STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

Schools, please note:
It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ✴️ (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated, provided to the Ministerial Council on Education, Employment, Training and Youth Affairs and published in such publications as the National Report on Schooling in Australia. No individual student or school is identifiable through the published information. [Refer to Circular 291/2004 for more information.]

The information that is marked with the symbol ✴️ is also transferred to the Ultranet to set up a student’s profile and for administrative and reporting purposes. It is also imperative that the questions marked with this symbol are not removed.

A copy of the School Enrolment Privacy Notice must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the Information Privacy Act. A template of the School Enrolment Privacy Notice is located at https://www.eduweb.vic.gov.au/privacy/resources.htm

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:
- Student enrolment form – alternative family
- Student enrolment form – additional family
- Student medical condition

go to: https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx

For conveyance application forms (that parents need to complete) and for school conveyance claim forms go to the Student Transport site:

PRINT PAGES 2-10
LYNDALE GREENS PRIMARY SCHOOL

PROOF OF BIRTH & IMMUNISATION CERTIFICATE MUST BE PROVIDED ON ENROLMENT

STUDENT ENROLMENT INFORMATION – 2017

| Computer Generated Student ID: |

STUDENT DETAILS

<table>
<thead>
<tr>
<th>PERSONAL DETAILS OF STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname:</strong></td>
</tr>
<tr>
<td><strong>First Given Name:</strong></td>
</tr>
<tr>
<td><strong>Second Given Name:</strong></td>
</tr>
<tr>
<td><strong>Preferred Name</strong> (if applicable):</td>
</tr>
<tr>
<td><strong>Sex (tick):</strong></td>
</tr>
<tr>
<td><strong>Birth Date:</strong> (dd-mm-yyyy)</td>
</tr>
</tbody>
</table>

(Proof of Birth Documents attached □)

PRIMARY FAMILY HOME ADDRESS:

<table>
<thead>
<tr>
<th>No. &amp; Street: or PO Box details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suburb:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
</tr>
<tr>
<td><strong>Mobile Number:</strong></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY

| Child’s Name and Birth Date proof sighted (tick) | □ Yes | □ No |
| Enrolment Date: | | / | |
| **Year Level** | **Home Group** | **House** |
| **Immunisation Certificate received?** (tick) | □ Y | □ N |
| **(Certificate Attached □) | |
| **Is there a Medical Alert for the student? (tick)** | □ Yes | □ No |
| **Does the student have a Disability ID Number? (tick)** | □ No | □ Yes | **Disability ID No.**: |
| **Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?** (tick) | □ Yes | □ No | **Pending** |

FAMILY DETAILS

List any other family members attending this school:

STUDENT RESTRICTIONS DETAILS

<table>
<thead>
<tr>
<th>ACCESS RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the student at risk?</strong></td>
</tr>
<tr>
<td><strong>Is there an Access Alert for the student? (tick)</strong></td>
</tr>
<tr>
<td><strong>Access Type:</strong> (tick)</td>
</tr>
<tr>
<td>□ Informal Carer Stat Dec</td>
</tr>
<tr>
<td><strong>Describe any Access Restriction:</strong></td>
</tr>
<tr>
<td><strong>Is there an Activity Alert for the student? (tick)</strong></td>
</tr>
<tr>
<td>If Yes, then describe the Activity Restriction:</td>
</tr>
</tbody>
</table>

OFFICE USE ONLY: Current custody document on student file? □ Yes | □ No
**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.

### ADULT A DETAILS (PRIMARY CARER):

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:  (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is Adult A's occupation?**

<table>
<thead>
<tr>
<th>Who is Adult A’s employer?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In which country was Adult A born?</td>
<td>☐ Australia</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

**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):

Please indicate any additional languages spoken by Adult A:

**Is an interpreter required?** (tick) ☐ Yes ☐ No

**What is the highest year of primary or secondary school Adult A has completed?** (tick one)

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent or below

**What is the level of the highest qualification the Adult A has completed?** (tick one)

- ☐ Bachelor degree or above
- ☐ Advanced diploma / Diploma
- ☐ Certificate I to IV (including trade certificate)
- ☐ No non-school qualification

**What is the occupation group of Adult A?** Please select the appropriate parental occupation group from the attached list.

- 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’.

### ADULT B DETAILS:

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:  (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is Adult B's occupation?**

<table>
<thead>
<tr>
<th>Who is Adult B’s employer?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In which country was Adult B born?</td>
<td>☐ Australia</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

**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):

Please indicate any additional languages spoken by Adult B:

**Is an interpreter required?** (tick) ☐ Yes ☐ No

**What is the highest year of primary or secondary school Adult B has completed?** (tick one)

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent or below

**What is the level of the highest qualification the Adult B has completed?** (tick one)

- ☐ Bachelor degree or above
- ☐ Advanced diploma / Diploma
- ☐ Certificate I to IV (including trade certificate)
- ☐ No non-school qualification

**What is the occupation group of Adult B?** Please select the appropriate parental occupation group from the attached list.

- 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’.

### Additional Details:

<table>
<thead>
<tr>
<th>Main language spoken at home:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred language of notices:</td>
<td>☐ Adult A ☐ Adult B ☐ Both ☐ Neither</td>
</tr>
<tr>
<td>Send Correspondence addressed to:</td>
<td>(tick) ☐ Adult A ☐ Adult B ☐ Both Adults ☐ Neither</td>
</tr>
</tbody>
</table>
**Primary Family Contact Details**

**Adult A Contact Details:**

**Business Hours:**

<table>
<thead>
<tr>
<th>Can we contact Adult A at work?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Adult A usually home during business hours?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work Telephone No:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Work Contact information:</th>
<th></th>
</tr>
</thead>
</table>

**After Hours:**

<table>
<thead>
<tr>
<th>Is Adult A usually home AFTER business hours?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Telephone No:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Mobile No:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SMS Notifications:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Notifications:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Adult A preferred method of contact</th>
<th>☐ Mail ☐ Email ☐ Phone</th>
</tr>
</thead>
</table>

**Adult B Contact Details:**

**Business Hours:**

<table>
<thead>
<tr>
<th>Can we contact Adult B at work?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
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</table>

**After Hours:**

<table>
<thead>
<tr>
<th>Is Adult B usually home AFTER business hours?</th>
<th>☐ Yes ☐ No</th>
</tr>
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<tr>
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</tr>
</thead>
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<table>
<thead>
<tr>
<th>Email Notifications:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Adult B preferred method of contact</th>
<th>☐ Mail ☐ Email ☐ Phone</th>
</tr>
</thead>
</table>

**Billing Email:** ☐ Adult A ☐ Adult B ☐ Other (please specify)

**Primary Family Doctor Details:**

<table>
<thead>
<tr>
<th>Doctor’s Name</th>
<th>Individual or Group Practice: ☐ Individual ☐ Group</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. &amp; Street or PO Box No.:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Current Ambulance Subscription:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medicare Number:</th>
<th></th>
</tr>
</thead>
</table>

**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>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The student lives with the Primary Family: ☐ Always ☐ Mostly ☐ Balanced ☐ Occasionally ☐ Never

**Other Primary Family Details**

<table>
<thead>
<tr>
<th>Relationship of Adult A to Student:</th>
<th>☐ Parent ☐ Step-Parent ☐ Adoptive Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Foster Parent ☐ Host Family ☐ Relative</td>
</tr>
<tr>
<td></td>
<td>☐ Friend ☐ Self ☐ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship of Adult B to Student:</th>
<th>☐ Parent ☐ Step-Parent ☐ Adoptive Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Foster Parent ☐ Host Family ☐ Relative</td>
</tr>
<tr>
<td></td>
<td>☐ Friend ☐ Self ☐ Other</td>
</tr>
</tbody>
</table>
**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  ☐ Eligible for Australian Passport

- **Visa Sub Class:**
  - ☐ International Student ID

- **Visa Expiry Date:** (dd-mm-yyyy) _____ / _____ / _____

- **Does the student speak a language other than English at home?** (tick)
  - (If more than one language is spoken at home, indicate the one that is spoken most often)
  - ☐ 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, Torres Strait Islander
  - ☐ Yes, Both Aboriginal & Torres Strait Islander

- **What is the student's living arrangements?** (tick one):
  - ☐ At home with TWO Parents/ Guardians  ☐ State Arranged Out of Home Care # (See Note)
  - ☐ At home with ONE Parent/ Guardian  ☐ Homeless Youth  ☐ Independent

- **Usual mode of transport to school:** (tick)
  - ☐ Walking  ☐ School Bus  ☐ Train  ☐ Driven  ☐ Taxi
  - ☐ Bicycle  ☐ Public Bus  ☐ Tram  ☐ Self Driven  ☐ Other

- **Will the student participate in Religious Instruction classes?** (tick)
  - ☐ Yes  ☐ No

**SCHOOL DETAILS**

- **Date of first enrolment in an Australian School:** _____ / _____ / _____

- **Name of previous School:**

- **Years of previous education:**

- **What was the language of the student's previous education?**

- **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:**

- **Is the student repeating a year?** (tick)
  - ☐ Yes  ☐ No

- **Will the student be attending this school full time?** (tick)
  - ☐ 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:** 0.  

- **Enrolled:** ☐ Yes  ☐ No
### Medical Condition Details:

**Does the student suffer from any of the following impairments?**
- Hearing: □ Yes □ No
- Vision: □ Yes □ No
- Speech: □ Yes □ No
- Mobility: □ Yes □ No

**Does the student suffer from Asthma?**
- (tick) If No, please go to the Other Medical Conditions section □ Yes □ No

### Asthma Medical Condition Details:

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

**Please indicate if the student suffers from any of the following symptoms:**
- Cough
- Difficulty Breathing
- Wheeze
- Exhibits symptoms after exertion
- Tight Chest

**If my child displays any of these symptoms please:**
- Inform Doctor □ Yes □ No
- Inform Emergency Contact □ Yes □ No
- Administer Medication □ Yes □ No
- Other Medical Action □ Yes □ No

**Has an Asthma Management Plan been provided to School?** □ Yes □ No

**Does the student take medication?** □ Yes □ No

**Name of medication taken:**

**Is the medication taken regularly by the student (preventive) or only in response to symptoms?** □ Preventative □ Response

**Indicate the usual dosage of medication taken:**

**Indicate how frequently the medication is taken:**

**Medication is usually administered by:**
- □ Student
- □ Nurse
- □ Teacher
- □ Other

**Medication is stored:**
- □ with Student
- □ with Nurse
- □ Fridge in Staff Room
- □ Elsewhere

**Dosage time Reminder required?** □ Yes □ No

**Poison Rating**

### Other Medical Conditions

(More copies of the other medical condition forms are available on request from the school.)

**Does the student have any other medical condition?** □ Yes □ No

If yes, please specify:

**Symptoms:**

**If my child displays any of the symptoms above please:**
- Inform Doctor □ Yes □ No
- Inform Emergency Contact □ Yes □ No
- Administer Medication □ Yes □ No
- Other Medical Action □ Yes □ No

**Does the student take medication?** □ Yes □ No

**Name of medication taken:**

**Is the medication taken regularly by the student (preventive) or only in response to symptoms?** □ Preventative □ Response

**Indicate the usual dosage of medication taken:**

**Indicate how frequently the medication is taken:**

**Medication is usually administered by:**
- □ Student
- □ Nurse
- □ Teacher
- □ Other

**Medication is stored:**
- □ with Student
- □ with Nurse
- □ Fridge in Staff Room
- □ Elsewhere

**Dosage time Reminder required?** □ Yes □ No

**Poison Rating**

### 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>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Language Spoken (If English Write “E”)</th>
<th>Telephone Contact</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>
</tbody>
</table>
These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

The enrolment form information you provide is entered into the school’s computerised administrative system for educational, administrative and reporting purposes.

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: _____ / _____ / ______

CONSENT FORM FOR MEDICAL ASSISTANCE

Name of Student: __________________________

In the event of illness or injury to my child whilst at school on excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.

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

Signature of Parent/Guardian: ____________________________ Date: ______

(Primary Family)

CONSENT FORM FOR MINOR EXCURSIONS

My child ______________________ Grade _________ is permitted to participate in minor excursions outside the school.

I agree that he/she will be subject to the direction and control of the persons in charge.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

In the event of my child being taken to hospital or given medical attention he/she is not to be given the following medications because he/she is allergic to them.

Signature of Parent/Guardian: ____________________________ Date: ______

(Primary Family)
**CONSENT FORM FOR HEAD LICE CHECK**

Name of Student: ____________________________________________

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.

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

Signature of Parent/Guardian ________________________________ Date __________
(Primary Family)

---

**CONSENT FORM FOR CODE OF CONDUCT**

Name of Student: ____________________________________________

The school CODE OF CONDUCT has been explained to me. I will fully support the school with the implementation of these requirements in relation to my child/ren.

Signature of Parent/Guardian ________________________________ Date __________
(Primary Family)

---

**CONSENT FORM FOR ELECTRONIC RECORDING &/OR PUBLISHING**

Name of Student: ____________________________________________

I give permission to use the photographic, video and audio recording of the above named student and their work (such as: presentation, art work, project, writing, digital story) of the above-named student This consent is for an indefinite period of time. Permission is being requested to publish, reproduce and communicate the above on:

- The school’s intranet for students and teachers to access at school, home and the school’s publicly accessible website
- Selected websites on the world wide web
- Other forms of publications such as: newspaper, poster, brochure, magazine, report, conferences.

Signature of Parent/Guardian ________________________________ Date __________
(Primary Family)

---

**CONSENT FORM FOR USE OF INTERNET & DIGITAL TECHNOLOGIES**

Name of Student: ____________________________________________

I give permission for my child to use the internet & other digital technologies as part of curriculum activities.

Signature of Parent/Guardian ________________________________ Date __________
(Primary Family)
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 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)

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 ticker)
- 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 (laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor

GROUP N  Not in paid work for at least 12 months
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 Lyndale Greens Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Lyndale Greens 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 Lyndale Greens 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 depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

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

EMERGENCY CONTACTS
These are people that Lyndale Greens 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 Lyndale Greens 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 Lyndale Greens 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 Lyndale Greens 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 Lyndale Greens Primary School.

IMMUNISATION STATUS
This assists Lyndale Greens 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 Lyndale Greens Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Lyndale Greens Primary School know if any information needs to be changed by sending updated information to the school office. During your child’s time with Lyndale Greens 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. Lyndale Greens 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.