

# LYNDALE GREENS PRIMARY SCHOOL



❖ **PROOF OF BIRTH & IMMUNISATION CERTIFICATE MUST BE PROVIDED ON ENROLMENT**

<b>STUDENT ENROLMENT INFORMATION – 2018</b>	Computer Generated Student ID: _____
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## STUDENT DETAILS PERSONAL DETAILS OF STUDENT

Surname:				Title: (Miss Ms Mr)
First Given Name:				
Second Given Name:				
Preferred Name (if applicable):				
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	____ / ____ / ____

❖ ( Proof of Birth Documents attached  )

## PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:			
State:		Postcode:	
Telephone Number		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:		Fax Number:	

## OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	____ / ____ / ____
Year Level	Home Group	House	Immunisation Certificate received?: (tick)		<input type="checkbox"/> Y <input type="checkbox"/> N
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	( Certificate Attached <input type="checkbox"/> )	
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For Prep only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

## FAMILY DETAILS

List any other family members attending this school:
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## STUDENT RESTRICTIONS DETAILS ACCESS RESTRICTIONS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions) and present current copy of the document to the school	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Prot Prog	<input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
OFFICE USE ONLY:	Current custody document on student file? <input type="checkbox"/> Yes <input type="checkbox"/> 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):**

<b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult A has completed?</b> (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
❖ <b>What is the level of the highest qualification the Adult A has completed?</b> (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ <b>What is the occupation group of Adult A?</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 <u>paid</u> work for the last 12 months, enter 'N'. <input type="text"/>

**ADULT B DETAILS:**

<b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B has completed?</b> (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
❖ <b>What is the level of the highest qualification the Adult B has completed?</b> (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ <b>What is the occupation group of Adult B?</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 <u>paid</u> work for the last 12 months, enter 'N'. <input type="text"/>

<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

<b>Send Correspondence addressed to:</b> (tick one)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

**Business Hours:**

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

**After Hours:**

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address :	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A preferred method of contact (tick one)	
Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/>	

**ADULT B CONTACT DETAILS:**

**Business Hours:**

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

**After Hours:**

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address :	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B preferred method of contact (tick one)	
Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/>	

**BILLING EMAIL:**  Adult A  Adult B  Other (please specify)

**PRIMARY FAMILY DOCTOR DETAILS:**

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:		
Suburb:	State:	Postcode:
Telephone Number	Fax Number	
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:

**PRIMARY FAMILY EMERGENCY CONTACTS:**

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

The student lives with the Primary Family: (tick one)  Always  Mostly  Balanced  Occasionally  Never

**OTHER PRIMARY FAMILY DETAILS**

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

## DEMOGRAPHIC DETAILS OF STUDENT

❖  In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> 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) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency: <input type="checkbox"/> Holds Permanent Residency Visa	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: _____	International Student ID _____
❖  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)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖  Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth <input type="checkbox"/> Independent
Usual mode of transport to school: (tick)	
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus <input type="checkbox"/> Train <input type="checkbox"/> Driven <input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus <input type="checkbox"/> Tram <input type="checkbox"/> Self Driven <input type="checkbox"/> Other
Will the student participate in Religious Instruction classes? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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)?	
<input type="checkbox"/> Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.
Years of interruption to education: _____	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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: <b>0.</b> Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

**STUDENT MEDICAL DETAILS**

**MEDICAL CONDITION DETAILS:**

Does the student suffer from any of the following impairments? (tick)	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
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> 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: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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? (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:				
Symptoms:				
If my child displays any of the symptoms above please: (tick)				
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, please specify:	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:			Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)			<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)			<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact
1				
2				

❖ 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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**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:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

## **GROUP B Other business managers, arts/media/sportspersons and associate professionals**

**Owner / Manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist Manager** (finance / engineering / production / personnel / industrial relations / sales / marketing)

**Financial Services Manager** (bank branch manager, finance / investment / insurance broker, credit / loans officer)

**Retail sales / Services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

**Arts / Media / Sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, 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

## **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 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)

## **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.