specify):

**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’.

- □ Yes
- □ No

**Main language spoken at home:**

Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)

- □ Adult A
- □ Adult B
- □ Both
- □ Neither

**Preferred language of notices:**

- □ Adult A
- □ Adult B
- □ Both
- □ Neither

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Last updated: Sept 2015

version 2.11
# PRIMARY FAMILY CONTACT DETAILS

**ADULT A CONTACT DETAILS:**

**Business Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can we contact Adult A at work? (tick)</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Is Adult A usually home during business hours? (tick)</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

**Work Telephone Number:**

**Mobile Number:**

**Other Work Contact information:**

**After Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Adult A usually home AFTER business hours? (tick)</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

**Home Telephone Number:**

**Other After Hours Contact Information:**

**Mobile Number:**

**SMS Notifications:**

**Adult A’s preferred method of contact:** (tick one)

☐ Mail ☐ Email ☐ Phone ☐ Facsimile

**Email address:**

**Email Notifications:**

☐ Yes ☐ No

**Fax Number:**

---

**ADULT B CONTACT DETAILS:**

**Business Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can we contact Adult B at work? (tick)</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Is Adult B usually home during business hours? (tick)</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

**Work Telephone Number:**

**Mobile Number:**

**Other Work Contact information:**

**After Hours:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Adult B usually home AFTER business hours? (tick)</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

**Home Telephone Number:**

**Other After Hours Contact Information:**

**Mobile Number:**

**SMS Notifications:**

**Adult B’s preferred method of contact:** (tick one)

☐ Mail ☐ Email ☐ Phone ☐ Facsimile

**Email address:**

**Email Notifications:**

☐ Yes ☐ No

**Fax Number:**

---

**PRIMARY FAMILY MAILING ADDRESS:**

Write “As Above” if the same as Family Home Address

**Number & Street or PO Box**

**Suburb:**

**State:**

**Postcode:**
**PRIMARY FAMILY DOCTOR DETAILS:**

<table>
<thead>
<tr>
<th>Doctor's Name</th>
<th>Individual or Group Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(tick) Individual □ Group □</td>
</tr>
</tbody>
</table>

**Name of Medical Practice:**

**Number & Street:**

**Suburb:**

**State:**

**Postcode:**

**Telephone Number**

**Fax Number**

**Current Ambulance Subscription:** (tick) □ Yes □ No

**Medicare Number:**

---

**PRIMARY FAMILY EMERGENCY CONTACTS:**

Please note: Where possible the child's parents/guardians (Adult A or B) will be contacted first, then if unavailable the following will be contacted, so please do not Adult A or B in this section.

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Billing Email** □ Adult A □ Adult B □ Other (Please Specify)

---

**OTHER PRIMARY FAMILY DETAILS**

**Relationship of Adult A to Student:** (tick one)

□ Parent □ Foster Parent □ Step-Parent □ Adoptive Parent

□ Friend □ Self □ Host Family □ Other

**Relationship of Adult B to Student:** (tick one)

□ Parent □ Foster Parent □ Step-Parent □ Adoptive Parent

□ Friend □ Self □ Host Family □ Other

---

**The student lives with the Primary Family:** (tick one)

□ Always □ Mostly □ Balanced □ Occasionally

---

**Send Correspondence addressed to:** (tick one)

□ Adult A □ Adult B □ Both Adults
**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

- **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 a language other than English at home?** (tick)
  - [ ] 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
  - [ ] At home with ONE Parent/ Guardian
  - [ ] State Arranged Out of Home Care # (See Note)

# 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)
  - [ ] Walking
  - [ ] Bicycle
  - [ ] Driven
  - [ ] Taxi
  - [ ] Public Bus
  - [ ] Other (Specify)

- **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

<table>
<thead>
<tr>
<th>Date of first enrolment in an Australian School:</th>
<th>_____ / _____ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address of previous school or pre-school:</td>
<td></td>
</tr>
<tr>
<td>Years of previous education:</td>
<td>What was the language of the student's previous education?</td>
</tr>
<tr>
<td>Does the student have a Victorian Student Number (VSN)?</td>
<td></td>
</tr>
<tr>
<td>☐ Yes, please specify:</td>
<td></td>
</tr>
<tr>
<td>☐ Yes, but the VSN is unknown ☐ No. The student has never been issued a VSN.</td>
<td></td>
</tr>
<tr>
<td>Years of interruption to education:</td>
<td>Is the student repeating a year? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Will the student be attending this school full time? (tick)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)</td>
<td></td>
</tr>
<tr>
<td>Other school Name:</td>
<td>Time fraction: 0.</td>
</tr>
<tr>
<td>Other school Name:</td>
<td>Time fraction: 0.</td>
</tr>
</tbody>
</table>

## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide’s Admission page for more information ([http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx](http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx)).

**Enrolment conditions**

- 
- 

## OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Has the documentation been provided and retained on school records?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the conditions been met to complete the enrolment?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>
## 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

- Current custody document placed on student file? Yes No

---

### Medical 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? (tick)</th>
<th>Hearing:</th>
<th>Vision:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Does the student suffer from Asthma? (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: (tick)</th>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cough</td>
<td>□ Yes       □ No</td>
</tr>
<tr>
<td>□ Difficulty Breathing</td>
<td>□ Yes       □ No</td>
</tr>
<tr>
<td>□ Wheeze</td>
<td>□ Yes       □ No</td>
</tr>
<tr>
<td>□ Exhibits symptoms after exertion</td>
<td>□ Yes       □ No</td>
</tr>
<tr>
<td>□ Tight Chest</td>
<td>□ Yes       □ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes       □ No</td>
</tr>
</tbody>
</table>

**Has an Asthma Management Plan been provided to School?** □ Yes □ No

**Does the student take medication? (tick) □ Yes □ No**

**Name of medication taken:**

**Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)** □ Preventative □ Response

**Medication is usually administered by: (tick)**

- □ Student
- □ Nurse
- □ Teacher
- □ Other

**Medication is stored: (tick)**

- □ with Student
- □ with Nurse
- □ Fridge in Staff Room
- □ Elsewhere

**Dosage time Reminder required? (tick) □ Yes □ 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) □ Yes □ No**

If yes, please specify:

**Symptoms:**

<table>
<thead>
<tr>
<th>If my child displays any of the symptoms above please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Does the student take medication? (tick) □ Yes □ No**

**Name of medication taken:**

**Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)** □ Preventative □ Response

**Medication is usually administered by: (tick)**

- □ Student
- □ Nurse
- □ Teacher
- □ Other

**Medication is stored: (tick)**

- □ with Student
- □ with Nurse
- □ Fridge in Staff Room
- □ Elsewhere

**Dosage time Reminder required? (tick) □ Yes □ No**

**Poison Rating**
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><strong>Doctor’s Name:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Individual or Group Practice:</strong> (tick)</th>
<th>□ Individual □ Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. &amp; Street or PO Box No.:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Suburb:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td><strong>Postcode:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td><strong>Fax Number</strong></td>
</tr>
<tr>
<td><strong>Student Medicare Number:</strong></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><strong>Name</strong></th>
<th><strong>Relationship</strong> (Neighbour, Relative, Friend or Other)</th>
<th><strong>Language Spoken</strong> (If English Write “E”)</th>
<th><strong>Telephone Contact</strong></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.

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

Signature of Parent/Guardian: ____________________________ Date: _____ / _____ / ______
Consent for Local Excursions

From time to time, as part of educational programs, students are walked to local areas close to the school under teacher supervision.

Your consent is sought to enable your child to attend these excursions.

I, __________________________________________ (Parent/Guardian) consent to my child,
______________________________________________ attending local excursions, including sports excursions,

within walking distance of the school for the duration of his/her enrolment at Narre Warren North Primary School.

I am aware of the nature of any hazards associated with these activities and understand that my child is expected to behave according to the behaviour code set by the school. I grant permission for my child to attend.

In the event of illness, accident or any other unforeseen emergency whilst the students are under supervision I hereby authorize the Teacher-in-Charge to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian/Carer's Signature: ____________________________ Date: __________

Consent for Head Lice Inspections

Parent / Guardian / Carer’s Name: ______________________________________________

Child’s Name: ________________________________________________________________

I hereby give my consent for the above-named child to participate in the school’s head lice inspection program for the duration of his / her enrolment at Narre Warren North Primary School.

Signature of Parent / Guardian / Carer ____________________________ Date: __________