

Name of School: _____



Government of South Australia

Department for Education

Name of Student: _____

Date of Birth: _____ / _____ / _____

SCHOOL ENROLMENT FORM

INFORMATION PRIVACY STATEMENT

The Department for Education is committed to respecting the confidentiality of information provided about children / students and parents, which includes information requested on enrolment forms.

This form has been designed to ensure compliance with the *Education and Children's Services Act 2019 (SA)* and to enable the department to:

- undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about matters in relation to your child, your child's school and the education system
- provide first aid and plan for child / student health support requirements
- provide information required for school resource entitlements
- collect statistical and qualitative information to better understand student performance and undertake activities to improve the education system
- meet reporting requirements, including to other government authorities
- provide information to contractors engaged to assist in the completion of the Australian Early Development Census survey by teachers for Reception students (www.aedc.gov.au).

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

Questions marked * on this school enrolment form are included to collect information required under the *Australian Education Regulations 2013*. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child's school for planning and resourcing decisions.

The information provided in enrolment forms is stored securely in local school and department databases. Information from your enrolment form may be transferred electronically from one school to another as your child moves schools or locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. Some student information will also be securely transferred to the NAPLAN Online Platform to enable online NAPLAN testing. While your child is enrolled in a departmental site other information will be gathered relating to your child's education and wellbeing; for example records of learning progress (including NAPLAN testing), absences from school, behaviour, health and social development reports, observations and assessments.

The management of these data is governed by Australian, State and department policies and relevant legislation (including the *Australian Education Act 2013 (Cth)*, *Education and Children's Services Act 2019 (SA)*, and *State Records Act 1997 (SA)*) 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 South Australian government is regulated by the *Information Privacy Principles* (see www.dpc.sa.gov.au/documents/rendition/B17711). Unless authorised or required to do so by a law of the State or Commonwealth, or as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the department will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside the department will be important to your child's educational progress, safety or wellbeing. It might also be necessary to share information to manage a risk of serious harm to others. In these circumstances the department follows the SA Government's *Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG)* www.ombudsman.sa.gov.au. Under the ISG your consent for the sharing of personal information about you or your child will be sought and respected in all situations unless:

- disclosure is authorised or required by law; or
- it is unsafe / impossible to gain consent or consent has been refused; and
- without information being shared, a person or persons will be at increased risk of serious harm.

In order to provide an appropriate education program your school may share information relating to your child's personal needs with specialist department staff, including Student Support Services. This will enable the school to make any necessary teaching and learning adjustments for your child. The school may also use the information you provide when applying for specialist resources or services and/or funding to support your child's education. Prior to any formal referral for additional support your consent will be sought.

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

- by using the 'any other information' section of this form; and/or
- by discussing with staff at the time of enrolment; and/or
- by discussing with staff at any time in the future.

The school has explained the above information privacy statement and information sharing statement.

Parent Signature

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

<p>Group 4 Other Occupations</p>	<p>Group 3 Trades and advanced / intermediate clerical, sales and service staff</p>	<p>Group 2 Other business managers, Arts / Media / Sportspersons and associate Professionals</p>	<p>Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals</p>
<p>Drivers Mobile plant, Production / Processing, Machinery, Other machinery Operators.</p> <p>Hospitality staff Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.</p> <p>Office assistants Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.</p> <p>Sales assistants Sales assistant, Motor vehicle / Caravan / Parts Salesperson, Checkout operator, Cashier, Bus/train conductor, Ticket seller, Service station attendant, Car rental desk staff street, Vendor, Telemarketer, Shelf stacker.</p> <p>Assistant / aide Trade's assistant, School / Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum / gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.</p> <p>Labourers and related workers</p> <p>Defence Forces Other ranks below senior NCO not included above.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker Farm overseer, Shearer, Wool / hide classer, Farm hand, Horse trainer, Nurseryman, Greenkeeper, Gardener, Tree surgeon, Forestry / logging worker, Miner, Seafarer / fishing hand.</p> <p>Other worker Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.</p>	<p>Tradesmen / women Generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen / women are included in this group.</p> <p>Clerks Bookkeeper, Bank / PO clerk, Statistical / Actuarial Clerk, Accounting / claims / audit clerk, Payroll clerk, Recording / registry / filing clerk, Betting clerk, Stores / inventory clerk, Purchasing / order clerk, Freight / transport / shipping clerk, Bond clerk, Customs agent, Customer services clerk, Admissions clerk.</p> <p>Skilled Office Staff Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.</p> <p>Skilled Sales Staff Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher.</p> <p>Skilled Service Staff Aged / Disabled / Refuge / Child care worker, Nanny, Meter reader, Parking inspector, Postal worker, Courier, Travel agent, Tour guide, Flight attendant, Fitness instructor, Casino dealer / supervisor.</p>	<p>Owner / manager Farm, Construction, Import / Export, Wholesale, Manufacturing, Transport, Real estate business.</p> <p>Specialist manager Finance, Engineering, Production, Personnel, Industrial relations, Sales / marketing.</p> <p>Financial services manager Bank branch manager, Finance / investment / insurance, Broker, Credit / loans officer.</p> <p>Retail sales / services manager Shop petrol station, Restaurant club, Hotel / Motel, Cinema, Theatre agency.</p> <p>Arts / media / sports Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media presenter, photographer, Designer, Illustrator, Proof reader, sportsman / woman, Coach / trainer, Sports official.</p> <p>Associate professionals Generally have diploma / Technical qualifications, Support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician / Associate professional.</p> <p>Business / administration Recruitment / Employment / Industrial relations / Training officer. Marketing / Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office / project manager.</p> <p>Defence Forces Senior Non-Commissioned officer.</p>	<p>Senior executive / manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), Regional Director, Health / Education / Police / Fire services, Administrator.</p> <p>Other administrator School Principal, Faculty head / Dean, Library / Museum / Gallery director, Research facility director.</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals Generally have degree or higher qualifications and experience in applying this knowledge to:</p> <ul style="list-style-type: none"> • Design, develop or operate complex systems; • Identify, treat and advise on problems; • And teach others. <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing. Professional.</p> <p>Business Management consultant, Business analyst, Accountant, Auditor, Policy analyst, Actuary, Valuer.</p> <p>Air / sea transport Aircraft / ship's Captain / Officer / Pilot, Flight officer, Flying instructor, Air traffic controller.</p>
<p>Parent's education, qualification and occupation</p> <p>The questions about each parent's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's <i>Index of Educational Disadvantage</i> (IED), which is linked to funding levels and may be used to allocate resources to school services. In the future this information may be used to determine resource allocations to schools.</p> <p>If you are an independent student (living without a parent) please go straight to Page 4 - Student Personal Details.</p>			

Enrolling parent 1

(eg Birth, adoptive parent or guardian)

Mr / Mrs / Ms / Other:

Family Name:

Given Names:

Sex:

Male Female

Relationship to student:

Employment status:

Occupation:

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

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

Mobile Phone:

Email:

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

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

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

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

In which country was the parent born?

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

DD	MM	YY
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* Does the parent speak a language other than English at home? No, English only Yes

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

Does the parent require an interpreter? No Yes

 No
 Yes

Language for translation:

What is the cultural background of the parent?

Enrolling parent 2

(eg Birth, adoptive parent or guardian)

Mr / Mrs / Ms / Other:

Family Name:

Given Names:

Sex:

Male Female

Relationship to student:

Employment status:

Occupation:

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

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

Mobile Phone:

Email:

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

- Year 12 or equivalent 4
Year 11 or equivalent 3
Year 10 or equivalent 2
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DD	MM	YY
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If **yes**, what is the main language the parent speaks at home?

Does the parent require an interpreter? No Yes

 No
 Yes

Language for translation:

What is the cultural background of the parent?

Other parent 1 with responsibility for student (if applicable)

If the school has determined that there is an 'other' parent who is authorised to enrol the student - complete Page 3 in relation to the other parent. For further details schools should refer to the admission procedure.

Resides at the same address as the student? Yes No Reports Access Correspondence

Mr / Mrs / Ms / Other

Sex: Male Female

Family Name:

Given Names:

Phone Number:

Relationship to student:

Mobile Number:

Mailing Title:

Address Line 1:

Address Line 2:

Address Line 3:

Suburb / Locality:

Postcode:

Country (if not Australia):

Email Address:

Other parent 2 with responsibility for student (if applicable)

Resides at the same address as the student? Yes No Reports Access Correspondence

Mr / Mrs / Ms / Other

Sex: Male Female

Family Name:

Given Names:

Phone Number:

Relationship to student:

Mobile Number:

Mailing Title:

Address Line 1:

Address Line 2:

Address Line 3:

Suburb / Locality:

Postcode:

Country (if not Australia):

Email Address:

Student Personal Details (provide proof of identity)

Family Name:
 Given Names:
 Preferred Name:

Date of Birth: DD MM YY * Sex: Male Female

Has this student been approved for School Card Assistance at their previous school? No Yes

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

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

For a student born overseas with a date of arrival in Australia on or after 1/1/2006, a "visa sub-class" must be entered. Refer to visa grant letter or visa entitlement verification online (VEVO) for visa details and conditions. Some temporary residents are required to pay fees and must have a letter of offer / confirmation from International Education Services.

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

Residence status of student: Australian Citizen / Permanent Resident
 Temporary Resident
 Tourist Visa Length of intended enrolment (months): MM

Visa Sub-Class: Visa grant date: DD MM YY

Passport Number:

What is the student's cultural background?

Religion (optional):

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

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

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 the student in care and subject to a custody or guardianship order under the *Children and Young People (Safety) Act 2017 (SA)*?
 No Yes

If Yes, has the "Admission process for enrolling or transferring a child or young person in care" process been followed? For further details schools should refer to the admission procedure. These forms will provide the necessary information for data input.
 No Yes

Does this student receive Youth Allowance? No Yes

Does this student receive ABSTUDY? No Yes

School Use Only

Proof of identity provided?
 No Yes

Proof of residence provided?
 No Yes

School No:

ED ID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

Permanent Resident:

Origin:

Visa Sub-Class:

NESB:

EALD: Yes No

IELP / NAP Transfer: Yes No

Family contact details

Family Phone Number:

Family Mobile Phone:

Family Email Address:

Student address details (provide proof of residence)

Mailing* Address

Name to be used for all correspondence:

eg Mr and Mrs Black, Ms B Green

Address Line 1:

Address Line 2:

Suburb / Locality:

Postcode:

Country (if not Australia):

Student Mobile Number:

Hundred (if applicable):

Section:

UHF:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Student's Email Address:

Residential* Address (must be the student's primary place of residence, not a commercial, postal or a mailing address)

Name to be used for all correspondence:

eg Mr and Mrs Black, Ms B Green

Address Line 1:

Address Line 2:

Suburb / Locality:

Postcode:

Country (if not Australia):

Hundred (if applicable):

Section:

UHF:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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* If student under shared care arrangements, provide address details of where the child lives the majority of the school week.

If you have other addresses that need to be documented (B – Billing, H – Holiday, S – SACE Mail, T – Term), note in any other information / comments on page 9.

Emergency Contacts (If enrolling parents cannot be contacted or unable to collect student)

Note: Includes permission to provide overnight care

Priority 1

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Priority 2

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Priority 3

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Priority 4

Name: Home Phone:

Relationship: Mobile Phone:

Work Phone: Ext:

Medical conditions and health support for student

Does your child have a diagnosed medical condition? No Yes

If **Yes**, please tick the relevant conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Gastrostomy | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Impaired / Ear health issues | <input type="checkbox"/> Oral Eating and Drinking |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizures and Epilepsy |
| <input type="checkbox"/> Continence | <input type="checkbox"/> Joint Conditions | <input type="checkbox"/> Severe Allergy Anaphylaxis |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Medication | <input type="checkbox"/> Transfer and Positioning |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mild Allergy | <input type="checkbox"/> Visually Impaired |

If other, please specify:

Does the student require additional health support or first aid?
(e.g. support with medication management, continence care, psychological issues) No Yes

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

Court orders (including parenting, recovery or intervention orders)

Are there any current Court orders relating to this student?

No Yes

If **Yes**, a copy of the order must be provided for the school's records.

On what date was the court order issued?

DD	MM	YY
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Key details of court orders provided (**School use only**):

Siblings

Full Name

Sex

Date of birth

Attends this school?

Male Female

DD	MM	YY
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No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Male Female

DD	MM	YY
----	----	----

No Yes

Other preschools and schools attended

Has the student previously attended a Department for Education preschool / school?

No Yes

If Yes, please specify the last Department for Education preschool / school attended:

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

Preschool / School Name

From

To

DD	MM	YY
----	----	----

DD	MM	YY
----	----	----

DD	MM	YY
----	----	----

DD	MM	YY
----	----	----

Any other information / comments

Signatures

By signing this form you are declaring that all information given is true and accurate.

Signature Enrolling parent 1:

Date:

DD	MM	YY
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Signature Enrolling parent 2:

Date:

DD	MM	YY
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School use only

Pre enrolment interviewer:

Data entry person: