



★ This Enrolment will be considered a 'Conditional Enrolment' until we have received a copy of the student's:
 - Birth Certificate
 - Immunisation Certificate (available from Medicare or ph 1800 653 809) ★

MT ELIZA PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION 2022	Student CASES ID
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:		Grade Level 2022:	
Preferred name: (If applicable)			
❖ Gender (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) ____ / ____ / ____	

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment Date: ____ / ____ / 2022	
Year Level	Home Group	House		Campus
Immunisation Certificate Received?: (tick)		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student: (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
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)? For Prep students only		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Pending	

FAMILY DETAILS

PRIMARY FAMILY HOME ADDRESS:

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

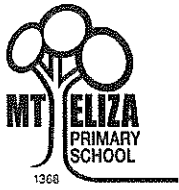
PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street Name:	
Suburb:	
State:	Postcode:

List any other family members attending this school:
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❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information.



MT ELIZA PRIMARY SCHOOL PRIVACY INFORMATION FOR PARENTS, GUARDIANS AND CARERS

During the ordinary course of your child's attendance at our school, school staff will collect your child's personal and health information when necessary to educate your child, or to support your child's social and emotional wellbeing or health in the school context. Such information will also be collected when required to fulfil a legal obligation, including duty of care, anti-discrimination law and occupational health and safety law. If that information is not collected, the school may be unable to provide optimal education or support to your child, or fulfil those legal obligations.

For example, health information may be collected through the school nurse, primary welfare officer or wellbeing staff member. If your child is referred to a specific health service at school, such as a Student Support Services officer, the required consent will be obtained. Our school also collects information provided by parents, guardians and carers through the School Entrance Health Questionnaire (SEHQ) and the Early Childhood Intervention Service (ECIS) Transition Form.

Our school may use online tools, such as apps and other software, to collect and manage information about your child. When our school uses these online tools, we take steps to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact us.

School staff will only share your child's personal or health information with other staff who need to know to enable the school to educate or support your child, or fulfil a legal obligation.

When our students transfer to another Victorian government school, personal and health information about that student will be transferred to that next school. Transferring this information is in the best interests of our students and assists that next school to provide optimal education and support to students.

In some limited circumstances, information may be disclosed outside of the school (and outside of the Department of Education and Training). The school will seek your consent for such disclosures unless the disclosure is allowed or mandated by law.

Our school values the privacy of every person. When collecting and managing personal and health information, all school staff must comply with Victorian privacy law. For more information about privacy including about how to access personal and health information held by the school about you or your child, see our school's privacy policy at: www.mtelizaps.vic.edu.au – Policies and Documentation – 2018 DET Privacy Policy.

Throughout this notice, 'staff' includes principals, teachers, Student Support Service officers, youth workers, social workers, nurses and any other allied health practitioners and all other staff at our school. This includes employees, agents and service providers (contractors) of the Department, whether paid or unpaid.

PRIMARY FAMILY DETAILS – (PARENTS/GUARDIANS)

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 (1ST CALL IN AN EMERGENCY)

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?		
<input type="checkbox"/> Australia <input type="checkbox"/> 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.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)		
<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		
❖ What is the level of the highest qualification the Adult A has completed? (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		
❖ What is the occupation group of Adult A?		
<i>Please select the appropriate parental occupation group from the list on page 9.</i>		
<ul style="list-style-type: none"> 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'. 		
WWCC Number		
Expiry Date		
Card Type (Employee / Volunteer)		

ADULT B DETAILS: (2ND CALL IN AN EMERGENCY)

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?		
<input type="checkbox"/> Australia <input type="checkbox"/> 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.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)		
<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		
❖ What is the level of the highest qualification the Adult B has completed? (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		
❖ What is the occupation group of Adult B?		
<i>Please select the appropriate parental occupation group from the list on page 9.</i>		
<ul style="list-style-type: none"> 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'. 		
WWCC Number		
Expiry Date		
Card Type (Employee / Volunteer)		

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

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PRIMARY FAMILY CONTACT DETAILS – (PARENTS/GUARDIANS) CONT...

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:		
Mobile No.:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No: SMS Notify: <input type="checkbox"/>		
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
Email address:		
Email Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No		

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:		
Mobile No:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No: SMS Notify: <input type="checkbox"/>		
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
Email address:		
Email Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: <input type="checkbox"/> Individual <input type="checkbox"/> Group (tick)
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:

EMERGENCY CONTACTS: (OTHER THAN STUDENT'S PARENTS)

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

NOTE: In an emergency, the student's parents will be the first contact unless requested otherwise.

PRIMARY FAMILY DETAILS – (PARENTS/GUARDIANS) CONT...

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
The student lives with the Primary Family: (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally
			<input type="checkbox"/> Never
Send Correspondence addressed to: (tick one)			
<input type="checkbox"/> Adult A		<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults

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"/> Eligible for Australian Passport	
<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID (Not required for exchange students)	
❖ 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	

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.

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DEMOGRAPHIC DETAILS OF STUDENT CONT...

Beginning of journey to school:	Map Type:	Melway
Map Number	X Reference	Y Reference
Usual mode of transport to school: (tick)		
<input type="checkbox"/> Walking	<input type="checkbox"/> Driven	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Public Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Other
Distance to School in kilometres:		

Student's Religion:		
Will the student participate in Religious Instruction classes? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHOOL DETAILS

Name of previous School or Pre School / Kindergarten			
Date of first enrolment in an Australian Primary School:	____ / ____ / ____		
Years of previous education in a Primary School (not including Pre School):		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"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.			
<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"/>			
Years of interruption to Primary School education:	Is the student repeating a year? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student require an Integration Aide? (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: 0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions
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OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY 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 a 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 Protection Program Order	<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 placed on student file	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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STUDENT ACADEMIC INFORMATION

If your child is commencing Mt Eliza Primary School in Year 1 or above you need to supply the following Documentation:		
	(Documentation Supplied)	
Copy of your child's most recent school report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of any referrals eg. Speech Therapist, that would inform us of your child's learning needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information about any Reading Recovery Program that your child has been involved in	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***** Please advise your previous school that your child will be attending Mt Eliza Primary School so that an electronic Transfer can be organised. *****

ACCIDENT AUTHORITY

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

Does your child have a Medical Condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(please complete details below)		

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) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms 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:	
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"/> First Aid Person <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> in First Aid room <input type="checkbox"/> in the refrigerator in First Aid 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 Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <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"/> Staff Room <input type="checkbox"/> Elsewhere			
Dosage time		Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating	

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: ____ / ____ / ____

Check List for Parent/Guardian:

- Completed Enrolment form, signed and dated.
- Copy of Birth Certificate
- Copy of - Immunisation Certificate
- Student Academic Information (for students transferring from another school)

STUDENT FAMILY OCCUPATION INDEX

PARENT OCCUPATION 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, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **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

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration

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

- Law [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- Business/administration [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- Defence Forces [e.g. senior non-commissioned officer]
- Other [e.g. library technician, museum/gallery technician, research assistant, proof reader]

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/despacher, 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

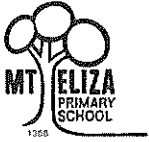
- Driver or mobile plant operator [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- Production/processing machine operator [e.g. 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]



2022 PARENT CONSENT FORM
(Please list all children in your family on one form)

Please be aware that this permission form is only relevant for
2022

Child's Name: Grade.....

Child's Name: Grade.....

Child's Name: Grade.....

Child's Name: Grade.....

Throughout your child's school year at Mt Eliza Primary School there will be instances where permission will be required for various reasons (stated below). Please **circle YES or NO** and sign.

1. I authorise my child's unnamed work or photograph to be used in school promotions or publications, including local newspapers and related websites, school newsletters and on the school's internal website and internet web page. Only first names will be used, never addresses or confidential information.

YES / NO

2. *I understand that any photos I take on a personal device, at **any** school event, (either on the school grounds or away from school – e.g excursion or camp) of anyone other than my own child, should not be uploaded to **any public internet space or social networking site** including but not confined to Facebook, Twitter, Instagram, Kik, Tumblr or Snap Chat.*

YES / NO

3. I give permission for my child to attend excursions, with prior notice, throughout the year on foot in the local area. I also authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I accept all operations, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

YES / NO

PLEASE COMPLETE THE BACK PAGE AND SIGN

4. I give my consent for periodic head lice inspections by a designated First Aid staff member/s if required.

YES / NO

5. I agree to replace or pay for any damaged or lost item from the library, thereby maintaining the current library collection.

YES / NO

6. I give permission for my child to view G and/or PG rated movies/shows at school under supervision. Parents will be notified of any PG movie prior to viewing.

YES / NO

7. I acknowledge that if my child is at school before 8.30am and remains at school after 3.30pm that there are no staff on duty and therefore they will be unsupervised. As a duty of care, if your child is not collected by 3.35 pm they will be taken to Camp Australia, our outside of school care agency, at your expense.

YES/NO

Internet/Website based programs/Third party programs

Central School Systems – System for school reports, absences, communication, etc.

Information provided to Central contains personal information such as Student ID, Student first name, Student surname, Student photo, Student address and contact details.

For further information please check the privacy statement for Central at: <https://www.central.com.au/privacy-policy/>

Information provided to the following websites contains personal information such as Student ID, Student first name, Student surname, Gender, Birthdate, Year level, Home Group teacher. These sites are used for maths skills, reading skills, assessment, reporting, official school photos, student data tracking and communication to parents. Listed next to each site is a link to their privacy policy.

Mathletics – <http://www.3plearning.com/Privacy/>

Reading Eggs – <http://readingeggs.com.au/privacy/>

NAPLAN – <http://www.acara.edu.au/contact-us/privacy>

Scholastic – <http://scholastic.com.au/corporate/privacy.asp>

Print Name: (Parent/Guardian)

Signed: Date: