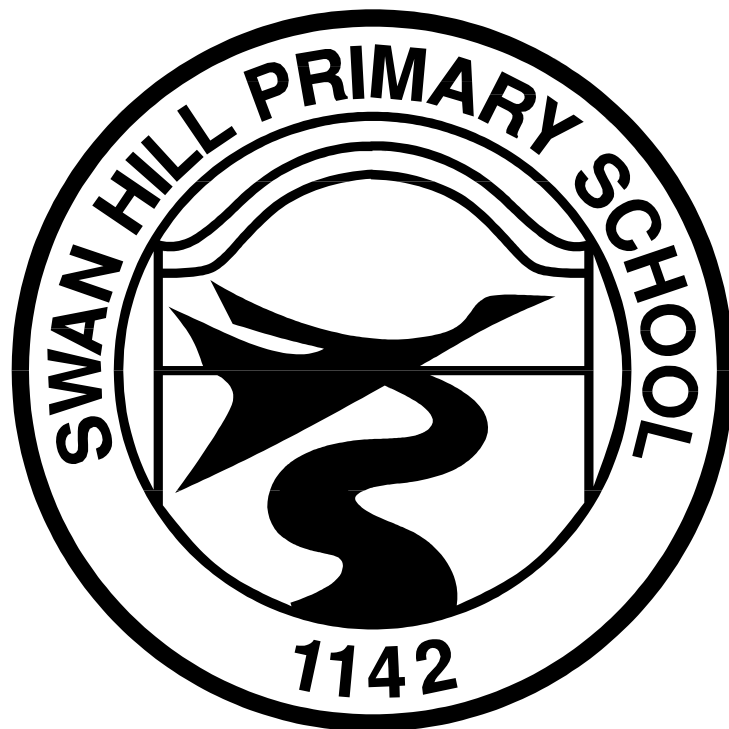
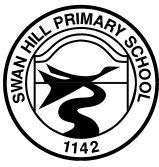


Swan Hill
Primary School
Enrolment Form
2023

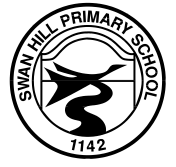


Please include copies of Birth Certificate & Immunisation Certificate



Information about the Enrolment Form:

Please Read This Notice Before Completing The Enrolment Form.



PRIVACY COLLECTION NOTICE

The Department of Education and Training (the Department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the Department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the Department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](#) (SEHQ) and the [Early Childhood Intervention Service](#) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the Department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
- Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to schools. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.
- Immunisation status** – This assists schools to manage health risks and legal obligations. The Department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the Department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and Department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](#) (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the Department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools' Privacy Policy](#)

STUDENT ENROLMENT INFORMATION FORM

STUDENT PERSONAL DETAILS	OFFICE USE ONLY																
Student's Surname: _____ First Name: _____ Second Name: _____ Preferred Name (if different): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please tick) Date of Birth _____/_____/_____ Birth Certificate copy provided: Y / N	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Computer Generated</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">Student ID</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Enrolment Date: ____/____/2023 Exit Date: ____/____/____ Re-enrolment Date: ____/____/____ Year Level: ____ Home Group: ____ House: _____ Repeating Year: Y / N Full time/Part time: F / P If part-time, note time fraction at this school: _____ Other School name: _____	Computer Generated								Student ID							
Computer Generated																	
Student ID																	
List any other family members attending this school: 	STUDENT CODE OF CONDUCT USING THE INTERNET At Swan Hill Primary School we have Internet connections in each classroom, the computer room, the library and the staffroom. Access to the Internet by students will be supervised by teachers and will be for educational purposes only. Using the Internet we can communicate with people all over the world, through electronic mail and by accessing vast amounts of information that have educational value. The purpose of these guidelines is to ensure that students at Swan Hill Primary School who use the Internet do so in an appropriate manner. <ul style="list-style-type: none"> Students will follow teacher instructions regarding the use of the Internet. Student behaviour in class when using the Internet will be mature, responsible and courteous. When using the Internet, students will only access appropriate information which is relevant to their work. They will make no attempt to access inappropriate material. If a student accidentally accesses an inappropriate site they will leave it immediately by clicking the Home button on the browser and inform their teacher. Students will only use first names on World Wide Web and Email communications. (They will be taught the importance of not including surnames and addresses or giving out personal details). Students will respect the privacy of teachers and fellow students by not giving out their personal details or reading their Emails. Students will ensure that any electronic communications they send do not contain inappropriate content. We have read the Swan Hill Primary School Student Code of Conduct – Using the Internet carefully and understand the significance of the conditions and we agree to support these conditions. We understand that any breach of these conditions will result in our child's Internet access privileges being suspended or revoked.																
List any younger siblings, not yet attending School: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Name</th> <th style="width: 40%; text-align: left;">Date of Birth</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Date of Birth														
Name	Date of Birth																
PUBLISHING STUDENT IMAGES AND WORK At Swan Hill Primary School we celebrate student effort and achievements in their work and at school events in a number of ways. One way that we can promote the success of our students is through using the School internet site www.swanhillps.vic.edu.au to publish student photos and work. Only those students whom we have permission to include are published on the School internet site. Student work and images are identified with the students first names, grade or year level only. There are also occasions where photographs of students are published in our weekly School Newsletter, for promotional material for our School or in the local newspaper ("The Guardian"). The School Newsletter is also published to our school internet site. Do you agree to your child's name/photo/work being used for the below purposes? I agree to my child's photograph, work or video footage being published in the media/Internet/Social Media eg Facebook as deemed appropriate by the school: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's Signature: _____																

FAMILY LIVING ARRANGEMENT: (Please tick appropriate box)

Primary Family Only - Lives with BOTH Parents together.

Primary and Alternative Families - Spends time living with BOTH Parents, separately.

Primary/Alternative Family: If parents have separated and the student spends time with both parties, one becomes the Primary Family and the other the Alternative Family. The Family the student resides with for the majority of the time is the Primary Family. Each Family has the provision for an Adult A and Adult B. There is a section for each family on this form and each Parent/Guardian must complete and sign their appropriate section.

PRIMARY FAMILY

****IMPORTANT**** *The 'PRIMARY' family is the Parents/Guardians of the household the student mostly lives in.*

For separated parents, please also complete the Alternative Family Section - Please provide Court Orders if applicable.

Living With Primary Family: A = Always M = Mostly B = Balanced O = Occasionally N = Never (Please circle)

Send Correspondence addressed to: A = Adult A only B = Adult B only C = Both Adults N=Neither (Please circle)

PRIMARY ADULT A DETAILS:

PRIMARY ADULT B DETAILS:

Relationship to student: (e.g. Mother)

Relationship to student (e.g. Father)

Sex: Male Female

Title: (Ms, Mr, Dr etc)

Sex: Male Female

Title: (Ms, Mr, Dr etc)

Legal Surname:

Legal Surname:

Legal First Name:

Legal First Name:

Current Occupation:

Current Occupation:

Employer:

Employer:

In which country was Adult A born? Australia

Other (please specify): _____

In which country was Adult B born? Australia

Other (please specify): _____

Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often).

No, English only

Yes (please specify): _____

Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often).

No, English only

Yes (please specify): _____

Is an interpreter required? Yes No (Please tick)

Is an interpreter required? Yes No (Please tick)

What is the highest year of primary or secondary school Adult A has completed? ? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below')

Year 12 or equivalent Year 11 or equivalent

Year 10 or equivalent Year 9 or equivalent or below

What is the highest year of primary or secondary school Adult B has completed? ? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below')

Year 12 or equivalent Year 11 or equivalent

Year 10 or equivalent Year 9 or equivalent or below

What is the highest qualification level Adult A has completed?

Bachelor Degree or above

Advanced Diploma / Diploma

Certificate 1 to IV (including trade certificate)

No non-school qualification

What is the highest qualification level Adult B has completed?

Bachelor Degree or above

Advanced Diploma / Diploma

Certificate 1 to IV (including trade certificate)

No non-school qualification

What is the main language spoken at home? (Please tick) *indicate the one that is spoken most often

English only Other (please specify): _____

Are either Adult able to help with School Council, Parents Club, excursions or similar activities? (Please tick)

Adult A only Adult B only Both Neither

PRIMARY ADULT A CONTACT DETAILS:	PRIMARY ADULT B CONTACT DETAILS:
Business Hours: Is Adult A usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Hours: Is Adult B usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No Work Telephone No:	Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No Work Telephone No:
Other work contact information:	Other work contact information:
After Hours: Is Adult A usually home after business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	After Hours: Is Adult B usually home after business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other after hours contact information:	Other after hours contact information:
Mobile number:	Mobile number:

PRIMARY FAMILY ADDRESS:	
Residential Address: Number & Street _____ Suburb _____ Postcode _____ State _____	Postal Address: (If different to Residential) Number & Street _____ Suburb _____ Postcode _____ State _____
Home telephone:	Fax number:
Primary Email address (where we will send your weekly School Newsletter?) ** _____	
**Notify the School if you do not have access to email.	

DOCTOR DETAILS:	
Clinic: _____	Primary Family Ambulance and Medicare details Ambulance: Y / N Please note: (Holders of a current Health Care or Pension Card are entitled to Ambulance cover within Victoria) Medicare No: _____

PRIMARY FAMILY EMERGENCY CONTACTS:		
Name	Relationship to Student (Grandparent, Friend, Relative, Carer, Other)	Telephone No.

<i>I certify that the information contained within this form is correct.</i>	
Signature of PRIMARY FAMILY Adult A _____	Date: _____
Signature of PRIMARY FAMILY Adult B _____	Date: _____

ALTERNATIVE FAMILY

*The 'ALTERNATIVE' family are any Parents/Guardians (other than the Primary Family) whom the child stays with or has contact with. ****IMPORTANT**** - Please provide Court Orders if applicable.*

Living With Primary Family: A = Always M = Mostly B = Balanced O = Occasionally N = Never (Please circle)

Send Correspondence addressed to: A = Adult A only B = Adult B only C = Both Adults N=Neither (Please circle)

ALTERNATIVE FAMILY ADULT A DETAILS:		ALTERNATIVE FAMILY ADULT B DETAILS:	
Relationship to student: (e.g. Mother, Uncle, Carer, Step-parent) _____		Relationship to student (e.g. Mother, Uncle, Carer, Step-parent) _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mr, Dr etc) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mr, Dr etc) _____
Legal Surname:		Legal Surname:	
Legal First Name:		Legal First Name:	
Current Occupation:		Current Occupation:	
Employer:		Employer:	
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____		In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often). <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____		Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often). <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)		Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)	
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 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 A has completed? <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		What is the highest qualification level Adult B has completed? <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	
What is the main language spoken at home? (Please tick) *indicate the one that is spoken most often <input type="checkbox"/> English only <input type="checkbox"/> Other (please specify): _____			
Are either Adult able to help with School Council, Parents Club, excursions or similar activities? (Please tick) <input type="checkbox"/> Adult A only <input type="checkbox"/> Adult B only <input type="checkbox"/> Both <input type="checkbox"/> Neither			

ALTERNATIVE FAMILY ADULT A CONTACT DETAILS:	ALTERNATIVE FAMILY ADULT B CONTACT DETAILS:
<u>Business Hours:</u> Is Adult A usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Business Hours:</u> Is Adult B usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No Work Telephone No:	Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No Work Telephone No:
Other work contact information:	Other work contact information:
<u>After Hours:</u> Is Adult A usually home after business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>After Hours:</u> Is Adult B usually home after business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other after hours contact information:	Other after hours contact information:
Mobile number:	Mobile number:

ALTERNATIVE FAMILY ADDRESS:	
Residential Address: Number & Street _____ Suburb _____ Postcode _____ State _____	Postal Address: (If different to Residential) Number & Street _____ Suburb _____ Postcode _____ State _____
Home telephone:	Fax number:
Primary Email address (where we will send your weekly School Newsletter?) ** _____	
**Notify the School if you do not have access to email.	

ALTERNATIVE FAMILY EMERGENCY CONTACTS:		
Name	Relationship to Student (Grandparent, Friend, Relative, Carer, Other)	Telephone No.

<i>I certify that the information contained within this form is correct.</i>	
Signature of ALTERNATIVE FAMILY Adult A _____	Date: _____
Signature of ALTERNATIVE FAMILY Adult B _____	Date: _____

DEMOGRAPHIC DETAILS OF STUDENT:In which country was the student born? (please tick) Australia Other (please specify): _____

Date of arrival in Australia OR Date of return to Australia (If not born in Australia): ____/____/____

What is the Residential Status of the student? (Please tick) Permanent TemporaryBasis of Australian Residency: (please tick) Eligible for Australian Passport
 Holds Australian Passport Holds Permanent Residency Visa

Visa Sub Class: _____ Visa Expiry Date: ____/____/____

Visa Statistical Code: _____ International Student ID: _____

Does the student speak a language other than English at home? (Please tick)

 No, English only Yes* (please specify) _____

*If more than one language is spoken at home, indicate the one spoken most often

Does the student speak English? Yes No

Is the student of Aboriginal or Torres Strait Islander origin? (tick)

N = No K= Yes, Aboriginal T=Yes, Torres Strait Islander B=Yes, Aboriginal & Torres Strait Islander

Living Arrangement:

B = At home with BOTH Parents O = at home with ONE Parent A = Away from Home (Please circle)

Travel details:

Normal method of travel to school: _____ (Walk / Car / School Bus / Public Bus / Bicycle)

PREVIOUS SCHOOL DETAILS:

Pre-School attended: _____

Last School Attended: _____

Do you have Transfer Permissions from Previous School? Y / N (please circle)

Has your child previously attended a Victorian School (leave blank if same school as above) :

 Yes. Last Victorian School attended: _____ Year of Exit: 20__ No.

Years of interruption to education: _____ Total years of previous Primary Education: _____

STUDENT RESTRICTIONS – CUSTODY/GUARDIANSHIP (Please present a copy of the documents to the school)

Is there an access alert? Y / N (If YES please complete the following)

Access Type: (please tick) Court Order Family Law Order
 Restraining Order Other: _____

Office use: Copy of Court Order Provided: Y / N

Activity Restriction: (If any) eg. Contact Sports / Swimming / Religious Ceremonies

MEDICAL DETAILS

Consent To Medical Attention

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 and Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent / Guardian: _____ Date: _____

Does the child suffer from any of the following impairments? (please tick)

Hearing Impairment: Y / N

Speech Impairment: Y / N

Vision Impairment: Y / N

Mobility Impairment: Y / N

Status of immunization: Complete Partial Not Immunised

Please provide a copy of your child's most recent Immunisation Certificate

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Throughout your child's schooling, the school will be arranging head lice inspections of students. The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and make appropriate contact with the parents/guardians/carers.. Health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

PARENT CONSENT

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

Parent's Signature: _____ Date: _____

ASTHMA:

Does your child suffer from Asthma?

Yes No

PLEASE ENSURE THE OFFICE IS SUPPLIED WITH APPROPRIATE MEDICATION. THIS MUST BE CLEARLY LABELLED WITH YOUR CHILDS NAME AND WITHIN ITS EXPIRY DATE.

Does your child have an Asthma Management Plan? Y / N

If YES, please provide the school with a copy. If NO please make an appointment with your Doctor to get one.

MEDICAL CONDITIONS OTHER THAN ASTHMA:

Does your child suffer from any other Medical Conditions?

No Yes* (please specify): _____

Details & Symptoms:

Please note: If your child requires regular medication at school or medication for an emergency situation please supply the necessary medication to the school and complete appropriate paperwork with Office.

On display of Symptoms:

Inform Doctor Y / N

Inform Emergency Contact Y / N

Administer Medication Y / N

Other medical action Y / N

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

Signature of Parent / Guardian _____ Date: _____