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 Yarrawonga College P-12 can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Yarrawonga College P-12 and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Yarrawonga College P-12 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. Yarrawonga College P-12 depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

Yarrawonga College P-12 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 Yarrawonga College P-12. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Yarrawonga College P-12, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts
These are people that Yarrawonga College P-12 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 Yarrawonga College P-12.

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 Yarrawonga College P-12 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 Yarrawonga College P-12 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 Yarrawonga College P-12 to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Yarrawonga College P-12 know if any information needs to be changed by sending updated information to the school office. Please contact the General Office on 03 574 43 104 or by email yarrawonga.p12.tom@edumail.vic.gov.au to update any information. During your child’s time with Yarrawonga College P-12 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 on 03 574 43 104 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 Yarrawonga College P-12 can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Yarrawonga College P-12 privacy policy is available on request from the General Office.
STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:  
First Given Name:  
Second Given Name:  
Preferred Name (if applicable):  
Sex (tick):  
Male  Female  
Birth Date:  ____ / ____ / _______

Student Mobile Number:

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details  Suburb:  
State:  Postcode:

Telephone Number  Silent Number: (tick)  Yes  No
Mobile Number:  Fax Number:

OFFICE USE ONLY

Child’s Name and Birth Date proof sighted (tick)  Yes  No  Enrolment Date:

Year Level  Home Group  Timetabling Group  House  Campus

Student Email Address:

Immunisation Certificate received?: (tick)  Complete  Not sighted

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

Does the student have a Disability ID Number? (tick)  No  Yes  Disability ID No.:

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

FAMILY DETAILS

List any other family members attending this school:

▷ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.
**PRIMARY FAMILY DETAILS**

NOTE: The 'PRIMARY' Family is: “the family or parent the student mostly lives with”. Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

---

### ADULT A DETAILS (PRIMARY CARER):

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>(Ms, Mrs, Mr, Dr etc)</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?

Who is Adult A’s employer?

In which country was Adult A 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):

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) *(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 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’.

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

---

### ADULT B DETAILS:

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>(Ms, Mrs, Mr, Dr etc)</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?

Who is Adult B’s employer?

In which country was Adult B born?

- □ Australia
- □ Other (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):

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) *(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 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’.

---

Main language spoken at home:

Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)

- □ Adult A
- □ Adult B
- □ Both
- □ Neither

Preferred language of notices:

---

Last updated: Aug-14  page 4  version 2.10
### Primary Family Contact Details

#### Adult A Contact Details:
**Business Hours:**
- Can we contact Adult A at work? □ Yes □ No
- Is Adult A usually home during business hours? (tick) □ Yes □ No

- Work Telephone No: 
- Other Work Contact information: 

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

- Home Telephone No: 
- Other After Hours Contact Information:
  - Adult A’s preferred method of contact: (tick one) □ Mail □ Email □ Facsimile
  - Email address: 
  - Fax Number: 

#### Adult B Contact Details:
**Business Hours:**
- Can we contact Adult B at work? □ Yes □ No
- Is Adult B usually home during business hours? (tick) □ Yes □ No

- Work Telephone No: 
- Other Work Contact information: 

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

- Home Telephone No: 
- Other After Hours Contact Information:
  - Adult B’s preferred method of contact: (tick one) □ Mail □ Email □ Facsimile
  - Email address: 
  - Fax Number: 

### Primary Family Mailing Address:
Write “As Above” if the same as Family Home Address

- No. & Street or PO Box: 
- Suburb: 
- State: 
- Postcode: 

### Primary Family Doctor Details:

- Doctor’s Name: 
- Individual or Group Practice: (tick) □ Individual □ Group
- No. & Street or PO Box No.: 
- Suburb: 
- State: 
- Postcode: 
- Telephone Number: 
- Fax Number: 
- Current Ambulance Subscription: (tick) □ Yes □ No 
- Medicare Number: 

### PRIMARY FAMILY EMERGENCY CONTACTS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English Write “E”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY FAMILY BILLING ADDRESS:
Write “As Above” if the same as Family Home Address

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

### OTHER PRIMARY FAMILY DETAILS

**Relationship of Adult A to Student:** (tick one)
- Parent
- Foster Parent
- Step-Parent
- Adoptive Parent
- Step-Parent
- Adoptive Parent
- Parent
- Foster Parent
- Host Family
- Relative
- Friend
- Self
- Other
- Relative
- Other

**Relationship of Adult B to Student:** (tick one)
- Parent
- Foster Parent
- Host Family
- Relative
- Friend
- Self
- Other
- Relative
- Other

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

**Send Correspondence addressed to:** (tick one)
- Adult A
- Adult B
- Both Adults
- Neither
## Demographic Details of Student

### In which country was the student born?
- ☐ Australia  
- ☐ Other (please specify): ________________________________

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

### What is the Residential Status of the student? (tick)
- ☐ Permanent  
- ☐ Temporary

### Basis of Australian Residency:
- ☐ Eligible for Australian Passport  
- ☐ Holds Australian Passport
- ☐ Holds Permanent Residency Visa

### Visa Sub Class: ____________________________  

### Visa Expiry Date: (dd-mm-yyyy) ____________________________

### Visa Statistical Code: ____________________________

### International Student ID: ____________________________

### Does the student speak a language other than English at home? (tick)
- ☐ No, English only  
- ☐ Yes (please specify): ____________________________

### Does the student speak English? (tick)
- ☐ Yes  
- ☐ No

### Is the student of Aboriginal or Torres Strait Islander origin? (tick one)
- ☐ No  
- ☐ Yes, Aboriginal  
- ☐ Yes, Torres Strait Islander  
- ☐ Yes, Both Aboriginal & Torres Strait Islander

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

# 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.

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

<table>
<thead>
<tr>
<th>Beginning of journey to school:</th>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
<td>Y Reference</td>
</tr>
</tbody>
</table>

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

### If student drives themself to school:
- Car Reg. No.  
- Distance to School in kilometres:

### Student’s Religion:

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

<table>
<thead>
<tr>
<th>Date of first enrolment in an Australian School:</th>
<th>_____ / _____ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of previous School:</td>
<td></td>
</tr>
<tr>
<td>Years of previous education:</td>
<td>What was the language of the student’s previous education?</td>
</tr>
<tr>
<td>Does the student have a Victorian Student Number (VSN)?</td>
<td>□ Yes. □ Yes, but the VSN is unknown □ No. The student has never been issued a VSN.</td>
</tr>
<tr>
<td>Years of interruption to education: Is the student repeating a year? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Will the student be attending this school full time? (tick)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)</td>
<td></td>
</tr>
<tr>
<td>Other school Name: Time fraction: Enrolled:</td>
<td></td>
</tr>
<tr>
<td>Other school Name: Time fraction: Enrolled:</td>
<td></td>
</tr>
</tbody>
</table>

# CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide’s Admission page for more information ([http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx](http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx)).

Enrolment conditions

- 
- 

# OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Has the documentation been provided and retained on school records?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the conditions been met to complete the enrolment?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
# Student Access or Activity Restrictions Details

<table>
<thead>
<tr>
<th><strong>Is the student at risk?</strong></th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Is there an Access Alert for the student?</strong> (tick)</th>
<th>□ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)</th>
<th>□ No (If No, move to the immunisation / medical condition details questions.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Access Type:</strong> (tick)</th>
<th>□ Court Order</th>
<th>□ Family Law Order</th>
<th>□ Restraining Order</th>
<th>□ Other</th>
</tr>
</thead>
</table>

**Describe any Access Restriction:**

<table>
<thead>
<tr>
<th><strong>Is there an Activity Alert for the student?</strong> (tick)</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

If Yes, then describe the Activity Restriction:

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th><strong>Current custody document placed on student file?</strong></th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

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

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

**Signature of Parent/Guardian:** _________________________________ **Date:** ______ / _____ / ______
### STUDENT MEDICAL DETAILS

**MEDICAL CONDITION DETAILS:**

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

<table>
<thead>
<tr>
<th>Does the student suffer from Asthma? (tick)</th>
<th>If No, please go to the Other Medical Conditions section</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### ASTHMA MEDICAL CONDITION DETAILS:

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

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the following symptoms: (tick)</th>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Inform Doctor</td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td>Inform Emergency Contact</td>
</tr>
<tr>
<td>Wheeze</td>
<td>Administer Medication</td>
</tr>
<tr>
<td>Exhibits symptoms after exertion</td>
<td>Other Medical Action</td>
</tr>
<tr>
<td>Tight Chest</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has an Asthma Management Plan been provided to School?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the student take medication? (tick)</th>
<th>Name of medication taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicate the usual dosage of medication taken:</th>
<th>Indicate how frequently the medication is taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is usually administered by: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is stored: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>with Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosage time</th>
<th>Reminder required? (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poison Rating</th>
</tr>
</thead>
</table>

### OTHER MEDICAL CONDITIONS

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

<table>
<thead>
<tr>
<th>Does the student have any other medical condition? (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If my child displays any of the symptoms above please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Doctor</td>
</tr>
<tr>
<td>Administer Medication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the student take medication? (tick)</th>
<th>Name of medication taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicate the usual dosage of medication taken:</th>
<th>Indicate how frequently the medication is taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is usually administered by: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication is stored: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>with Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosage time</th>
<th>Reminder required? (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poison Rating</th>
</tr>
</thead>
</table>

### Head Lice Inspection:

<table>
<thead>
<tr>
<th>(tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
**STUDENT DOCTOR DETAILS**
The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

<table>
<thead>
<tr>
<th>Doctor’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual or Group Practice: (tick)</td>
</tr>
<tr>
<td>☐ Individual  ☐ Group</td>
</tr>
<tr>
<td>No. &amp; Street or PO Box No.:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Student Medicare Number:</td>
</tr>
</tbody>
</table>

**STUDENT EMERGENCY CONTACTS**
This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

<table>
<thead>
<tr>
<th>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>
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: _____ / _____ / ______
STUDENTS PERMISSION FORMS

Student’s Name:_________________________________________________________________________________

Year Level__________________________

Parent/Carer’s Name (please print)_________________________________________________________________________

Parent/Caregivers are asked to complete this form and return it to the General Office. These permission notes will be kept on file and remain valid for 2016. In general, you will be informed of any walking excursions that are planned.

WALKING EXCURSION

I give permission for my child to participate in local excursions within walking distance of Yarrawonga College P-12. I understand the principal will have to approve the activity before it takes place.

Do you consent? YES ☐ NO ☐ (Please Tick one)

PUBLICATION OF CHILD’S IMAGE OR WORK ON SOCIAL MEDIA

I give permission for videos or photographic images of my child and/or samples of their work to be displayed in a variety of ways, including but not limited to, online and hard copy school newsletters, Department of Education Internet Web sites or Yarrawonga College Web site and Skoolbag App, social media including but not limited to Facebook, UTube, Twitter, school annual magazines and local newspapers. If published, third parties would be able to view the photographs, images and works.

Do you consent? YES ☐ NO ☐ (Please Tick one)

INTERNET CONTRACT

Internet access at school is a privilege, not a right. Inappropriate use and access will result in restriction and/or termination of this privilege. I agree that my child abide by the conditions of responsible use of Internet access. I understand and accept that this privilege may be withdrawn if he/she does not abide by the terms and conditions of use.

Do you consent? YES ☐ NO ☐ (Please Tick one)

If you wish to withdraw permission it will be your responsibility to inform Yarrawonga College P12 in writing or by emailing yarrawonga.p12.tom@edumail.vic.gov.au

Please note that if you do not complete this form you are indicating that you give consent.

I confirm that I have read and understand the Parent Consent Form ☐ (Please Tick)

Parent/Carer’s Signature:__________________________________________________________________________ Date:________________

(Please Tick one)
SCHOOL FAMILY OCCUPATION INDEX

PARENT OCCUPTION GROUPS

Please select the appropriate group from the following list.

GROUP N: Unemployed for more than 12 months

If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter ‘N’ into the ‘occupation code’ field on the enrolment form.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations
Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

- Business [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- Media [e.g. newspaper editor, film/television/radio/Stage producer/director/manager]

Government administration
- Public Service Manager (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- Defence Forces Commissioned officer

Qualified Professionals – generally have a degree or higher qualifications and experience in applying this knowledge to:
- design, develop or operate complex systems, identify, treat and advise on problems, teach others


- Health [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietitian]
- Education [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- Law [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- Social Welfare [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- Engineering [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- Science [e.g. scientist, geologist, meteorologist, metallurgist]
- Computing [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- Business [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- Air/sea transport [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship’s captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager
- Farm/business owner/manager [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- Specialist manager [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- Financial services manager [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts/media/sportspersons
- Artist/Writer [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- Sports [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma/technical qualifications and provide support to managers and professionals


- Medical, science, building, engineering, computer technician/associate professional
- Health/social welfare [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/poare officer, youth worker, dental hygienist/technician]
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.

Tradesmen/women
- Trades [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff
- Clerk [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]

- Office [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]

- Sales [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]

- Carer [e.g. aged/disabled/refuge care worker, child care assistant, nanny]

- Service [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D
MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, mobile plant, production/processing machinery and other machinery operators
- Driver or mobile plant operator [e.g. car, taxi, truck, bus, tram or train driver, courier/driver, forklift driver, street-sweeper driver, garbage collector, bulldozer/loader/grade/excavator operator, farm/horticulture/forestry machinery operator]

- Production/processing machine operator [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]

- Machinery operator [e.g. photographic developer/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff
- Sales staff [e.g. 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, sales demonstrator, shelf stacker]

- Office staff [e.g. typist, word processing/data entry/business machine operator, receptionist]

- Hospitality staff [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]

- Assistant/aide [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers
- Defence Forces [other ranks (below senior NCO) without trade qualification not included above]

- Agriculture, horticulture, forestry, fishing, mining worker [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

- Other worker [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]