STUDENT ENROLMENT

In order to complete this enrolment we require a copy of your child's
"CHILD HISTORY STATEMENT"
which would have been forwarded to you by the
Australian Childhood Immunisation Register
after the completion of your child's school entry immunisation requirements.
If you do not have this statement, or the statement does not bear the words:
"This child has received all vaccines required by 5 years of age"
please contact the Register directly on
1800 653 809

If your child has been vaccinated overseas and you have no documentation, or has not been vaccinated because of
medical reasons, please advise the school.

School Entry Child History Statements are also available from all Medicare Offices.
BROADMEADOWS VALLEY 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 Broadmeadows Valley Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Broadmeadows Valley Primary School 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 Broadmeadows Valley 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. Broadmeadows Valley Primary School depends on you to provide all relevant health information because withholding some health information may put your child’s health at risk.

Broadmeadows Valley 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 the Principal. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal or Student Wellbeing Officer if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts
These are people that Broadmeadows Valley 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 Broadmeadows Valley 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 Broadmeadows Valley 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.

Immunisation status
This assists Broadmeadows Valley 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 Broadmeadows Valley Primary School to process your child’s enrolment.

UPDATING YOUR CHILD’S RECORDS
Please let Broadmeadows Valley Primary School know if any information needs to be changed by sending updated information to the school office. Please contact Broadmeadows Valley Primary School on 03 9309 4066 or by email broadmeadows.valley.ps@edumail.vic.gov.au to update any information. During your child’s time with Broadmeadows Valley 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 on 03 9309 4066 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 Broadmeadows Valley 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.
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 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
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
## STUDENT ENROLMENT INFORMATION

**Student Enrolment Information**

- Student ID: [ ] [ ] [ ] [ ] [ ]

## STUDENT DETAILS

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Title: (Miss Ms Mr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Given Name:</td>
<td>Second Given Name:</td>
</tr>
<tr>
<td>Preferred Name (if applicable):</td>
<td>Sex (tick): Female □ Male □</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>Proof of birth date must be provided</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.

## FAMILY DETAILS

**Note:** The 'PRIMARY' Family is: "the family or parent the student mostly lives with".

Alternative and Additional family forms are available from the school if this is required.

### Adult A Details (Primary Caregiver):

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>Male □ Female □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
</tr>
<tr>
<td>First Name:</td>
<td>Relationship to student: Parent □ Other (specify):</td>
</tr>
<tr>
<td>Adult A's occupation?</td>
<td>Adult A's employer?</td>
</tr>
<tr>
<td>In which country was Adult A born?</td>
<td>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) (tick)</td>
</tr>
<tr>
<td>□ Yes, English only Interpreter required? Yes / No</td>
<td>□ Yes (please specify):</td>
</tr>
</tbody>
</table>

### Adult B Details:

<table>
<thead>
<tr>
<th>Sex (tick):</th>
<th>Male □ Female □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
</tr>
<tr>
<td>First Name:</td>
<td>Relationship to student: Parent □ Other (specify):</td>
</tr>
<tr>
<td>Adult B's occupation?</td>
<td>Adult B's employer?</td>
</tr>
<tr>
<td>In which country was Adult B born?</td>
<td>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) (tick)</td>
</tr>
<tr>
<td>□ Yes, English only Interpreter required? Yes / No</td>
<td>□ Yes (please specify):</td>
</tr>
</tbody>
</table>

- 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 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.

- 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 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.
### Primary Family Contact Details

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

**After Hours:**
- Is Adult A usually home AFTER business hours? (tick) □ Yes □ No
- Home Telephone No:
- Other After Hours Contact Information:
- Mobile No:
- SMS Notifications: □ Yes □ No
- Adult A's preferred method of contact: (tick one)
  - Mail
  - Email
  - Phone
  - Facsimile
- Email address:
- Email Notifications: □ Yes □ No
- Fax Number:

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

**After Hours:**
- Is Adult B usually home AFTER business hours? (tick) □ Yes □ No
- Home Telephone No:
- Other After Hours Contact Information:
- Mobile No:
- SMS Notifications: □ Yes □ No
- Adult B's preferred method of contact: (tick one)
  - Mail
  - Email
  - Phone
  - Facsimile
- Email address:
- Email Notifications: □ Yes □ No
- Fax Number:

**Primary Family Home Address:**
- No. & Street or Box No.
- Suburb: __________ State: _______ Postcode: ________
- Telephone Number __________
- Mobile Number __________
- Silent Number: (tick) □ Yes □ No

**Primary Family Mailing/Billing Address:** Write "As Above" if the same as Family Home Address Above.
- No. & Street or PO Box __________
- Suburb: __________
- State: _______ Postcode: ________
- Billing Email □ Adult A □ Adult B □ Other (Please Specify)
### Primary Family Details

<table>
<thead>
<tr>
<th>Doctor's Name</th>
<th>Individual or Group Practice: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Individual  □ Group</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Fax Number</th>
<th>Current Ambulance Subscription: (tick)</th>
<th>Medicare Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes           □ No</td>
<td></td>
</tr>
</tbody>
</table>

### Primary Family Emergency Contacts (Other than Adult A or Adult B):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Daytime Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>B/H: M:</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>B/H: M:</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>B/H: M:</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>B/H: M:</td>
</tr>
</tbody>
</table>

### Other Primary Family Details

- 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

- Where in which country was the student born?
  - □ Australia □ Other (please specify): ___________________________ Arrival or Return Date ______/_____/____
- 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: ______/_____/____
- Visa Statistical Code: (Required for some sub-classes)
- 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, 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
  - □ Independent
  - □ State Arranged Out of Home Care # (See Note)
  - □ Homeless Youth
- Usual mode of transport to school: (tick) □ Walking □ School Bus □ Bicycle □ Driven □ Other (please specify)
- Distance to School (kms)
**SCHOOL DETAILS**

- **Date of first enrolment in an Australian School:** __/__/____
- **Name of previous School or Kindergarten:**
- **Years of previous education:**
- **Language of previous education:**
- **Is the student a repeat student?** (tick) □ Yes □ No
- **Is the student an integration student?** (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:**
- **Enrolled:** □ Yes □ No

**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.

**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).

**Enrolment conditions**

- 
- 

**OFFICE USE ONLY**

- **Has the documentation been provided and retained on school records?** □ Yes □ No
- **Have the conditions been met to complete the enrolment?** □ Yes □ No

**STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS**

<table>
<thead>
<tr>
<th>Is the student at risk?</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is there an Access Alert for the student?</strong> (tick)</td>
<td>□ Yes (If Yes, complete the following questions)</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Access Type:</strong> (tick)</td>
<td>□ Court Order</td>
<td>□ Family Law Order</td>
</tr>
<tr>
<td><strong>Describe any Access Restriction:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Is there an Activity Alert for the student?</strong> (tick)</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If Yes, then describe the Activity Restriction:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY**

- **Current custody document placed on student file?** □ Yes □ No
# STUDENT MEDICAL DETAILS

**LIFE THREATENING ALLERGIES OR CONDITIONS SUCH AS ASTHMA OR NUT ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED**

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Vision</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
</tbody>
</table>

**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.

<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 □ Yes □ No</td>
</tr>
<tr>
<td>□ Difficulty Breathing</td>
<td>Inform Emergency Contact □ Yes □ No</td>
</tr>
<tr>
<td>□ Wheeze</td>
<td>Administer Medication □ Yes □ No</td>
</tr>
<tr>
<td>□ Exhibits symptoms after exertion</td>
<td>Other Medical Action □ Yes □ No</td>
</tr>
<tr>
<td>□ Tight Chest</td>
<td></td>
</tr>
</tbody>
</table>

If yes, please specify:

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

**Does the student take medication?** (tick) □ Yes □ No

**Name of medication taken:**

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

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

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

<table>
<thead>
<tr>
<th>Medication is usually administered by: (tick)</th>
<th>□ Student □ Nurse □ Teacher □ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication is stored: (tick)</td>
<td>□ with Student □ with Nurse □ Fridge in Staff Room □ Elsewhere</td>
</tr>
</tbody>
</table>

**Dosage time**

**Reminder required?** (tick) □ Yes □ No

**Poison Rating** □ Yes □ No

**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) □ Yes □ No

If yes, please specify:

**Symptoms:**

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the symptoms above please: (tick)</th>
<th>Inform Doctor □ Yes □ No</th>
<th>Inform Emergency Contact □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer Medication</td>
<td>□ Yes □ No</td>
<td>Other Medical Action □ Yes □ No</td>
</tr>
</tbody>
</table>

If yes, please specify:

**Does the student take medication?** (tick) □ Yes □ No

**Name of medication taken:**

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

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

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Medication is stored: (tick)</td>
<td>□ with Student □ with Nurse □ Fridge in Staff Room □ Elsewhere</td>
</tr>
</tbody>
</table>

**Dosage time**

**Reminder required?** (tick) □ Yes □ No

**Poison Rating** □ Yes □ No
STUDENT NAME:

ACCIDENT CONSENT FORM
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: _____ / _____ / _____
Print Name: __________________________________________

LOCAL EXCURSION CONSENT FORM
From time to time our students are invited to attend local community events such as tree planting at the creek, performances at the Global Learning Centre and Broadmeadows Town Centre and at other venues within walking distance from the school. Students may also need to be involved in local walking excursions as part of their class learning program. I consent to my child leaving the school grounds for these purposes.
Signature of Parent/Guardian: ___________________________ Date: _____ / _____ / _____

CONSENT TO PUBLISH WORK & IMAGES
I give permission to use child’s photos and electronic recording in school newsletters, other school publications and local media.
Signature of Parent/Guardian: ___________________________ Date: _____ / _____ / _____

CONSENT FORM-HEAD LICE INSPECTIONS
Throughout the year, the school will be arranging head lice inspections of students.
I hereby give my consent for the above-named children to participate in the school’s head lice inspection program.
Signature of Parent/Guardian: ___________________________ Date: _____ / _____ / _____

SIGNATORY
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: _____ / _____ / _____

OFFICE USE ONLY
Child’s Name and Birth Date proof sighted/provided (tick) □ Yes □ No Enrolment Date: ___________________________
Year Level: ____________ Home Group: ____________
Immunisation Certificate Status? (tick) □ Complete □ Incomplete □ Not sighted
Accident Consent Form □ Yes □ No Local Excursion Form □ Yes □ No
Consent to Publish/Images □ Yes □ No Head Lice Check Consent □ Yes □ No