MANSFIELD 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 Mansfield Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Mansfield Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

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

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

EMERGENCY CONTACTS
These are people that Mansfield 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 Mansfield 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 Mansfield Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

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

IMMUNISATION STATUS
This assists Mansfield Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

VISA STATUS
This information is required to enable Mansfield Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Mansfield Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Mansfield Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD’S RECORD HELD BY SCHOOL
In most circumstances you can access your child’s records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Mansfield 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.
Completing the Mansfield Primary School Enrolment Form

Parents are asked to fill in what they can and then ask questions at the School office if some section is not clear. It is vital that all details are complete and accurate.

**STUDENT PERSONAL DETAILS**
This section is about your child and information here must be supported by a birth certificate or document that gives evidence that the child was born on the day stated on the form. Children will be enrolled as the name shown on the birth certificate.

**PRIMARY FAMILY CONTACT DETAILS**
Details of parent’s employment contact points are very important. Children can be sick or have an accident and making contact with parents is necessary. It is also very important that we are advised when these change.
The Prime Family Emergency contact names and numbers are crucial. We use this in emergencies when parents are unable to be contacted.

**RESTRICTIONS**
If a Custody/Court/Family Law/Restraining/Intervention Order exists, it is vital that we have a copy. It should be given to us with the Enrolment Form. This information is treated with strict confidence.

**MEDICAL/IMMUNISATION DETAILS**
It is important that we know of any medical problems your child might experience at school. In some instances this information may need to be followed up by the parent when the class teacher is known.

It is also vital that the Immunisation Certificate is made available or
If you object to the immunisation of the child, a signed statutory declaration form.
(Forms are available from local Council or the School office).

**HOW DO I GET THE SCHOOL ENTRY IMMUNISATION CERTIFICATE?**
If you do not have a current certificate you should contact your local Shire Council.
Mansfield Shire Council phone: 5775 8555

Volunteering Opportunities at our School
Do you have any skills, hobbies or special expertise, such as gardening or a trade which you could offer to our school?

If so we would really appreciate your assistance, no matter how infrequently you are available.

I ........................................... can offer assistance in the area of ......................
................................................... and am available..........................................................
Signed............................................
### STUDENT ENROLMENT FORM

**STUDENT ENROLMENT INFORMATION**

**Computer Generated Student ID:**

---

### PERSONAL DETAILS OF STUDENT

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

- [ ] Sex (tick):  □ Male □ Female

**Birth Date:** (dd-mm-yyyy) 

- [ ] Yes □ No

**Current Year of School**

**Years of Education**

---

### PRIMARY FAMILY HOME ADDRESS:

- **No. & Street:**
- **Suburb:**
- **State:**
- **Postcode:**
- **Telephone Number**
- **Silent Number:** (tick) □ Yes □ No
- **Mobile Number:**
- **Fax Number:**

---

### OFFICE USE ONLY

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

- **Year Level**
- **Home Group**
- **Timetabling Group**
- **House**
- **Campus**

- **Student Email Address:**

- **Immunisation Certificate received?** (tick) □ Complete □ Not sighted

- **Is there a Medical Alert for the student?** (tick) □ Yes □ No

- **Does the student have a Disability ID Number?** (tick) □ No □ Yes □ Pending

- **Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?** (tick) For prep students only □ Yes □ No □ Pending

---

### 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. As the School Start Bonus will be sent to the ‘Primary Carer’ of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

### ADULT A DETAILS (PRIMARY CARER):

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex (tick):</strong></td>
<td>□ Male  □ Female</td>
</tr>
<tr>
<td><strong>Title:</strong> (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Surname:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Legal First Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What is Adult A’s occupation?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Who is Adult A’s employer?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>In which country was Adult A born?</strong></td>
<td></td>
</tr>
<tr>
<td>□ Australia</td>
<td></td>
</tr>
<tr>
<td>□ Other (please specify):</td>
<td></td>
</tr>
<tr>
<td>▶ <strong>Does Adult A speak a language other than English at home?</strong> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)</td>
<td>□ No, English only □ Yes (please specify):</td>
</tr>
<tr>
<td><strong>Please indicate any additional languages spoken by Adult A:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Is an interpreter required? (tick):</strong></td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td><strong>What is the highest year of primary or secondary school Adult A has completed?</strong> (tick one) (*For persons who have never attended school, mark ‘Year 9 or equivalent or below.’)</td>
<td>□ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent or below</td>
</tr>
<tr>
<td><strong>What is the level of the highest qualification the Adult A has completed?</strong> (tick one)</td>
<td>□ Bachelor degree or above □ Advanced diploma / Diploma □ Certificate I to IV (including trade certificate) □ No non-school qualification</td>
</tr>
<tr>
<td><strong>What is the occupation group of Adult A?</strong> Please select the appropriate parental occupation group from the attached list.</td>
<td>□ 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’.</td>
</tr>
<tr>
<td><strong>Main language spoken at home:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred language of notices:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### ADULT B DETAILS:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex (tick):</strong></td>
<td>□ Male  □ Female</td>
</tr>
<tr>
<td><strong>Title:</strong> (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Surname:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Legal First Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What is Adult B’s occupation?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Who is Adult B’s employer?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>In which country was Adult B born?</strong></td>
<td></td>
</tr>
<tr>
<td>□ Australia</td>
<td></td>
</tr>
<tr>
<td>□ Other (please specify):</td>
<td></td>
</tr>
<tr>
<td>▶ <strong>Does Adult B speak a language other than English at home?</strong> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)</td>
<td>□ No, English only □ Yes (please specify):</td>
</tr>
<tr>
<td><strong>Please indicate any additional languages spoken by Adult B:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Is an interpreter required? (tick):</strong></td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td><strong>What is the highest year of primary or secondary school Adult B has completed?</strong> (tick one) (*For persons who have never attended school, mark ‘Year 9 or equivalent or below.’)</td>
<td>□ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent or below</td>
</tr>
<tr>
<td><strong>What is the level of the highest qualification the Adult B has completed?</strong> (tick one)</td>
<td>□ Bachelor degree or above □ Advanced diploma / Diploma □ Certificate I to IV (including trade certificate) □ No non-school qualification</td>
</tr>
<tr>
<td><strong>What is the occupation group of Adult B?</strong> Please select the appropriate parental occupation group from the attached list.</td>
<td>□ 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’.</td>
</tr>
<tr>
<td><strong>Main language spoken at home:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred language of notices:</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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Last updated: Sep-10

Version 2.06
**SCHOOL FUNDING - PARENTAL OCCUPATION CATEGORY**

School funding is a large part determined by an "Index" called Student Family Occupation (SFO). It is vital that as accurately as possible you indicate your occupation. If you are unemployed, say so. All information is strictly confidential.

The occupational categories used in the calculation of the Student Family Occupation (SFO) funding are shown in the table below.

The numerical weighting, averaged across the Primary School, is used to ensure the equitable funding of ALL state schools.

The amount of funding we receive determines the quality of resources and educational programs we can provide to our students. Please note that if we are not advised of your occupation, we MUST categorise you in the group that attract the LEAST amount of funding.

<table>
<thead>
<tr>
<th>Occupation Group</th>
<th>Occupation Category</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Senior management in large business organisation, government administration, defence and qualified professionals.</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>Other business managers, arts/media/sportspersons and associate professionals.</td>
<td>0.25</td>
</tr>
<tr>
<td>C</td>
<td>Tradesmen/women, skilled office, sales service staff.</td>
<td>0.5</td>
</tr>
<tr>
<td>D</td>
<td>Machine operators, hospitality staff, assistants, labourers and related workers.</td>
<td>0.75</td>
</tr>
<tr>
<td>N</td>
<td>Between jobs or unemployed, home duties, studying full-time and pensioners (for 12 months or longer)</td>
<td>1</td>
</tr>
</tbody>
</table>

For detailed descriptions of Occupational Categories refer to the next page.
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 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 clerks, 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)
**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

**Business Hours:**

- Can we contact Adult A at work? (tick)  □ Yes □ No
- Is Adult A usually home during business hours? (tick)  □ Yes □ No

Work Telephone No:

Other Work Contact Information:

**After Hours:**

- Is Adult A usually home AFTER business hours? (tick)  □ Yes □ No

Home Telephone No:

Other After Hours Contact Information:

- Adult A’s preferred method of contact: (tick one)
  - □ Mail
  - □ Email
  - □ Facsimile

Email address:

Fax Number:

**ADULT B CONTACT DETAILS:**

**Business Hours:**

- Can we contact Adult B at work? (tick)  □ Yes □ No
- Is Adult B usually home during business hours? (tick)  □ Yes □ No

Work Telephone No:

Other Work Contact Information:

**After Hours:**

- Is Adult B usually home AFTER business hours? (tick)  □ Yes □ No

Home Telephone No:

Other After Hours Contact Information:

- Adult B’s preferred method of contact: (tick one)
  - □ Mail
  - □ Email
  - □ Facsimile

Email address:

Fax Number:

**PRIMARY FAMILY MAILING ADDRESS:**

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

No. & Street or PO Box

Suburb:

State:   Postcode:

**PRIMARY FAMILY BILLING ADDRESS:**

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

No. & 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>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(tick)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Ambulance Subscription: (tick) □ Yes □ No

Medicare Number:

PRIMARY FAMILY EMERGENCY CONTACTS:

<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>

OTHER PRIMARY FAMILY DETAILS

<table>
<thead>
<tr>
<th>Relationship of Adult A to Student: (tick one)</th>
<th>Parent</th>
<th>Foster Parent</th>
<th>Host Family</th>
<th>Step-Parent</th>
<th>Self</th>
<th>Adoptive Parent</th>
<th>Relative</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship of Adult B to Student: (tick one)</td>
<td></td>
<td>Foster Parent</td>
<td>Host Family</td>
<td>Step-Parent</td>
<td>Self</td>
<td>Adoptive Parent</td>
<td>Relative</td>
<td>Other</td>
</tr>
</tbody>
</table>

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

□ Always □ Mostly □ Balanced □ Occasionally □ Never

Send Correspondence addressed to: (tick one) □ Adult A □ Adult B □ Both Adults □ Neither

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.
## Demographic Details of Student

**In which country was the student born?**

- [ ] Australia  
- [ ] Other (please specify): 

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

[ ] / [ ] / 

**What is the Residential Status of the student? (tick)**

- [ ] Permanent  
- [ ] Temporary

**Basis of Australian Residency:**

- [ ] Eligible for Australian Passport  
- [ ] Holds Australian Passport  
- [ ] Holds Permanent Residency Visa

**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, Both Aboriginal & Torres Strait Islander

**What is the student’s living arrangements?** (tick one):

- [ ] At home with TWO Parents/ Guardians  
- [ ] At home with ONE Parent/ Guardian  
- [ ] Independent  
- [ ] State Arranged Out of Home Care # (See Note)
- [ ] Homeless Youth

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

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

### Beginning of journey to school:

<table>
<thead>
<tr>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
</tr>
<tr>
<td>Usual mode of transport to school: (tick)</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Walking  
- [ ] School Bus  
- [ ] Train  
- [ ] Driven  
- [ ] Taxi  
- [ ] Bicycle  
- [ ] Public Bus  
- [ ] Tram  
- [ ] Self Driven  
- [ ] Other

If student drives themself to school: 

<table>
<thead>
<tr>
<th>Car Reg. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance to School in kilometres:</td>
</tr>
</tbody>
</table>

**Student’s Religion:**

- [ ] These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.
## School Details

**Date of first enrolment in an Australian School:**

___ / ___ / ______

**Name of previous School:**


**Years of previous education:**

<table>
<thead>
<tr>
<th>Years</th>
<th>Language of previous education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Does the student have a Victorian Student Number (VSN)?**

- Yes
- Yes, but the VSN is unknown
- No. The student has never been issued a VSN.

**Years of interruption to education:**

<table>
<thead>
<tr>
<th>Years</th>
<th>Repeating a year?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

**Will the student be attending this school full time?**

- Yes
- No

If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)

- Other school Name:
  - Time fraction:
  - Enrolled:

- Other school Name:
  - Time fraction:
  - Enrolled:

## Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information [here](http://www.education.vic.gov.au/management/governance/referenceguide/default.htm).

**Enrolment conditions**

- 

**Office Use Only**

**Has the documentation been provided and retained on school records?**

- Yes
- No

**Have the conditions been met to complete the enrolment?**

- Yes
- No
## Student Access or Activity Restrictions Details

<table>
<thead>
<tr>
<th></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>Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)</td>
<td>No (If No, move to the immunisation / medical condition details questions.)</td>
</tr>
<tr>
<td>Access Type: (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court Order</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Family Law Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restraining Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe any Access Restriction:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<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

---

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

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing:</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Vision:</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Mobility:</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASTHMA MEDICAL CONDITION DETAILS:

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

Please note that if your child suffers from an asthma medical condition the school MUST be provided with a Asthma Management Plan signed by your doctor.

Has an Asthma Management Plan been provided to School? | ☐ Yes | ☐ No |

Does the student take medication? (tick) | ☐ Yes | ☐ No |

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

Indicate the usual dosage of medication taken: |

Indicate how frequently the medication is taken: |

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

Please note that if your child has an anaphylaxis medical condition the school MUST be provided with a Anaphylaxis Management Plan signed by your doctor.

Does the student have any other medical condition? (tick) | ☐ Yes | ☐ No |

If yes, please specify: |

Symptoms: |

If my child displays any of the symptoms above please: (tick) | ☐ Yes | ☐ No |

Inform Doctor | ☐ Yes | ☐ No |

Inform Emergency Contact | ☐ Yes | ☐ No |

Administer Medication | ☐ Yes | ☐ No |

Other Medical Action | ☐ Yes | ☐ No |

If yes, please specify: |

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 |

Indicate the usual dosage of medication taken: |

Indicate how frequently the medication is taken: |

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>
</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></th>
<th><strong>Language Spoken</strong></th>
<th><strong>Telephone Contact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Neighbour, Relative, Friend or Other)</td>
<td>(If English Write &quot;E&quot;)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The enrolment form information you provide is entered into the school’s computerised administrative system for educational, administrative and reporting purposes. The information marked with the symbol (U) is also transferred to the Ultranet (an online learning environment across all Victorian schools) to set up your child’s profile in the Ultranet and for administrative and reporting purposes. Your child’s information will be viewed only by authorised staff. More detail about the Ultranet and privacy is available in the Ultranet guide provided to you. You may ask the school not to activate your child’s profile in the Ultranet however the information marked with (U) on this form will be provided to the Ultranet.

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: _____ / _____ / ______
MEDIA CONSENT FORM

At Mansfield Primary School, many photos are taken of the children during special events, recording student participation and celebrating student efforts and achievements.

Throughout the year, our school seeks photos of the students, their names, and/or samples of their work to use in the school and community newsletters, year book, to publish in the local newspapers, to appear on television, to be mentioned on radio, or to appear on school websites or electronic media (eg DVD, CD) for school related purposes.

☐ In order for us to use your child’s photographs/work samples etc for any of the above purposes, we are seeking your written permission as their parent/guardian.

☐ Yes ☐ No (please tick)

Student Name: ………………………………………………………………………………………………………

Parent/Guardian Name: ……………………………………………………………………………………………

I have read the Mansfield Primary School’s Media Consent Form and I understand that these photographs, work samples and student names will be used for school related purposes.

Parent/Guardian Signature: ………………………………………………………………………………………

LOCAL EXCURSION PERMISSION

At Mansfield Primary School the children are often involved in excursions in the local area. The local area involves walking to the Mansfield Football Oval, Mansfield Shire Stadium, Lords Cricket Ground and netball courts.

☐ In order for your child’s to attend excursions to the local venues described above for school activities, on any school day, we are seeking your written permission as their parent/guardian.

Student Name: ……………………………………………………

I have read the Mansfield Primary School’s Local Excursion Consent Form and I give permission for my child to attend excursions outlined above and organized by the school in the local area, on any given school day.

I authorize the teacher in charge of the excursion 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 Signature: ………………………………………………………………...
Our school recognizes that familiarity with Learning Technologies is essential for student studies and future employment. In order to do this the school has a computer network accessible to all students. The Internet is provided for the purposes of educational research and learning. Our school promotes responsible use of computer facilities by providing adequate supervision and encouraging students to be responsible users. Students are expected to follow guidelines governing network use with breaches resulting in limited or withdrawn access to facilities.

**Grades 3-6 ACCEPTABLE COMPUTER USE STUDENT AGREEMENT**

I agree to use the Internet and email at Mansfield Primary School in a responsible manner for purposes stated by my teacher. I can expect adequate supervision will be available when using the Internet.

- If I find myself in unsuitable locations I will immediately click on the back button and inform my teacher.
- I will compose email messages using only language that is acceptable in my school.
- I will inform my teacher if I receive email that makes me feel uncomfortable.
- I will always have my teacher’s permission before publishing web pages or sending email.
- I will not give out personal information such as my surname, address, telephone number or that of my family.
- I will respect the rights, privacy and property of others when using the Internet.
- I will not publish or send a picture of myself without first checking with my teacher.
- I will not publish material from other web sites unless I have permission from the person who created the material. If I am unsure, I will check with my teacher.
- I understand that breaches of rules will see me lose my internet access for a period of time determined by the school.

**Student Name:** ..........................................................

**Student Signature:** ..........................................................

**Parent/Guardian - Computer Use Agreement**

I agree to ................................................................. using the Internet at school for educational purposes in accordance with the Student Agreement above.

I understand the school will provide adequate supervision and that steps have been taken to minimize risk of exposure to unsuitable material.

**Parent/Guardian Signature:** ..........................................................

**Parent/Guardian Name:** ..........................................................

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**Grades P-2 ACCEPTABLE COMPUTER USE STUDENT AGREEMENT**

I agree to allow my child to access the Internet within sites that have been previously viewed by the classroom teacher and filtered by a provider approved by the Department of Education, Training and Employment.

I expect that adequate supervision will always be available when my child is using the Internet.

I expect that my child will be shown what to do should he/she encounter any material on the web that makes him/her feel uncomfortable at any time.

My child is aware that he/she should never give out personal information, including their phone number, last name or home address when using the Internet.

**I GIVE PERMISSION FOR**

.................................................................

to use the Internet at Mansfield Primary School

**Parent/Guardian Name:** ..........................................................

**Parent/Guardian Signature:** ..........................................................
Throughout the year, the school will be arranging head lice inspections of students. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else’s. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it. A volunteer trained by the local council or a nurse will conduct the inspection of students. The person conducting the inspections will check through each student’s hair to see if any lice or eggs are present. In cases where head lice are found, the person inspecting the student will inform the student’s class teacher and the principal. The school will make appropriate contact with the parents/guardians. Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. Unless certain that all eggs have been removed, treatment should be reapplied seven days later.

Student Name: ........................................................................

I hereby give my consent for the above-named child to participate in the school’s head lice inspection program.

Parent/Guardian Signature: .............................................................

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CHECKLIST – HAVE YOU COMPLETED/PROVIDED THE ADDITIONAL FORMS?

☐ Birth Certificate

☐ Immunisation Certificate

☐ School Asthma Action Plan (if applicable)

☐ Anaphylaxis Action Plan (if applicable)

☐ Bus Travel Application Form (if applicable)

☐ Conveyance Allowance Application Form (if applicable)