Form to Enro	11116	a vici	oriai	1 60	ver	nm	ent	<u>30</u>	11001
Mullauna Secondar	y Colle	ege							
Student Enrolment Information	on – 20 <u>26</u>	OFFICE	USE ONL	CAS	ES21 S1	tudent I	D:		
The information requested in this the educational needs of your chi		quired for enr	olment purp	oses. This	informa	tion is co	ollected t	to plan f	or and support
This form should be completed responsibility of the person co enrolment process. Parents or unable to be shared between the	mpleting t	his form to	consult wit	n all other	adults	that nee	d to be	involve	d in the
If required information is not pro principal is required to consider th									
Only one enrolment form should a place for your child at the speci								t form, y	ou are accepting
All schools across Australia are e requirement of the Commonwealt Australian Education Regulations	th Governn								
STUDENT DETA	ILS								
Surname:									
First Given Name:									
Second Given Name: (if applied	cable)								
Preferred First Name: (if applie	cable)								
♦ Gender:	-emale	Self-desc	cribed:						
Date of Birth: (dd-mm-yyyy)	/	/	Student M	lobile Nu	mber: (it	applicat	ole)		
Intended start date:									
☐Day 1, Term 1			Other: (dd-r	nm-yyyy) _	/		/		
Which year are you seeking to				_	_	_	_	_	
☐Foundation ☐1 ☐2	□ 3 □	1 4 □ 5	□ 6 □	7 🔲8	1 9	1 0	□ 11	□ 12	Ungraded
Student's Permanent	Reside	nce							
Your child's permanent residence an equal amount of time at two ac the designated neighbourhood sc	ddresses, b	ooth are cons	sidered their						
The school may make enquiries Commission office or the Victoriar are any regulations/codes limiting bedroom unit.	n Electoral	Commission	head office	checking	with a re	al estate	agent; c	r check	ing whether there
No. & Street Address:									
Suburb:									

Postcode:

State:

How often does this student live at this address?						
□Always	Mostly		☐Balanced (50%)			
If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:						
	padly and can include step-siblings and strangements, including foster care, kinsh					mily cohabitation
Does the student h	ave any siblings at this school?		□Yes	□No (m	ove to ne	xt section)
Name			Current Year Level	Reside a		esidential address
1 2 3 4				☐Yes ☐Yes ☐Yes ☐Yes ☐Yes	□No □No □No	Sometimes Sometimes Sometimes
PARENT/C Enrolling Adul Title First Given Name	ARER DETAILS t 1	Title	olling Adu	lt 2		
Surname		Sur	name			
Gender	Male Female Self-described:	Gen	der	☐ Male		Female
Adult 1 Relationshi	in to student:	Adı	ılt 2 Relationsh	nin to stud	ont:	
□ Parent □ Host Family □ Self (adult studen mature minor) □ Foster Parent	☐ Step Parent ☐ Relative	□ F	larent lost Family loster Parent ltep Parent	p to otdu	☐ Relat	
Student lives with	Adult 1:	Stu	dent lives with	Adult 2:		
☐ Always ☐ Balanced (50%)	☐ Mostly ☐ Occasionally		lways alanced (50%)		☐ Mostl	
No. & Street Address:		Enr No.	dress is the sar olling Adult 1 & Street dress:	me as]Yes 🔲	No (complete below)
Suburb: State:	Postcode	Suk	te:		Postco	de

Adult 1 Job Title:	Adult 2 Job Title:
Adult 1 Employer:	Adult 2 Employer:
In which country was Adult 1 born?	In which country was Adult 2 born?
Australia Other (please specify):	Australia Other (please specify):
Does Adult 1 speak a language other than English at home?	Does Adult 2 speak a language other than English at home?
□No, English only	☐ No, English only
☐Yes (please specify):	☐ Yes (please specify):
Please indicate any additional languages spoken by Adult 1:	Please indicate any additional languages spoken by Adult 2:
Is an interpreter required?	Is an interpreter required?
What is the highest year of primary or secondary school that Adult 1 has completed?	What is the highest year of primary or secondary school that Adult 2 has completed?
☐ Year 12 or equivalent ☐ Year 11 or equivalent	Year 12 or equivalent Year 11 or equivalent
Year 10 or equivalent Year 9 or equivalent or below / no schooling	Year 10 or equivalent Year 9 or equivalent or below / no schooling
What is the level of the highest qualification that Adult 1 has completed?	What is the level of the highest qualification that Adult 2 has completed?
☐ Bachelor degree or above ☐ Advanced diploma / Diploma	☐ Bachelor degree or above ☐ Advanced diploma / Diploma
☐ Certificate I to IV ☐ No non-school (including trade certificate) qualification	☐ Certificate I to IV ☐ No non-school (including trade certificate) qualification
 What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. 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 list. If the person has not been in paid work for the last 12 months, enter 'N'. 	 What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document. 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 list. If the person has not been in paid work for the last 12 months, enter 'N'.
What is the main	What is the main
language spoken between the student	language spoken between the student
and adult at home?	and adult at home?
Preferred language of communications:	Preferred language of communications:
Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)	Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)

Can we contact Adult 1 during school hours?	Yes	□No		Can we cor during sch	ntact Adult 2 pol hours?	☐Yes	□ No
Is Adult 1 usually home during school hours?	Yes	□No			sually home	☐Yes	□ No
Home Phone:				Home Phor			
Work Phone:			7	Work Phon	e:		
Mobile:			7	Mobile:			
SMS Notifications:	Yes	□No	7 [SMS Notific	ations:	□Yes	☐ No
Email Address:			T [Email Addr	ess:		
Email Notifications:	Yes	□No		Email Notif	ications:	☐Yes	□ No
Adult 1's preferred method of contact:	☐ Mobile	■ Email		Adult 2's pomethod of o		■Mob	oile 🔲 Email
(Email shall be used for communication that cannot be sent via phone)	☐ Home Phone	☐ Work Phone	е	(Email shall communicat be sent via _l	ion that cannot	☐ Hom Phone	
Specify any other special conditions or times related to contact?				Specify any special con times relate			
Please provide emergency cont emergency contacts are aware Name			ovided for th	is purpose.	ailable. Please er		Language Spoken Write E for English
1		,					
2							
3							
4							
Billing Details You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extracurricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees . Send bills to: (select one)							
No. & Street or PO Box							
Suburb:							
State:				Postcode):		
Billing Email:							
* Note: If you would like to send bills	to another perso	n / address, please e	nsure Addition	al Parent/Care	details are complet	ed on page	es 13-15.
Correspondence De	etails						
Send correspondence add	lressed to: (s	elect one)	Adult 1	☐ Adult	2 Both	n Adults	☐ Neither

Additional Parents/Carers

Are there additional p	parents/carers in the student's life?	☐Yes (provide details below)	☐No (move to next section)	
Name of Adult 3:				
Name of Adult 4:				
may request a separat four further parents/ca	e the Adult 3 and/or Adult 4 sections are form for additional parents/carers for the sections are form for additional parents/carers for the sections are formally and the section and the section are formally are formally as a section are formally as a section are formally as a section are formally and the section are formally as a section are formally are formally as a section are			
♦ In which country w	vas the student born?			
☐ Australia	☐ Other (please specify	v):		
If born overseas, on	what date did the student arrive in Au	stralia? (dd-mm-yyyy)	//	
What is the student's	residency status? *			
Australian citizen –	holds Australian Passport	Permanent Resident (pro	vide visa details below)	
☐ Australian citizen –	eligible for Australian Passport	☐ Temporary Resident (pro	vide visa details below)	
☐ New Zealand citizer	1			
Visa Sub Class:		Visa Expiry Date: (dd-mm-yyyy)//	
Visa Statistical Code	: (Required for some sub-classes)			
	rtificate does not guarantee Australian residency g-passport-how-it-works/documents-you-need/ci		ilable at	
Does the student hol	d a Bridging Visa?	Yes (provide further detail	l below) No	
If Yes, what was the	student's previous visa?			
If Yes, what visa has	the student applied for?			
International Student	t ID*: (Not required for exchange studen	ts)		
* Note: If you are unsure of yo (international@education.vic.	our International Student ID, please contact the I	nternational Education Division via phone	e (03 9084 8497) or email	
Does the student spe	eak English?	□Y	∕es □ No	
❖ Does the student s	speak a language other than English a	at home?		
☐ No, English only				
☐Yes (please specify	the main language spoken at home): _			
❖ Is the student of A	boriginal or Torres Strait Islander ori	gin?		
□No		☐Yes, Aboriginal		
☐ Yes, Torres Strait Islander ☐ Yes, Both Aboriginal & Torres Strait Islander				
Yes, Torres Strait Is	slander	Yes, Both Aboriginal & To	orres Strait Islander	

		rangements?		
	_	ers together at the	☐ Student lives	with each parent/carer at different times
same residence Student lives v	vith one parent/	carer only	<u>_</u>	ed Out of Home Care*
☐ Informal care a		·	☐ Student is ind	
— · · · · · · · · · · · · · · · · · · ·				
If the student has	s a Case Mana	ner nlease provide	their contact details below:	
ii the student na	s a case mana,	ger, piedae provide	their contact details sciow.	
relatives or friends (kins	hip care), living wit	h non-relative families (fo	oster care or adolescent community p	ordered care arrangements include living with placements) and living in residential care units.
_		= -	s of those orders to the school with th	s Statutory Declaration, which must be completed. is form.
How will the stud	dent primarily t	ravel to and from s	chool?	
Walking	School Bus	Train	☐ Driven by parent/carer	☐Taxi / Ride Share
Bicycle	Public Bus	Tram	Self-Driven	Other:
If the student cat		ansport to school,		
what station/stop If the student dri		urney commence: o school, what is		
their Car Registr	ation Number:			
			Life Water 2	
Are you seeking	to enrol the st	udent at this schoo	I full-time? Yes (move to	next section) No
Are you seeking	to enrol the st	udent at this schoo	e attending this school?	next section) No
Are you seeking	to enrol the st	udent at this schoo	e attending this school?	next section)
Are you seeking	to enrol the st	udent at this schoo	e attending this school?	next section)
Are you seeking	to enrol the st days a week w ason you are s	udent at this schoo rould the student be eeking part-time en	e attending this school?	next section) No
Are you seeking If No, how many If No, provide rea	to enrol the str days a week w ason you are so	udent at this schoo rould the student be eeking part-time en	e attending this school? rolment: Days /	Has enrolment □Yes □No
If No, how many If No, provide rea	to enrol the structure days a week we ason you are setails for other structure.	udent at this schoo rould the student be eeking part-time en	Days / week: Days /	Has enrolment been accepted? Has enrolment □Yes □No
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan	to enrol the str days a week we ason you are se tails for other s me:	udent at this schoo rould the student be eeking part-time en schools:	Days / week: Days / week:	Has enrolment been accepted? Has enrolment been accepted? Yes No
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan	to enrol the str days a week we ason you are se tails for other s me:	udent at this schoo rould the student be eeking part-time en schools:	Days / week: Days /	Has enrolment been accepted? Has enrolment been accepted? Yes No
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan Previous Edu	to enrol the structure days a week we ason you are so tails for other some: ne: ucation - S	eeking part-time en	Days / week: Days / week:	Has enrolment been accepted? Has enrolment been accepted? Yes No For the First Time
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan Previous Edu Is the student att	to enrol the structure days a week we ason you are setails for other structure. The control of the structure days a week week week week week week week we	eeking part-time en	Days / week: Days / week: Days / week:	Has enrolment been accepted? Yes No Has enrolment yes No Has enrolment yes No For the First Time
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan Previous Edu Is the student att Name of kinderg	to enrol the structure days a week we ason you are so tails for other structure. The control of	ed kindergarten prochildhood service:	Days / week: Days / week: Days / week: Days / week:	Has enrolment been accepted? Has enrolment been accepted? Has enrolment been accepted? Yes No For the First Time undation? Yes No
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan Previous Edu Is the student att Name of kinderg Note: A kindergarten publified teacher. Funde	to enrol the structure days a week we ason you are so tails for other some: ucation — Some arten or early coorgram that is funced kindergarten produced.	eeking part-time en schools: Students Enro ed kindergarten prochildhood service: ded and approved by the grams can be found at w	Days / week: Days / week: Days / week: Days / week: Use in Foundation for the year before For Victorian Government, has a play-ba	Has enrolment been accepted? Has enrolment been accepted? Has enrolment been accepted? Yes No For the First Time undation? Yes No
Are you seeking If No, how many If No, provide rea If No, provide de Other school nan Other school nan Previous Edu Is the student att Name of kinderg	to enrol the structure days a week was a week was a son you are so tails for other some: The control of the co	eeking part-time en schools: Students Enro ed kindergarten prochildhood service: ded and approved by the grams can be found at w	Days / week: Days / week: Days / week: Days / week: Uling in Foundation for pagram* in the year before For pagram* in the year before For the pagram of the year before For the year befo	Has enrolment been accepted? Has enrolment been accepted? Has enrolment been accepted? Yes No For the First Time undation? Yes No

If Yes, name of last school attended:					
If Yes, location of last school attended: (suburb/town/state/country)					
If Yes, date of attendance: (dd-mm-yyyy,)///////	to	_//		
If Yes, year levels of previous education	n:				
If the student studied overseas, what a start school?	ge did the student first				
What was the language of the student's	previous education?				
Period of interruption to education:		Is the student re	neating _		
(months/years)		a year level?	L	Yes	□No
STUDENT MEDICAL D	ETAILS				
Schools require the health information requirestudents	ested in this section to plan f	or and support the	health and we	ellbeing need	ls of
students. <u>Please note:</u> If there is a situation or inciden					
first aid that is reasonably necessary and apattention for your child if it is considered rea	sonably necessary. Any cos	ts associated with s	student injury	rest with par	ents/carers
unless the Department of Education is liable attention, school staff will contact you as so		t automatic). In the	event that you	ur child need	s medical
Medical Conditions					
Does the student have an allergy? If yes, please provide the school with an A	SCIA Action Plan for Allergi	os (available at:	Yes	□No	
www.allergy.org.au/hp/ascia-plans-action-		35 (avaliable at.	L 162	□ INO	
Is the student at risk of anaphylaxis? If yes, please provide the school with an A	SCIA Action Plan for Anaph	vlavis (available	□Yes	□No	
at: www.allergy.org.au/hp/anaphylaxis/asc		,			
Does the student have asthma?	⊒Yes	□No)		
Has a current Asthma Action Plan been provide an Asthma Action Plan to the Sch		o, please □Ye	es	□No	
www.asthma.org.au/treatment-diagnosis/a	sthma-action-plan/)				
Does the student have any other medic school needs to know about? If Yes, ple be completed by the treating medical prac	ease ask the school for the a	ppropriate medical			□No
If Yes to any of the above, please speci		<u>01.</u>			
Medication					
Does the student take medication?			□Yes	□No	
Is the medication required during school If Yes, please ask the school for a Medica		mnleted by the	☐Yes	□No	
treating medical practitioner and returned		Implotod 25 a.c		L	
Name of medications taken:					

Student Doctor

Doctor's Name:						
Medical Centre:						
Street Address:						
Suburb:				Postcode:		
State:				Telephone Num	nber:	
ADDITIONAL LEARNING AND SUPPORT NEEDS The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.						
Does the student have	additional n	eeds and rec	quire support	t for learning?	Yes	□No
Hearing: Vision: Does the student have additional needs in any of the following areas? Physical: Cognitive/Learning: Social/Emotional:		☐ Yes (pleased) ☐ Yes (pleased) ☐ Yes (pleased) ☐ Yes (pleased)	ase specify): ase specify): ase specify): ase specify):			
Has the student had a cassessment before?	lisability	□No □Yes (specify outcome):				
Has the student receive individualised disability before?		□ No unding □ Yes (please specify				
Has any previous education provider prepared a documented plan to support the student's additional learning needs?		vide details): _				
Please indicate any adj	ustments th	at may assis	st the studen	t to participate at	school:	

Allied Health Support

Has the student previously accessed support from an allied health professional?					
Occupational therapy:		Exercise physiology		Speech patho	logy
☐Yes ☐ No	О	☐Yes ☐N	lo	∐Yes	□No
Name and contact deta	ails:	Name and contact details	s:	Name and con	ntact details:
Physiotherapy		Behaviour support		Other	
☐Yes ☐ No	О	□Yes □N	lo	□Yes	□No
Name and contact deta	ails:	Name and contact details	s:	Name and con	ntact details:
STUDENT SAFETY, ACCESS AND SPECIAL CIRCUMSTANCES Student Risk The Department of Education has a responsibility to assess and manage risk of harm to its staff and students. By providing information about your child, you will help facilitate their transition to school and ensure their safety. This may involve preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student.					
To your knowledge, is there anything in the student's history or circumstances (including medical history not					
already provided) which might pose a risk of any type to this student, other students, or staff at this school? No (move to the next section)					
	If Yes, please provide further detail:				,
Court Orders and Other Care Arrangements (previously referred to as an Access Alert)					
Is there an intervention	n order, paren	ting order or any other co	ourt order impact	ing the student	?
☐Yes			☐ No (move to	the next section))
If Yes, then complete the	following quest	tions and present a curren	t copy of the doo	cument to the s	chool.
Court Order or other	☐ Family La	w Order / Parenting Order	☐Parenting Pla	an / Agreement	☐Intervention Order
access document type:	☐Child Prot	ection Order	☐DFFH Author	isation	☐Other:
Please provide further	details of the	Court Order or other acc	ess documents,	and any other s	afety concerns:
End Date (if applicable):	: (dd-mm-yyyy))			

Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third	parties) that the student cannot participate in?
□Yes	☐ No (move to the next section)
If Yes, please provide further detail: (e.g. sport, excursions)	

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools-Privacy-Collection-Notice.aspx

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult:	Date:	1	/
Signature of Enrolling Adult (if applicable):	Date:	/	/
Please select the category that best describes who has signed and completed this for with the enrolment process.	orm. This will	assist th	ne school
☐Both parents/carers have completed and signed this form.			
☐Parents/carers are completing separate forms (schools can provide additional forms on	request).		
One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been			
provided in the form for the school's use as required.			
One parent has completed and signed this form and the contact details for the other par	ent are unkno	wn to the	enrolling
parent/carer and not provided.			
☐There is only one parent/carer with legal responsibility for the child and that person has	completed and	d signed t	his form.
Other, please specify: (for instance, where the contact details for the other parent are known safe to contact them)	nown but it is n	not approp	oriate or

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- A person with parental responsibility: a parent of a child under 18 years of age, subject to relevant court orders
 (including parenting orders made under the Family Law Act 1975 and protection orders made under the Children, Youth
 and Families Act 2005 by the Children's Court, or other person granted parental responsibility under a relevant court
 order).
- A carer formally authorised by Child Protection to enrol the student: the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- Informal carer: an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to
 day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as
 an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- Students living independently: If the student is an adult or a mature minor for the purpose of enrolment and they live
 independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- Adult Students: a student 18 years of age or older is considered an adult and can sign their own consent form.

Photographing, Filming and Recording students at Mullauna College Annual Consent Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase learning programs, document a student's learning journey/camps/excursions/sports events etc, and to communicate with our parents and school community in newsletters and on classroom blogs/apps.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (eg concerts, sports events etc) do so in a respectful and safe manner and that any photos, video or recordings ("images" of students are not publicly posted (eg to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school on 9874 3422 or via email at Mullauna.sc@education.vic.gov.au.

Use or disclosure within the school community and in publications/locations that are publicly accessible

<u>Unless you tell us otherwise below</u>, photographs, video or recordings of students may be used in publications that are accessible to the public, as well as within the school community including:

- in the school's communication, learning and teaching tools (eg. emails, or apps that can only be accessed by students, parents/carers or school staff with passwords eg. Compass.
- for display in school classrooms, on noticeboards etc.
- on the school's website including the newsletter
- on the school's social media accounts
- in the school magazine

Your child may be identified by first name only in these images (or not named at all).

We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes.

Privacy

Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (**the Department**). The Department values the privacy of every person and must comply with the *Privacy and Data Protection Act 2014* (Vic) when collecting and managing all personal information. For further information see <u>Schools' Privacy Policy</u> (http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx).

Ownership and Reproduction

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

Mullauna College.

Permission

Mullauna College understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child (apart from circumstances where the school is not required to seek consent – see *our Photographing, Filming and Recording Students Policy*).

After you have read this notice regarding the school using photos, video or recordings of your child as described above, <u>please indicate your permission status below.</u>

YES	I have read this form and I <u>consent</u> to Mullauna using photos, video or recordings of my child (named below).
NO 🗆	I have read this form and I <u>do not consent</u> to Mullauna using photos, video or recordings of my child (named below). Please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.
Name of Student	
Name of parent/carer	
Signature	
Date	

ATTACHMENT 1 - PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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

ATTACHMENT 2 – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 4

Enrolling Adult 3

Title			Title				
First Given Name			First Given Name				
Surname			Surname				
Gender	Male	Female		☐ Male ☐ Female			
	Self-described:		Gender	Self-described:			
Adult 3 Relationsh	ip to student:		Adult 4 Relationsh	ip to student:			
Parent	Relative		Parent	Relative			
☐Host Family	Friend		☐Host Family	Friend			
Foster Parent	Other:		☐Foster Parent	Other:			
Step Parent			☐Step Parent	☐Step Parent			
Student lives with	Adult 3:		Student lives with Adult 4:				
■Always	■ Mostly		□Always	☐ Always ☐ Mostly			
☐Balanced (50%)	Occasional	ly	☐Balanced (50%)	Occasionally			
No. & Street Address:			Address is the same as Enrolling Adult 3	Yes No (complete below)			
Addioso.			No. & Street Address:				
Suburb:			Suburb:				
State:	Postcode		State:	Postcode			
Adult 3 Job Title:			Adult 4 Job Title:				
Adult 3 Employer:			Adult 4 Employer:				
		_					
In which country was Adult 3 born?			In which country was Adult 4 born?				
Australia Other (please specify):			Australia Other (please specify):				
Does Adult 3 speak a language other than English at home?			Does Adult 4 speak a language other than English at home?				
☐ No, English only			□No, English only				
Yes (please specify):			Yes (please specify):				
Please indicate any additional languag spoken by Adult 3:	es		Please indicate any additional languag spoken by Adult 4:	es			
Is an interpreter required?	□Yes	□No	Is an interpreter required?	□Yes □No			

What is the highest year of primary or secondary school that Adult 3 has completed?				What is the highest year of primary or secondary school that Adult 4 has completed?				
☐Year 12 or equivalent	Year 11	or equivalent		☐Year 12 or equivalent	☐ Year 1	1 or equivalent		
Year 10 or equivalent	Year 9 o	r equivalent or schooling		Year 10 or equivalent	☐Year 9 obelow / no	or equivalent or schooling		
What is the level of the h 3 has completed?	nighest qualifi	cation that Adult	What is the level of the highest qualification that Adult 4 has completed?					
☐Bachelor degree or above	☐Advanced diploma / Diploma			Bachelor degree or above	☐Advanced diploma / Diploma			
Certificate I to IV (including trade certificate)	☐No non-school qualification			Certificate I to IV (including trade certificate)	☐No non-school qualification			
 What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document. 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 list. If the person has not been in paid work for the last 12 months, enter 'N'. 				 What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list at the end of the document. 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 list. If the person has not been in paid work for the last 12 months, enter 'N'. 				
			1					
What is the main language spoken between the student and adult at home?				What is the main language spoken between the student and adult at home?				
Preferred language of communications:				Preferred language of communications:				
Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	Yes	□No		Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	□Yes	□No		
Con una contrat Adult C			1	Communication Adult 4				
Can we contact Adult 3 during school hours?	Yes	□No		Can we contact Adult 4 during school hours?	Yes	□No		
Is Adult 3 usually home during school hours?	□Yes	□No		Is Adult 4 usually home during school hours?	Yes	□No		
Home Phone:				Home Phone:				
Work Phone:				Work Phone:				
Mobile:			1	Mobile:				
SMS Notifications:	Yes	□No		SMS Notifications:	Yes	□No		
Email Address:				Email Address:				
Email Notifications:	Yes	□No		Email Notifications:	Yes	□No		
Adult 3's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	☐ Mobile ☐ Home Phone	□ Email □ Work Phone		Adult 4's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	Mobile Home Phone	□Email	ne	
Specify any other special conditions or times related to contact?				Specify any other special conditions or times related to contact?				

Billing DetailsYou are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extracurricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send bills to: (select one)	Adult 3	Adult 4	☐Another person / address* (complete detail		ete details below)	
Name to be used for all billing correspondence:						
No. & Street or PO Box						
Suburb:						
State:			Postcode:			
Billing Email:						
* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.						
Correspondence Details						
Send correspondence addre	ssed to: (select one)	Adult 3	Adult 4	Both Adults	Neither	

ATTACHMENT 3 - TRAVEL ASSISTANCE AND PROGRAMS

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying	for the Conveyance Allow	ance Program?			
☐Yes ☐No (proceed to next question)					
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy					
School Bus Prog	ram				
The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will pay a fare to travel. Your school can provide the relevant application form.					
Is the student applying	for the School Bus Progra	ım?			
☐Yes (see text below) ☐No (proceed to next question)					
Your school can provide the relevant application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's PAL here: www.education.vic.gov.au/pal/school-bus-program/policy					
The Students with Disabili appropriate government s		sts families throug supports travel fo	r students within Designa	ting students to their nearest ted Transport Areas. Families options to support school	
Is the student applying	to travel on a school bus	or other travel a	ssistance?		
Yes (read below text)			□No		
Your school can provide Students with Disabilities	the relevant application form s Transport Program policy, r au/pal/transport-students-disa	efer to the Depa		er information, including the	
First date of travel?	☐ Next school year	☐ Alternate o	late: (dd-mm-yyyy)	//	
Type of travel assistan	ce requested?				
☐Access to School Bus	3		☐Conveyance Allowar	nce	
If applicable, specify the	ne student's mode of assis	ted mobility.	□Wheelchair	☐ Walker	
Comments relevant to	travel:				