



Name of Student: _____

Date of Birth: _____

SCHOOL ENROLMENT FORM

SA GOVERNMENT SCHOOLS AND CHILD DEVELOPMENT

INFORMATION PRIVACY STATEMENT

The Department for Education and Child Development is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

The student's name, date of birth and place of residence are requirements of the *Education Act 1972*, other information is requested to enable DECD to:

- 1 Undertake administration and care responsibilities including maintaining emergency contact information;
- 2 Communicate with you about important matters;
- 3 Provide first aid and plan for child/student health support requirements;
- 4 Provide all resource entitlements;
- 5 Collect necessary statistical information and undertake analysis of the composition and performance of the child/student population; and
- 6 Meet reporting requirements, including to other government authorities and funding agencies.

If organisations are contracted on behalf of DECD to undertake tasks which require access to enrolment data, the contract(s) between DECD and those organisations will include strict confidentiality and disposal provisions.

It is a Commonwealth Government requirement that all schools across Australia ask the questions marked * on their school enrolment forms. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child's school/preschool for planning and resourcing decisions.

Only unidentifiable data is reported to the Commonwealth. In accordance with State Government Information Privacy Principles (<http://www.archives.sa.gov.au/privacy/principles.html>), no personal information is reported publicly which could identify individual persons.

The information provided in Enrolment Forms is stored securely in local school/preschool and Departmental databases. While your child is enrolled in a DECD site other information will be gathered relating to your child's education and wellbeing; for example records of learning progress, absences from school, behaviour, health and social development reports, observations and assessments. The management of these data is governed by State and Departmental policies to ensure that the information is used only for the purposes stated above and is secure, private and confidential. The disclosure of personal information held by Government is regulated by the Information Privacy Principles (see reference above). Unless required to so by a law of the State or Commonwealth, or as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the Department will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside DECD will be important to your child's educational progress, safety or wellbeing. In these circumstances DECD follows the SA Government's *Information Sharing: Guidelines for Promoting the Safety and Wellbeing of Children, Young People and Families (ISG)*. www.qcyp.sa.gov.au
Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless;

- 1 it is unsafe / impossible to gain consent or consent has been refused and
- 2 without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/caregivers and other agencies/services to achieve that aim. Parents /caregivers are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education;

- 1 by using the 'any other information' section of this form, and/or
- 2 in discussion with staff at the time of enrolment, and/or
- 3 in discussion with staff at any time in the future.

Has the person conducting the interview explained the Information Privacy Statement and Information Sharing Statement?

Parent/Guardian signature

Refer to the occupation groups listed below when completing the questions on page 3.

Group 4 Other Occupations	Group 3 Trades and advanced / intermediate clerical, sales and service staff	Group 2 Other business managers, Arts / Media/ Sportspersons and associate Professionals	Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals
<p>Drivers Mobile plant, Production/ Processing, Machinery, Other machinery Operators.</p> <p>Hospitality staff Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.</p> <p>Office assistants Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.</p> <p>Sales assistants 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.</p> <p>Assistant/aide Trade's assistant, School/ Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum/gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.</p> <p>Labourers and related workers</p> <p>Defence Forces Other ranks below senior NCO not included above.</p> <p>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.</p> <p>Other worker Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.</p>	<p>Tradesmen/women Generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>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.</p> <p>Skilled Office Staff Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.</p> <p>Skilled Sales Staff Company sales representative, Auctioneer, Insurance agent/ Assessor/ Loss adjuster, Market researcher.</p> <p>Skilled Service Staff 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.</p>	<p>Owner/manager Farm, Construction, Import/ Export, Wholesale, Manufacturing, Transport, Real estate business.</p> <p>Specialist manager Finance, Engineering, Production, Personnel, Industrial relations, Sales/marketing.</p> <p>Financial services manager Bank branch manager, Finance/ investment/ insurance, Broker, Credit/ loans officer.</p> <p>Retail sales/services manager Shop petrol station, Restaurant club, Hotel/ Motel, Cinema, Theatre agency.</p> <p>Arts/media/sports Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media presenter photographer, Designer, Illustrator, Proof reader sportsman/woman, Coach trainer, Sports official.</p> <p>Associate professionals Generally have diploma/ Technical qualifications, Support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician/ Associate professional.</p> <p>Business/administration Recruitment/ Employment/ Industrial relations/ Training officer. Marketing/ Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office/project manager.</p> <p>Defence Forces Senior Non-Commissioned officer.</p>	<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), Regional Director, Health/ Education/ Police/ Fire services, Administrator.</p> <p>Other administrator School Principal, Faculty head/Dean, Library/Museum/Gallery director, Research facility director.</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals Generally have degree or higher qualifications and experience in applying this knowledge to:</p> <ul style="list-style-type: none"> • Design, develop or operate complex systems; • Identify, treat and advise on problems; • And teach others. <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing. Professional.</p> <p>Business Management consultant, Business analyst, Accountant, Auditor, Policy analyst, Actuary, Valuer.</p> <p>Air/sea transport Aircraft/ship's Captain/ Officer/ Pilot, Flight officer, Flying instructor, Air traffic controller.</p>
<p>Parent's education, qualification and occupation</p> <p>The questions about each parent/guardian's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's Index of Educational Disadvantage (IED), which is linked to funding levels and may be used to allocate resources to Preschool services. In the future this information may be used to determine resource allocations to Preschools.</p>			

Biological Parent 1 or Legal Guardian 1

Mr/Mrs/Ms/Other:

Family Name:

Given Names:

Sex: Male Female

Relationship to student:

Employment Status:

Occupation:

* What is the occupation group of parent 1/ guardian 1?
Please select the appropriate parental occupation group from the list on page 2.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

P/G1 Mobile Phone:

* What is the highest year of primary or secondary school the parent 1 / guardian 1 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)

- Year 12 or equivalent 4
- Year 11 or equivalent 3
- Year 10 or equivalent 2
- Year 9 or equivalent or below 1

* What is the level of the highest qualification the parent 1/ guardian 1 has completed?

- Bachelor degree or above 7
- Advanced diploma / Diploma 6
- Certificate I to IV (including trade certificate) 5
- No non-school qualification 8

In which country was the parent 1/ guardian 1 born?

If not born in Australia, what was the date the parent 1/ guardian 1 arrived in Australia?

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* Does the parent 1/ guardian 1 speak a language other than English at home?

No, English only Yes

If **yes**, what is the main language the parent 1/ guardian 1 speaks at home?

Does this Parent or Guardian require an interpreter? No Yes

Translation required: No Yes

Language for Translation:

What is the cultural background of Parent 1 / Guardian 1?

Biological Parent 2 or Legal Guardian 2 (optional)

Mr/Mrs/Ms/Other:

Family Name:

Given Names:

Sex: Male Female

Relationship to student:

Employment Status:

Occupation:

* What is the occupation group of parent 2 / guardian 2?
Please select the appropriate parental occupation group from the list on page 2.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

P/G2 Mobile Phone:

* What is the highest year of primary or secondary school the parent 2 / guardian 2 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)

- Year 12 or equivalent 4
- Year 11 or equivalent 3
- Year 10 or equivalent 2
- Year 9 or equivalent or below 1

* What is the level of the highest qualification the parent 2 / guardian 2 has completed?

- Bachelor degree or above 7
- Advanced diploma / Diploma 6
- Certificate I to IV (including trade certificate) 5
- No non-school qualification 8

In which country was the parent 2 / guardian 2 born?

If not born in Australia, what was the date the parent 2 / guardian 2 arrived in Australia?

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* Does the parent 2 / guardian 2 speak a language other than English at home?

No, English only Yes

If **yes**, what is the main language the parent 2/ guardian 2 speaks at home?

Does this Parent or Guardian require an interpreter? No Yes

Translation required: No Yes

Language for Translation:

What is the cultural background of Parent 2 / Guardian 2?

Student Personal Details

Family Name:

Given Names:

Preferred Name:

Date of Birth: Has proof of Birth been provided? No Yes

* Sex Male Female

How far does the student live from the School?

Has this student been approved for School Card Assistance at his/her previous school?
No Yes

* Is the student of Australian Aboriginal or Torres Strait Islander origin?
(For persons of both Australian Aboriginal or Torres Strait Islander origin, tick both 'Yes' boxes.)
No Yes, Australian Aboriginal Yes, Torres Strait Island

What is the student's previous school?
*If overseas, nominate country. If interstate, nominate state.
If no previous school, nominate preschool, kindergarten, etc.*

* In which country was the student born?
Australia Other – please specify

For a student born Overseas with a date of Arrival in Australia on or after 1/1/2006, a "Visa subclass" must be entered. Refer to Visa in passport or visa grant letter for e-visas. Some temporary residents are required to pay fees and must have a letter of offer/confirmation from International Education Services. Refer Overseas Student Factsheet: <http://ssonet.sa.edu.au>. – Select Administration, Data/Info Services, School Information, Factsheets.

If other, on what date did the student arrive in Australia?

Visa Sub-class: Religion: (Optional)

Refugee: Permission to Flag? No Yes

What is the student's cultural background?

Does the site need to be aware of any cultural and/or religious requirements? Please advise:

* Does the student speak a language other than English at home?
No, English only Yes

If Yes, what languages (including English) does the student speak at home?
Main language Other language/s

Does the student attend an after hours Ethnic School?
No Yes

If Yes, which school? Which language is studied?

Is this student under the Guardianship of the Minister for Families and Communities (GoM) or in Alternative Care?
No Yes

If Yes, further details must be obtained from the confidential Families SA-DECD Information Sharing Form as supplied to the school principal by the child/student's Families SA caseworker. This form will provide the necessary information for data input.

Does this student receive AUSTUDY? No Yes
Does this student receive ABSTUDY? No Yes

School Use Only

School No:

ED ID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

Permanent Resident:

Origin:

Visa Sub-Class:

NESB:

EALD:

Family Details

Family Phone Number: Silent? No Yes

Family Mobile Phone:

Family Email Address:

Medicare Number:

Does this family have private health Insurance? No Yes If Yes, with which private health insurance fund?

Student Address Details (Please provide proof of Residence)

Mailing Address (Of Parent/Guardian with whom student lives)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode: Student Mobile Phone:

Country:

(If not Australia)

Hundred: *

Section: *

RAPID No:

(If applicable)

UHF: MHz

Student's Email Address

Residential Address (If different from Mailing Address)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode: Student Mobile Phone:

Country:

(If not Australia)

Hundred: *

Section: *

RAPID No:

(If applicable)

UHF: MHz

Student's Email Address:

If you have other addresses which need to be documented (B – Billing, H – Holiday, S – SACE Mail, T – Term) please note in any other information/comments page 8.

Has proof of Residence Documentation been provided? Yes No

Emergency Contacts if Parent or Guardian cannot be contacted or unable to collect student.

Note: Includes permission to provide overnight care.

Priority 1.	Name: <input type="text"/>	Home Phone: <input type="text"/>	Silent <input type="checkbox"/>
	Relationship: <input type="text"/>	Mobile Phone: <input type="text"/>	
		Work Phone: <input type="text"/>	Ext: <input type="text"/>
Priority 2.	Name: <input type="text"/>	Home Phone: <input type="text"/>	Silent <input type="checkbox"/>
	Relationship: <input type="text"/>	Mobile Phone: <input type="text"/>	
		Work Phone: <input type="text"/>	Ext: <input type="text"/>
Priority 3.	Name: <input type="text"/>	Home Phone: <input type="text"/>	Silent <input type="checkbox"/>
	Relationship: <input type="text"/>	Mobile Phone: <input type="text"/>	
		Work Phone: <input type="text"/>	Ext: <input type="text"/>
Priority 4.	Name: <input type="text"/>	Home Phone: <input type="text"/>	Silent <input type="checkbox"/>
	Relationship: <input type="text"/>	Mobile Phone: <input type="text"/>	
		Work Phone: <input type="text"/>	Ext: <input type="text"/>

Transport to School

Usual mode of transport: <input type="text"/>	Bus Pass No: <input type="text"/>	
School Bus Route AM1: <input type="text"/>	Stop: <input type="text"/>	Time: <input type="text"/>
School Bus Route AM2: <input type="text"/>	Stop: <input type="text"/>	Time: <input type="text"/>
School Bus Route PM1: <input type="text"/>	Stop: <input type="text"/>	Time: <input type="text"/>
School Bus Route PM2: <input type="text"/>	Stop: <input type="text"/>	Time: <input type="text"/>
Conveyance Allowance: <input type="text"/>	(Approval Number)	Allowance Expiry Date: <input type="text"/>
Vehicle Reg. No: <input type="text"/>	Driver if other student: <input type="text"/>	

Medical Conditions

Does your child have a diagnosed medical condition which might need first aid? No Yes

If Yes, please tick relevant conditions:

Acquired Brain Injury <input type="checkbox"/>	Severe Allergy Anaphylaxis <input type="checkbox"/>	Asthma <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Cystic Fibrosis <input type="checkbox"/>	Contenance <input type="checkbox"/>
Cerebral Palsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Gastrostomy <input type="checkbox"/>	Joint Conditions <input type="checkbox"/>	Mild Allergy <input type="checkbox"/>	Medication <input type="checkbox"/>
Oral Eating and Drinking <input type="checkbox"/>	Oncology <input type="checkbox"/>	Seizures <input type="checkbox"/>	Transfer and Positioning <input type="checkbox"/>	Visually Impaired <input type="checkbox"/>	Other <input type="checkbox"/>

Other (specify) _____

Does your child need extra routine health support?
(e.g. support with medication management, continence care, psychological issues) No Yes

If Yes, the school will need a health care plan from the treating doctor/health professional.
Is plan attached? No Yes

Details of Student's Doctor

Doctor's Name: <input type="text"/>	Phone Number: <input type="text"/>
Address Line 1: <input type="text"/>	Suburb/Town <input type="text"/>
Address Line 2: <input type="text"/>	Postcode: <input type="text"/>

Court Orders

Are there any current Court-sanctioned orders relating to this student? No Yes

* If Yes, please attach a copy of the order for the school's records.

On what date was the Full Court order issued?

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Details:

Other Parent/Guardian/Carer not residing at same address as student

Mr/Mrs/Ms/Other	<input style="width: 95%;" type="text"/>	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family Name:	<input style="width: 95%;" type="text"/>	Phone Number:	Silent <input type="checkbox"/>	
Given Names:	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Relationship to student	<input style="width: 95%;" type="text"/>		IDD	Area
Mailing Title:	<input style="width: 95%;" type="text"/>	Mobile Phone:	<input style="width: 95%;" type="text"/>	
Address Line 1:	<input style="width: 95%;" type="text"/>			
Address Line 2:	<input style="width: 95%;" type="text"/>			
Address Line 3:	<input style="width: 95%;" type="text"/>			
Suburb/Town:	<input style="width: 95%;" type="text"/>			
Postcode:	<input style="width: 95%;" type="text"/>			
Country:	<input style="width: 95%;" type="text"/>			
Email Address:	<input style="width: 95%;" type="text"/>			

Brothers and Sisters

Full Name	Sex	Date of Birth	Attends this School?			
<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<input type="checkbox"/> No <input type="checkbox"/> Yes
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<input style="width: 95%;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<input type="checkbox"/> No <input type="checkbox"/> Yes

Other Schools Attended

Has your child previously attended a Department for Education and Child Development kindy/school? No Yes

If Yes, please specify the last Department for Education and Child Development kindy/school attended:

List the two most recent schools attended. If unsure of dates, please estimate.

Kindy/ School	From	To
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Any other information/comments

Parent/Guardian Signatures

by signing this form you certify that all information given is true and accurate

Signature of Biological Parent 1 / Legal Guardian 1:
Date: | |

Signature of Biological Parent 2 / Legal Guardian 2:
Date: | |

Enrolment Interviewer:

Data Entry Person: