



WALLAROO MINES PRIMARY SCHOOL

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STUDENT ENROLMENT FORM

Students Name..... DOB.....

Starting Date:

Year Level.....

SA GOVERNMENT SCHOOLS AND CHILDREN'S SERVICES

INFORMATION PRIVACY STATEMENT

The Department of Education and Children's Services is committed to ensuring the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

Provision of Information

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

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

If organisations are contracted on behalf of DECS to undertake tasks which require access to enrolment data, the contract(s) between DECS 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. In accordance with Information Privacy Principles (refer below) no personal information is reported publicly which could identify individual persons.

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school/preschool and Departmental databases. The management of these databases 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 the Government is regulated by the Information Privacy Principles (<http://www.archives.sa.gov.au/privacy/principles.html> - Department of Premier and Cabinet Circular no.12). Personal information will only be disclosed to State and Commonwealth public sector agencies for the above purposes as permitted by those Principles. The Department will not otherwise disclose the information to others without your consent.

Student Personal Details

Family Name:

Given Names:

Preferred Name:

Date of Birth:

* Sex Male Female

How far does the student live from school or school bus route? km

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

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

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

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

Does the student identify with a non-English speaking culture?
 No Yes

If yes, which culture?

If the student is a visa holder, please provide the current visa sub-class.
 If the student is a temporary visa holder, a copy of the Authority to Enrol must be attached to this form.
 (Exceptions: Exchange Students, TPV holders)

Religion: (Optional)

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

* 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 CYFS details must be obtained from the confidential DECS-CYFS Information Sharing Form as supplied to the school principal by the CYFS 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:

EDID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

NESB:

Permanent resident:

Origin:

Family Details

Medicare Number: *

Does this family have private health insurance? *
 Yes No

Family Phone Number: Silent

Mobile Phone:

If Yes, with which private health insurance fund? *

Family Email Address:

**Enrolling Parent or Guardian may elect to NOT answer this question.*

Addresses

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

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:
(If not Australia)

Hundred: * Section: *

RAPID No:
(If applicable)

UHF: MHz

Phone Number: Silent:

IDD Area

Student Mobile Phone:

Student's Email Address:

** If known*

Residential Address (If different from Mailing Address)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:
(If not Australia)

Hundred: * Section: *

RAPID No:
(If applicable)

UHF: MHz

Phone Number: Silent:

IDD Area

Mobile Phone:

Student's Email Address:

If known

If other addresses (B – Billing, H – Holiday, S – SSABSA Mail, T – Term) please attach separate sheet.

Parent 1/ Guardian 1 (Enrolling Parent/Guardian)	Parent 2/ Guardian 2 (Residing at same address as student)
Mr/Mrs/Ms/Other <input style="width: 100px;" type="text"/>	Mr/Mrs/Ms/Other <input style="width: 100px;" type="text"/>
Family Name: <input style="width: 100%;" type="text"/>	Family Name: <input style="width: 100%;" type="text"/>
Given Names: <input style="width: 100%;" type="text"/>	Given Names: <input style="width: 100%;" type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to student: <input style="width: 100%;" type="text"/>	Relationship to student: <input style="width: 100%;" type="text"/>
Occupation: <input style="width: 100%;" type="text"/>	Occupation: <input style="width: 100%;" type="text"/>
* What is the occupation group of parent 1/ guardian 1? <input type="checkbox"/> <i>Please select the appropriate parental occupation group from the list on page 5.</i> - 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.	* What is the occupation group of parent 2/ guardian 2? <input type="checkbox"/> <i>Please select the appropriate parental occupation group from the list on page 5.</i> - 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: <input style="width: 100%;" type="text"/>	Work Location: <input style="width: 100%;" type="text"/>
Work Phone Number: <input style="width: 100%;" type="text"/>	Work Phone Number: <input style="width: 100%;" type="text"/>
Mobile Phone: <input style="width: 100%;" type="text"/>	Mobile Phone: <input style="width: 100%;" type="text"/>
* 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 <input type="checkbox"/> 4 Year 11 or equivalent <input type="checkbox"/> 3 Year 10 or equivalent <input type="checkbox"/> 2 Year 9 or equivalent or below <input type="checkbox"/> 1	* 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 <input type="checkbox"/> 4 Year 11 or equivalent <input type="checkbox"/> 3 Year 10 or equivalent <input type="checkbox"/> 2 Year 9 or equivalent or below <input type="checkbox"/> 1
* What is the level of the highest qualification the parent 1/ guardian 1 has completed? Bachelor degree or above <input type="checkbox"/> 7 Advanced diploma / Diploma <input type="checkbox"/> 6 Certificate I to IV (including trade certificate) <input type="checkbox"/> 5 No non-school qualification <input type="checkbox"/> 8	* What is the level of the highest qualification the parent 2/ guardian 2 has completed? Bachelor degree or above <input type="checkbox"/> 7 Advanced diploma / Diploma <input type="checkbox"/> 6 Certificate I to IV (including trade certificate) <input type="checkbox"/> 5 No non-school qualification <input type="checkbox"/> 8
In which country was the parent 1/ guardian 1 born? <input style="width: 100%;" type="text"/>	In which country was the parent 2/ guardian 2 born? <input style="width: 100%;" type="text"/>
If not born in Australia, what was the date the parent 1/guardian 1 arrived in Australia? <input style="width: 100px;" type="text"/>	If not born in Australia, what was the date the parent 2/ guardian 2 arrived in Australia? <input style="width: 100px;" type="text"/>
* Does the parent 1/ guardian 1 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what is the main language the parent 1/ guardian 1 speaks at home? <input style="width: 100%;" type="text"/>	* Does the parent 2 / guardian 2 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what is the main language the parent 2/ guardian 2 speaks at home? <input style="width: 100%;" type="text"/>
Does this Parent or Guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this Parent or Guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the parent 1/guardian 1 identify with a non-English speaking culture? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which culture? <input style="width: 100%;" type="text"/>	Does the parent 1/guardian 1 identify with a non-English speaking culture? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which culture? <input style="width: 100%;" type="text"/>
Signature of Enrolling Parent or Guardian <input style="width: 100%;" type="text"/>	
Date: <input style="width: 100px;" type="text"/>	

List of Parental Occupation Groups

Group 4: Other occupations

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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 other ranks below senior NCO not included above

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

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

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.

Specialist manager

[finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.

Business/administration

[recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces [senior Non-Commissioned officer]

Group 3: Trades and advanced/intermediate clerical, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/ transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator.

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer.

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

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

Mr/Mrs/Ms/Other

Family Name:

Given Names:

Relationship to student

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Email Address:

Sex: Male Female

Phone Number: Silent

IDD Area

Mobile Phone:

Please indicate if this person wishes to receive reports and/or correspondence
 (If there is more than one person who would like to receive correspondence please attach details)

Reports Other Correspondence

Emergency Contacts if Parent or Guardian cannot be contacted

Priority

1. Name: Home Phone: Silent

Relationship: Mobile Phone:

Work Phone: Ext:

2. Name: Home Phone: Silent

Relationship: Mobile Phone:

Work Phone: Ext:

Relevant Medical Conditions

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

If Yes, please tick relevant conditions:

Severe allergies Asthma Heart condition Diabetes Joint condition Seizures

Other (specify)

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

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

Details of Student's Doctor

Doctor's Name:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Phone Number:

Transport to School

Usual mode of transport:

School Bus Route – AM: Stop: Time: : :

School Bus Route – PM: Stop: Time: : :

Conveyance Allowance: (Approval Number) Allowance Expiry Date: / /

Vehicle Reg. No: Driver if other student:

Shuttle bus forms available at the front office

The Shuttle Bus Travels from Wallaroo Mines Primary School to Kadina Memorial High School Bus Area and return

Family Court Orders

Are there any current Court-sanctioned residency, parental responsibility or contact orders relating to this student? Yes No

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

On what date was the order issued OR on what date is the order due for review? / /

Details:

Brothers and Sisters

Name	Sex	Date of Birth	Attends this School?
<input style="width: 95%; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Schools Attended

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

School	From	To
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>

Any other information/comments

(Eg: Student Counselor, Extra Support, Student with Disabilities, Reading Recovery etc.)

Student Permissions

Photos

From time to time photos are taken of children participating in various school activities. Sometimes these photos are submitted to the local paper to publicise student and school achievements. Permission is needed from parents/caregivers to use any such photos in this way. We also need permission for students to be included in class photos which may not necessarily be purchased by parents/caregivers. This permission may be withdrawn at any time in writing by parents/caregivers.

The school policy is that no children's photographs or names are included on the school's internet website.

I give permission for my child to have photos taken at school which may be included in the local paper or other advertising areas from time to time.

I also give permission for my child to be photographed in a class group for school photos.

Inspection for Head lice

The South Australian Health Commission recommends that everyone check their hair every week for head lice. Checking and treating children's hair is **BY LAW A PARENT'S RESPONSIBILITY**.

Sometimes schools and preschools offer to arrange head check if there is a community outbreak of head lice. This form seeks consent for your child's head to be inspected if the need arises.

I understand and accept that any children found to be infested will be withdrawn from close contact with other children until collected for treatment by parents or caregivers. I understand that I will need to collect my child promptly if head lice or nits are evident as a result of this check.

I give permission for the school or centre to arrange for a health professional or staff member to check my child's hair for nits and head lice. I understand any such check will be conducted sensitively.

I do not give permission for the school to check my child's hair for nits and head lice, as I will do this. I understand that my child can be excluded from school where infestation is suspected. I understand that it is my responsibility to arrange collection of my child from school when notified of the need to check for head lice. I understand that approval for re-entry may require provision of advice from a doctor that my child is free of head lice and nits.

Consent Form

I consent to my child undertaking brief, no-cost, walking excursions from the school for educational purposes. I understand that I will be informed of the purpose and duration of the walking excursion prior to it occurring in most instances.

Religious Education

I consent to my child participating in Religious Education Lessons at Wallaroo Mines Primary School.

Permission to borrow Library Books

I give permission for my child to borrow books from the library and I accept responsibility for any book damaged or lost by my child.

I.T. Equipment/Internet acceptable use policy

I accept the conditions of I.T. equipment/Internet use for my child.

Dear Parents/Caregivers

At Wallaroo Mines Primary School we value the links between home and school.

Many parents support the school in many different ways including organising the school banking program, operating the lost property system, managing lunch orders, membership Governing Council, watering the vegetable garden during the holidays and helping with catering.

If you would like to be involved in your child's school some possible ways are listed below.

Please indicate how you would be involved as we intend to keep a register of parent offers of help and contact as the need arises.

Many thanks

I would be willing to support the school by

- assisting with fundraising
- helping set up for catering
- cleaning up after catering
- gardening
- covering books
- helping in classrooms/computer room
- assisting with hot foods on Friday
- membership of Governing Council
- painting
- woodwork
- other skills you have, please detail

I have read & understand this document & by signing this, I am agreeing to accept these conditions while my child is attending this school.

Parent/Guardian Signed: _____ **Parent/Guardian Name** _____

Date: _____

Please keep for your information**Infectious Diseases**

Exclusion of children with infectious diseases.

Children who are ill with infectious disease must not be allowed to attend school. The following guidelines have been drawn up on the basis that children who have been unwell will not return to school until they have fully recovered. The only exception to this rule is that children with certain skin diseases may return once appropriate treatment has commenced.

The recommended periods are issued as a guide to teaching staff and medical practitioners, and may be modified in individual cases as circumstances warrant.

In cases of doubt, or for guidance in cases of conditions not listed, advice should be sought from the appropriate clinic, CAFHS medical officer or family doctor.

The following table lists the recommended minimum exclusion periods from schools of infectious disease cases and their contacts.

CONDITION	CASES	CONTACTS
Measles	Should be excluded for at least 5 days from the appearance of the rash or until a medical certificate of recovery is produced.	Immunised contacts not excluded. All children should be immunised against measles preferably at 12 months of age and certainly before entry into pre-school or day care centre unless they have had the disease. Therefore the need to exclude contacts should not arise. Non-immunised contacts should be excluded for 13 days from the first day of appearance of rash in the last case unless immunised within 72 hours of first contact.
Meningitis (Bacterial)	No exclusion period is necessary following treatment and recovery.	Not excluded (other than Meningococcal meningitis contacts –see below)
Meningococcal infection	Re-admit on production of a medical certificate of recovery.	Domiciliary contacts only should be excluded until they have been receiving appropriate chemotherapy for at least 48 hours.

CONDITION	CASES	CONTACTS
Whooping Cough (Pertussis)	Should be excluded for two weeks from onset of illness and until a medical certificate of recovery is produced.	Exclude domiciliary contacts for 21 days after the last exposure to infection if attending a preschool centre and if the child has not previously had whooping cough or immunisation. Contacts need not be excluded from any other class of school.
Diarrhea (Rotavirus, Shigella, Giardia)	For isolated cases, exclude from school and pre-school while diarrhea persists.	Contacts not excluded.
Ringworms Scabies Head Lice	Re-admit when appropriate treatment has commenced, supported when requested by a medical certificate. Children with Ring Worms should be excluded from school until effective medication treatment has been carried out.	Not excluded. Close contacts should be inspected regularly for signs of infestation or infection.
Conjunctivitis (Acute infectious)	Until discharge from eyes has ceased.	Not excluded.
School Sores (Impetigo)	Until sores are fully healed. The child may be allowed to return provided that appropriate treatment is being applied and sores on exposed surfaces such as scalp, face, hands or legs are properly covered with occlusive dressings.	Not excluded.

If you have any other health concerns – please contact the school, or check the website www.cafs.com.au