FAMILY CODE No.:

EAST PRESTON ISLAMIC COLLEGE
Early Learning Centre Enrolment Form

Schools, please note:
It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated, provided to the Ministerial Council on Education, Employment, Training and Youth Affairs and published in such publications as the National Report on Schooling in Australia. No individual student or school is identifiable through the published information. [Refer to Circular 291/2004 for more information.]

A copy of the School Enrolment Privacy Notice must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the *Information Privacy Act*. A template of the School Enrolment Privacy Notice is located at https://www.eduweb.vic.gov.au/privacy/resources.htm Explanations of the Parental Occupation Group codes are included at the end of this document.

ENROLMENT PROCEDURES:

1. Complete the Enrolment application form

2. Please ensure you have attached the following document with this application.
   - Copy of the birth certificate or copy of the passport
   - Copy of the visa details for International students
   - Copy of the Financial Guarantee for International students
   - Copy of the immunization certificate
   - Other reports relevant to academic abilities and learning needs
   - Custodial information (if applicable)

3. Submit all forms to the school office

The application fee will be deducted from your child's enrolment on acceptance to the college. The college will contact you to arrange for your child to sit for an entrance test to determine your Childs eligibility/placement at the college.

EAST PRESTON ISLAMIC COLLEGE ELC

STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID:	

Type of Enrolment: (tick) Local International

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		**Title:** (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
Gender (tick):	Male Female	**Birth Date:** (dd-mm-yyyy)	_____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:			
State:		**Postcode:**	
Telephone Number		**Silent Number:** (tick)	Yes No
Mobile Number:		**Fax Number:**	

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		Yes	No	**Enrolment Date:**					
Year Level		**Home Group**		**Timetabling Group**		**House**		**Campus**	
Student Email Address:									
Immunisation Certificate Status?: (tick)		Complete	Incomplete	Not sighted					
Is there a Medical Alert for the student? (tick)		Yes	No						
Does the student have a Disability ID Number? (tick)		No	Yes	**Disability ID No.**:					

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent/guardian the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances. It is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

Gender (tick):	Male 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?	
Australia	**Other** (please specify):
Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
No, English only Yes (please specify):	
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick)	Yes No

What is the highest year of primary or secondary school Adult A has completed? (tick one) *(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)*

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the *highest* qualification that Adult A has completed? (tick one)

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

What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.

- If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

ADULT B DETAILS:

Gender (tick):	Male 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?	
Australia	**Other** (please specify):
Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
No, English only Yes (please specify):	
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick)	Yes No

What is the highest year of primary or secondary school Adult B has completed? (tick one) *(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)*

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the *highest* qualification that Adult B has completed? (tick one)

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

What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.

- If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.
- If the person has not been in paid work for the last 12 months, enter 'N'.

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

Main language spoken at home:		**Preferred language of notices:**		
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	Adult A	Adult B	Both	Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A 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 information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	Yes	No
Home Telephone No:		
Other After Hours Contact Information:		

Adult A's preferred method of contact: (tick one)

Mail	Email	Facsimile

Email address:	
Fax Number:	

ADULT B CONTACT DETAILS:

Business Hours:

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

After Hours:

Is Adult B usually home AFTER business hours? (tick)	Yes	No
Home Telephone No:		
Other After Hours Contact Information:		

Adult B's preferred method of contact: (tick one)

Mail	Email	Facsimile

Email address:	
Fax Number:	

PRIMARY FAMILY MAILING ADDRESS:

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

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

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		**Individual or Group Practice:** (tick)	Individual	Group
No. & Street or PO Box No.:				
Suburb:				

State:		**Postcode:**	
Telephone Number		**Fax Number**	
Current Ambulance Subscription: (tick) Yes No		**Medicare Number:**	

PRIMARY FAMILY EMERGENCY CONTACTS:

These emergency contacts are not to be put as the parents of the children but to be someone else.

Name:			
Address:			
Mobile:			
Home Phone:		**Relationship to child**	
	Consent to sign incident, injury, trauma and medication Records		
	Consent to be notified of an emergency involving the child if parents cannot be contacted		
	Consent to Collect the child from the Kinder		
	Is able to Consent to Medical treatment for the child from a registered medical practitioner, hospital service		
	Consent to administration of medication to the child		
	Consent to the child being taken to a hospital by ambulance		
	Is able to Consent to the child being taken from the service by an educator		

Name:			
Address:			
Mobile:			
Home Phone:		**Relationship to child**	
	Consent to sign incident, injury, trauma and medication Records		
	Consent to be notified of an emergency involving the child if parents cannot be contacted		
	Consent to Collect the child from the Kinder		
	Is able to Consent to Medical treatment for the child from a registered medical practitioner, hospital service		
	Consent to administration of medication to the child		
	Consent to the child being taken to a hospital by ambulance		
	Is able to Consent to the child being taken from the service by an educator		

PRIMARY FAMILY BILLING ADDRESS:

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

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

OTHER PRIMARY FAMILY DETAILS

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

The student lives with the Primary Family: (tick one)

Always | Mostly | Balanced | Occasionally | Never

Send Correspondence addressed to: (tick one)	Adult A	Adult B	Both Adults	Neither

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

DEMOGRAPHIC DETAILS OF STUDENT

In which country was the student born?

Australia | Other (please specify): _____

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

What is the Residential Status of the student? (tick) Permanent | Temporary

Basis of Australian Residency:

Eligible for Australian Passport | Holds Australian Passport

Holds Permanent Residency Visa

Visa Sub Class: | **Visa Expiry Date**: (dd-mm-yyyy) _____/_____/_____

Visa Statistical Code: (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)

No, English only | Yes (please specify):

Does the student speak English? (tick) Yes | No

Is the student of Aboriginal or Torres Strait Islander origin? (tick one)

No | Yes, Aboriginal

Yes, Torres Strait Islander | Yes, Both Aboriginal & Torres Strait Islander

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

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Beginning of journey to school:	**Map Type**	Melway / VicRoads / Country Fire Authority / Other		
Map Number		**X Reference**		**Y Reference**
Usual mode of transport to school: (tick)				
☐ Walking	☐ School Bus	☐ Train	☐ Driven	☐ Taxi
☐ Bicycle	☐ Public Bus	☐ Tram		☐ Other
Distance to School in kilometres:				

Student's Religion:		
Will the student participate in Religious Instruction classes? (tick)	Yes	No

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

Other details

*Are you or your child/ren receiving support from any agencies or services?

○ Yes ○ No

Please indicate if you hold any of the following:

- ☐ a Commonwealth Health Care Card
- ☐ a Commonwealth Pensioner Concession Card
- ☐ a Department of Veterans' Affairs Gold Card or White Card
- ☐ Refugee visa (subclass 200)
- ☐ In-country Special Humanitarian visa (subclass 201)
- ☐ Global Special Humanitarian visa (subclass 202)
- ☐ Temporary Humanitarian Concern visa (subclass 786)
- ☐ Protection visa (subclass 866)
- ☐ Emergency Rescue visa (subclass 203)
- ☐ Woman at risk visa (subclass 204)
- ☐ Bridging visas A-E

Health Care Card No:	

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child maybe 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 • •

OFFICE USE ONLY

Has the documentation been provided and retained on the PCSchool database records?	☐ Yes	☐ No
Have the conditions been met to complete the enrolment?	☐ Yes	☐ No

Staff member name entering details.	
Family Code:	
Barcode No.:	
Deposit Receipt No.:	

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?		Yes		No
Is there an Access Alert for the student? (tick)		Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)		No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	Court Order	Family Law Order	Restraining Order	Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick) If Yes, then describe the Activity Restriction:		Yes		No

OFFICE USE ONLY

Current custody document placed on student file?	Yes	No

School related permissions:

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** ____/_____/_____

CONSENT TO THE USE OF PHOTOGRAPHS IN SCHOOL PUBLICATIONS AND SCHOOL RELATED MEDIA ARTICLES

I do/ do not give my permission for my child's photograph being used in school related articles.

Signature of Parent/Guardian: _____

CONSENT TO PARTICIPATE IN SHORT EDUCATIONAL WALKS

I do / do not give my permission for my child to accompany his/ her teacher on short educational walks beyond the school ground.

Signature of Parent/Guardian: _____

CONSENT TO HEAD LICE INSPECTION BY THOSE NOMINATED BY THE SCHOOL

I do/ do not give my permission for my child to participate in the school head lice inspection program.

Signature of Parent/Guardian: _____

CONSENT TO HAVE CHILD TAKEN BY AMBULANCE IF NECESSARY

I do/ do not give my permission for my child to be taken in an ambulance to hospital in case of an emergency

Signature of Parent/Guardian: _____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	*Hearing:*	Yes	No	*Vision*	Yes	No
	Speech:	Yes	No	*Mobility:*	Yes	No
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.

Please indicate if the student suffers from any of the following symptoms: (tick)	**If my child displays any of these symptoms please:** (tick)		
Cough	Inform Doctor	Yes	No
Difficulty Breathing	Inform Emergency Contact	Yes	No
Wheeze	Administer Medication	Yes	No
Exhibits symptoms after exertion	Other Medical Action	Yes	No
Tight Chest	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:**			
Medication is usually administered by: (tick)	Student	Nurse	Teacher	Other		
Medication is stored: (tick)	with Student	with Nurse	Fridge in Staff Room	Elsewhere		
Dosage time	**Reminder required?** (tick)	Yes	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)				Yes	No
If yes, please specify:					
Symptoms:					
If my child displays any of the symptoms above please: (tick)					
Inform Doctor	Yes	No	Inform Emergency Contact	Yes	No
Administer Medication	Yes	No	Other Medical Action	Yes	No
			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:**		

Medication is usually administered by: (tick)		Student	Nurse	Teacher	Other
Medication is stored: (tick)	with Student	with Nurse	Fridge in Staff Room		Elsewhere
Dosage time	**Reminder required?** (tick)	Yes	No	**Poison Rating**	

Dietary Requirements of the child

Does your child have any dietary restrictions?	**Yes**		**No**	
Please List Details:				

Permission to apply Sunscreen

I .....(Print Parent's name) give permission for my child to have sunscreen applied where the UV rating is 3 or higher, as recommended by the Cancer Council whilst attending the Centre as per the EPIC Early years' service Sun Protection procedure.

☐ **Yes** ☐ **No**

The sunscreen to be used at the centre is 30 (or higher) broad spectrum sunscreen

Does your child have a sensitivity to sunscreen?

☐ **Yes** ☐ **No**

If yes, I agree to provide a suitable product in the original packaging with my child's name and within the use-by-date, to be stored appropriately by educators and applied by educators as per the EPIC Early years services sun protection procedure

Parent Signature:		**Date:**	

STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:			
Individual or Group Practice: (tick)		Individual	Group
No. & Street or PO Box No.:			
Suburb:			
State:		**Postcode:**	
Telephone Number		**Fax Number**	
Student Medicare Number:			

STUDENT EMERGENCY CONTACTS

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

	Name	***Relationship*** (Neighbour, Relative, Friend or Other)	***Language Spoken*** (If English Write "E")	***Telephone Contact***
1				
2				

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: _____ / _____ / _____

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: *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)

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 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 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

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

Parental Occupation Group Codes