



CRAIGIEBURN 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 CPS can register your child and allocate staff and resources to provide for their educational and support needs. All staff at CPS and the Department of Education & Training (DET) are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at CPS 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. CPS depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

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

EMERGENCY CONTACTS

These are people that CPS 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 CPS.

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 CPS 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 CPS 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 CPS to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let CPS know if any information needs to be changed by sending updated information to the school office. During your child's time with CPS 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. Craigieburn 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.

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

CRAIGIEBURN PRIMARY SCHOOL

Confidential Student Enrolment Form



| | |
|---|---|
| STUDENT ENROLMENT INFORMATION 2019 | Computer Generated Student ID: _____ |
|---|---|

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

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

Your child will not be able to start unless we have sighted proof of birth.

OFFICE USE ONLY

| | |
|--|------------------------------|
| Child's Name / Birth Date Proof Sighted (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | Enrolment Date: _____ |
| Repeating Year Level <input type="checkbox"/> Yes Year _____ | Home Group _____ |

FAMILY DETAILS

| | |
|--|--|
| List any other family members attending this school: _____ _____ _____ | |
|--|--|

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PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required

ADULT A DETAILS (FEMALE):

| | |
|--|-------------------------------------|
| Legal Surname: | Title: (Ms, Mrs, Mr, Dr etc) |
| Legal First Name: | |
| What is Adult A's occupation? | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Who is Adult A's employer? | |
| In which country was Adult A born? | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ | |
| ❖ Does Adult A speak a language other than English at home? (tick) | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify): _____ * If more than one language is spoken at home, indicate the one that is spoken most often | |
| Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) | |
| <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below | |
| ❖ What is the highest qualification level Adult A has completed? (tick one) | |
| <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification | |
| OFFICE USE ONLY | |
| ❖ What is the occupation group of Adult A? | |

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ADULT B DETAILS: (MALE)

| | |
|--|-------------------------------------|
| Legal Surname: | Title: (Ms, Mrs, Mr, Dr etc) |
| Legal First Name: | |
| What is Adult B's occupation? | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Who is Adult B's employer? | |
| In which country was Adult B born? | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ | |
| ❖ Does Adult B speak a language other than English at home? (tick) | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify): _____ * If more than one language is spoken at home, indicate the one that is spoken most often | |
| Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) | |
| <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below | |
| ❖ What is the highest qualification level Adult B has completed? (tick one) | |
| <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate 1 to IV (including trade certificate) <input type="checkbox"/> No non-school qualification | |
| OFFICE USE ONLY | |
| ❖ What is the occupation group of Adult B? | |

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OTHER PRIMARY FAMILY DETAILS:

| | |
|--------------------------------|--|
| Main language spoken at home: | |
| Preferred language of notices: | |

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 |
| Work Telephone No: | Mobile Phone No: | |
| Email Address: | | |

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 |
| Work Telephone No: | Mobile Phone No: | |
| Email Address: | | |

PRIMARY FAMILY HOME ADDRESS:

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

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PRIMARY FAMILY EMERGENCY CONTACTS:

| | Name | Relationship (Neighbour, Relative, Friend or Other) | Telephone | Mobile | Language Spoken (If English Write "E") |
|---|-------------|---|------------------|---------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

PRIMARY FAMILY DOCTOR DETAILS:

| | |
|---|--|
| Doctor's Name | |
| Individual or Group Practice: (tick) | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| No. & Street or Box No.: | |
| Suburb: | |
| State: | Postcode: |
| Telephone Number | |

| | |
|--|--|
| Do you have a Health Care Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the primary family have a current Ambulance Subscription: (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicare Number: | |

OTHER PRIMARY FAMILY DETAILS

| | | | |
|---|--|--------------------------------------|--|
| Relationship of Adult A to Student: (tick one) | <input type="checkbox"/> Parent | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Adoptive Parent |
| | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Host Family | <input type="checkbox"/> Relative |
| | <input type="checkbox"/> Friend | <input type="checkbox"/> Self | <input type="checkbox"/> Other |
| Relationship of Adult B to Student: (tick one) | <input type="checkbox"/> Parent | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Adoptive Parent |
| | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Host Family | <input type="checkbox"/> Relative |
| | <input type="checkbox"/> Friend | <input type="checkbox"/> Self | <input type="checkbox"/> Other |

| |
|--|
| The student lives with the Primary Family: (tick one) |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never |

| | | | | |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| Send Correspondence addressed to: (tick one) | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | <input type="checkbox"/> Both Adults | <input type="checkbox"/> Neither |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|

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DEMOGRAPHIC DETAILS OF STUDENT

| | |
|---|---|
| ❖ In which country was the student born? | |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): | |
| What is the Residential Status of the student: (tick) | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| Basis of Australian Residency: | |
| <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa | |
| Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____ | |
| Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____ | Visa Sub Class: |
| Visa Statistical Code: (Required for some sub-classes) | |
| ❖ Does the student speak a language other than English at home? (tick) | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify): <small>* If more than one language is spoken at home, indicate the one that is spoken most often</small> | |
| Does the student speak English? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one) | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander | |
| What is the student's living arrangements? # (tick one): | |
| <input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> Homeless Youth <input type="checkbox"/> At home with ONE Parent/Guardian <input type="checkbox"/> Independent <input type="checkbox"/> Arranged by State-Out of Home Care | |

See attached note for a full explanation of Living Arrangement codes.

SCHOOL DETAILS

| | |
|---|--|
| Date of first enrolment in an Australian School: | ____ / ____ / ____ |
| Name of previous School/ Kindergarten: # | Group: |
| What was the language of the student's previous education? | |
| Years of previous education: | |
| Is the student repeating a year? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the student have an Integration Aide at previous school? (tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # If transferring from another school, please fill out a Transfer File Request Form. | |

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| | | |
|--|------------------------------|--|
| 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 |

STUDENT RESTRICTIONS DETAILS - ACCESS RESTRICTIONS

| | | |
|--|---|--|
| Is there an Access Alert for the student? (tick) | <input type="checkbox"/> Yes If Yes, then complete the following questions | <input type="checkbox"/> No (If 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: | | |

Please provide copies of any Court/Custody papers. Current papers provided Yes No

| | | |
|--|------------------------------|-----------------------------|
| Is there a Medical Alert for the student: (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

STUDENT MEDICAL AND IMMUNISATION DETAILS

MEDICAL CONDITION DETAILS:

| | | | | | | |
|---|----------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|
| Does the student suffer from any of the following impairments? (tick) | Hearing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vision: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Speech: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mobility: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student suffer from Asthma? ** (tick) | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

** If yes please fill in Student Medical Condition Form available at the School Office Or if you already have an Asthma Management Plan from your doctor, please bring it to the school and we will make a copy to be kept at the school.

NB: Asthma medication and a SPACER must be given to the school before your child commences.

| | | |
|---|------------------------------|-----------------------------|
| Does the student suffer from Anaphylaxis? (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you supplied and Epipen and Action Plan to the school?*** (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*** If no, an Epipen and Anaphylaxis Action Plan must be given to the school before your child commences.

Please note: It is a DET requirement that all Asthma and Anaphylaxis Management Plans need to be updated and provided to the school on an ANNUAL basis.

IMMUNISATION DETAILS OF STUDENT

| | | | |
|---|--|---|--|
| What is the student's Immunisation Status: (tick) | <input type="checkbox"/> Complete Immunisation | <input type="checkbox"/> Partial Immunisation | <input type="checkbox"/> Conscientious Objection |
| Immunisation Certificate Provided (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

OTHER MEDICAL CONDITIONS

| | | |
|---|------------------------------|-----------------------------|
| Does the student have any other medical condition?**** (tick) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

**** If yes please complete a Student Medical Conditions Form available at the School Office.

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Parental/Guardian Authorisation and Consent

Your permission is for the duration of your child's time at Craigieburn Primary School.

1. **INTERNET ACCESS PERMISSION** I consent to my child using the Internet at school for educational purposes. I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material. Yes No

EMAIL PERMISSION I consent to my child corresponding with authorised people, using email through the school's Internet access. I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material. Yes No

PUBLICITY PERMISSION I consent to my child's photograph (individual / small group) to be used in publications or broadcasts related to school activities e.g. school webpage, school newsletter, local newspapers, Department publications. Yes No

2. 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:

* 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. Yes No

3. I agree to support the School's Compulsory Uniform Policy, Student Welfare and Discipline Policy and other School Rules. Yes No

4. I give permission for my child to be inspected for Head Lice by selected school staff and / or Council Nurses. Yes No

5. I give permission for my child to participate in any local excursion where transport is not required. (i.e. walking to the local sports ground, creek etc) Yes No

Thank you for taking the time to fill in this student information form. The details are confidential but are required to enable the staff to properly enrol your child at our school.

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

Adult A: Name: _____

Signature: _____ Date: ____/____/____

Adult B: Name: _____

Signature: _____ Date: ____/____/____

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