

# CRANBOURNE SOUTH PRIMARY SCHOOL

## STUDENT ENROLMENT INFORMATION – NEW ENROLMENT



239 Pearcedale Road Cranbourne South VIC 3977  
Email: [cranbourne.south.ps@education.vic.gov.au](mailto:cranbourne.south.ps@education.vic.gov.au)

Tel: 9782 2999  
Website: [cranbournesouth.vic.edu.au](http://cranbournesouth.vic.edu.au)

Please read the Privacy Notice (at the end of this document) before completing this Student Enrolment Information

Is your child attending pre-school?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-school Name:
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### STUDENT PERSONAL & ENROLMENT DETAILS

SURNAME	
First Given Name:	
Second Given Name:	
Preferred Name: If different to given name	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ (please specify further if required)
Birth Date: (dd/mm/yyyy)	/ /

### FAMILY DETAILS

List any other family members attending this school:

### PRIMARY FAMILY HOME ADDRESS

Address:		
Suburb:		
State:	Postcode:	
Home Number:	Silent Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PRIMARY FAMILY DETAILS

**IMPORTANT NOTE:** The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional forms are available from the school where details of an Alternate family are required. These additional forms are designed to cater for varying family circumstances.

Would you like an ALTERNATIVE family form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Send Correspondence to:	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both

Student Name:

**ADULT A DETAILS - PRIMARY CARER/FIRST CONTACT:**

Relationship to student*		Title: (Ms, Mrs, Mx, Mr)	
SURNAME:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name:		Mobile Number:	
Email:			
Occupation:		Employers Name:	
Work Phone:		Native Language:	
Country of Birth:		Main language spoken at home:	
Student lives with Primary Carer:	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced	Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IMPORTANT: Please ensure the section below is complete before returning.</b>			
❖ Highest year of primary or secondary school completed?	<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	❖ Highest qualification completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (inc. trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.			
<ul style="list-style-type: none"> <li>• If the person is not currently in paid work but has had a job in the last 12 months, please use their last occupation to select from the attached occupation group list.</li> <li>• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>			

**ADULT B DETAILS:**

Relationship to student*		Title: (Ms, Mrs, Mx, Mr)	
SURNAME:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name:		Mobile Number:	
Email:			
Occupation:		Employers Name:	
Work Phone:		Native Language:	
Country of Birth:		Main language spoken at home	
Student lives with Primary Carer:	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced	Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IMPORTANT: Please ensure the section below is complete before returning.</b>			
❖ Highest year of primary or secondary school completed?	<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	❖ Highest qualification completed?	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (inc. trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.			
<ul style="list-style-type: none"> <li>• If the person is not currently in paid work but has had a job in the last 12 months, please use their last occupation to select from the attached occupation group list.</li> <li>• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>			

\* Relationship to student: Parent, Step-Parent, Adoptive Parent, Foster Parent, Legal Guardian, Relative, Friend.

Student Name:

**STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS**

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there an Access Alert for the student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Access Type:</b>	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS <input type="checkbox"/> Intervention Order <input type="checkbox"/> Other	<b>If Other, please describe:</b>	

**DEMOGRAPHIC DETAILS OF STUDENT**

<b>❖ Born Overseas:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>❖ Does the student speak English?</b>	<input type="checkbox"/> Yes, English <input type="checkbox"/> No, Please specify home Language
<b>Country of Birth:</b>		<b>Other language at home:</b>	
<b>Date arrived in Australia:</b>	/ /	<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No
<b>What is the Residential Status of the student?</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<b>What is the student's living arrangements?</b>	<input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> At home with ONE Parent/ Guardian <input type="checkbox"/> Statutory/Court-ordered Out-of-Home care <input type="checkbox"/> Permanent Care <input type="checkbox"/> Informal Care
<b>Visa Sub Class:</b>		<b>Usual mode of Transport</b> <i>Please specify</i>	<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Driven <input type="checkbox"/> Other
<b>Visa Expiry Date:</b>	/ /	<b>Distance to School (km)</b>	
<b>Visa Statistical Code:</b>			
<b>International Student ID:</b>			
<b>Is the student a young carer?</b> (providing support/care for other family member/s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**EMERGENCY CONTACTS: (OTHER THAN CHILD'S PARENTS - WE WILL ALWAYS CONTACT PARENTS FIRST)**

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact
1			
2			
3			
4			

**CAMPS SPORTS AND EXCURSIONS FUND ELIGIBILITY**

<b>Do you have a Pensioner Concession or Healthcare Card?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please request a CSEF application form from the office.
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Student Name:	
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### FAMILY DOCTOR DETAILS

Doctor's Name	Name of Medical Clinic:
Address:	
Suburb:	Phone
Medicare Number:	Ambulance Subscriber: <input type="checkbox"/> Yes <input type="checkbox"/> No

### IMMUNISATION AND MEDICAL DETAILS

\*IF YOU ANSWER YES AN INTERVIEW WILL BE REQUIRED WITH THE FIRST AID OFFICER

Immunisation Status	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial	<input type="checkbox"/> Not Immunised
Does the student suffer from any of the following impairments? *			
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been assessed as eligible for D&I funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, ID Number	
Does the student have any ongoing medical conditions? *			
Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nosebleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following conditions require an action plan signed by a doctor *			
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies (including Anaphylaxis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see below:	
Does the student take any regular medication at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of medication:	
If you answered yes to Other, please provide more details here:			
<p>Below are links to our preferred management plans:</p> <p>Asthma: <a href="https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans">https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans</a></p> <p>Allergy (including Anaphylaxis): <a href="https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis">https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis</a></p> <p>Epilepsy: <a href="http://epilepsyfoundation.org.au/epilepsy-management-plans/">http://epilepsyfoundation.org.au/epilepsy-management-plans/</a></p> <p>Diabetes: <a href="https://www.diabetesvic.org.au/Diabetes-in-Victorian-schools-and-early-childhood-settings?bdc=1">https://www.diabetesvic.org.au/Diabetes-in-Victorian-schools-and-early-childhood-settings?bdc=1</a></p>			
Is medication required during school hours? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Whenever possible, antibiotics and any other temporary medications should be scheduled outside the school hours e.g. Twice a day antibiotic is available for children and medication taken three times a day can be taken before and after school and before bed.			

Student Name: \_\_\_\_\_

### MEDICAL AUTHORITY & HEAD LICE CHECK

In the event of illness or injury 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 is unable to contact me, or it is otherwise impracticable to contact me to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first aid as the Principal or staff member may judge to be reasonably necessary
- and furthermore, I agree to pay any costs including ambulance transportation associated with my child's illness or injury
- I also give consent for my child to have their hair checked at school for head lice by a person authorised by the Principal. This permission shall remain current until such time I inform the school in writing that I withdraw permission.

.....  
Print Name of Parent/Guardian (ADULT A)

.....  
Signature of Parent/Guardian (ADULT A)

...../...../.....  
Date

### PHOTOGRAPHY OF STUDENTS

During the year, there are many occasions where staff may photograph students.

- In the public Newsletter we celebrate the efforts of our students by mentioning their participation in events and their achievements and publish displays of work samples.
- On our public website, there are work samples and images of, however students are identified only by their first name and year level.
- We invite the local press to school and they are expected to follow policy on the publication of photographs of students. When a story is about an individual achievement, we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child, only group photos are included with students being identified only by their first name and class.

I permit for my child's photograph to appear in:

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| DEECD publications          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iNewsletter publications    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School website publications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Promotional brochures       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

.....  
Print Name of Parent/Guardian (ADULT A)

.....  
Signature of Parent/Guardian (ADULT A)

...../...../.....  
Date

### SIGNATORIES

I hereby verify that the information provided is true and correct, and apply to enrol my child at Cranbourne South Primary School  
**(both parent signatures required)**

**ADULT A**

.....  
Print Name of Parent/Guardian

.....  
Signature of Parent/Guardian

...../...../.....  
Date

**ADULT B**

.....  
Print Name of Parent/Guardian

.....  
Signature of Parent/Guardian

...../...../.....  
Date

Student Name:

### REQUIRED DOCUMENTS CHECKLIST

I have provided copies of the following documents (Please tick):	<b>OFFICE USE ONLY</b> <i>documents verified/received</i>		
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Immunisation Certificate (must be up to date)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Current Custody document on file (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Medical information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Completed Medical Action Plans (Asthma/Allergies (Anaphylaxis)/Epilepsy/Diabetes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Transition Statement (may not be available until term 4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Signatures of both Adult A and Adult B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### OFFICE USE ONLY

<i>Form Received By:</i>	<input type="text"/>	<i>Date Received:</i>	<input type="text"/>
<i>Enrolment Year:</i>	<input type="text"/>	<i>Start Date:</i>	<input type="text"/>
<i>Year Level:</i>	<input type="text"/>	<i>Class:</i>	<input type="text"/>
<i>House:</i>	<input type="text"/>	<i>Medical Info to First Aid Officer:</i>	<input type="text"/>

## 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.

### OCCUPATION 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)

### OCCUPATION GROUP B

**Other business managers, arts/media/sports persons 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:

- *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

### OCCUPATION GROUP C

**Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

**Clerks** (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

**Skilled office, sales and service staff:**

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### OCCUPATION 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)

## CRANBOURNE SOUTH PRIMARY SCHOOL PRIVACY NOTICE

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 Cranbourne South Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Cranbourne South 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 the 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. The school depends on you to provide all relevant health information as withholding some health information may put your child's health at risk.

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

### Emergency Contacts

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

### Immunisation status

This assists the 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 the school to process your child's enrolment.

### UPDATING YOUR CHILD'S RECORDS

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Cranbourne South 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 THE 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 Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the Department's Privacy Manager on (03) 9637 3601 if you would like this information**

