SCHOOL ENROLMENT FORM
SA GOVERNMENT SCHOOLS AND CHILD DEVELOPMENT

Student Name: ________________________  Start Date: ___ / ___ / ___

INFORMATION PRIVACY STATEMENT

The Department for Education and Child Development is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

The information in this form is required by the Education Regulations 2012. It is requested to enable DECD 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 information required for 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 DECD to undertake tasks which require access to enrolment data, the contract(s) between DECD 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. 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/preschool for planning and resourcing decisions.

The information provided in Enrolment Forms is stored securely in local school and Departmental databases. Information from your enrolment form may be transferred electronically from one site to another as your child moves locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. While your child is enrolled in a DECD site other information will be gathered relating to your child’s education and wellbeing; for example records of learning progress, absences from school, behaviour, health and social development reports, observations and assessments.

The management of these data is governed by Australian, State and Departmental policies to ensure that the information is used only for the purposes stated above and is secure, private and confidential.

INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside DECD will be important to your child’s educational progress, safety or wellbeing. In these circumstances DECD follows the SA Government’s Information Sharing: Guidelines for Promoting the Safety and Wellbeing of Children, Young People and Families (ISG) www.gcyp.sa.gov.au

Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- It is unsafe / impossible to gain consent or consent has been refused; and
- Without information being shared, a child or children will be at increased risk of serious harm.

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/caregivers and other agencies/services to achieve that aim. Parents/caregivers 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
- In discussion with staff at the time of enrolment; and/or
- In discussion with staff at any time in the future.

Has the person conducting the interview explained the Information Privacy Statement and Information Sharing Statement?

Parent / Guardian Signature

Parent / Guardian Signature
Refer to the occupation groups listed below when completing the questions on page 3.

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Group 3</th>
<th>Group 2</th>
<th>Group 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Occupations</td>
<td>Trades and advanced / intermediate clerical, sales and service staff</td>
<td>Other business managers, Arts / Media / Sport/Persons and associate Professionals</td>
<td>Senior management in large business organisation, government administration and defence, and qualified professionals</td>
</tr>
<tr>
<td><strong>Drivers</strong></td>
<td>Tradesmen/women</td>
<td>Owner/manager</td>
<td>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</td>
</tr>
<tr>
<td>Mobile plant, Production/ Processing, Machinery, Other machinery Operators.</td>
<td>Generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</td>
<td>Farm, Construction, Import/ Export, Wholesale, Manufacturing, Transport, Real estate business.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospitality staff</strong></td>
<td>Clerks</td>
<td>Specialist manager</td>
<td>Public service manager (Section head or above), Regional Director, Health/ Education/ Police/ Fire services, Administrator.</td>
</tr>
<tr>
<td><strong>Office assistants</strong></td>
<td>Skilled Office Staff</td>
<td>Financial services manager</td>
<td>Other administrator School Principal, Faculty head/Dean, Library/Museum/Gallery director, Research facility director.</td>
</tr>
<tr>
<td>Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.</td>
<td>Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.</td>
<td>Bank branch manager, Finance/ investment/ insurance, Broker, Credit/ loans officer.</td>
<td></td>
</tr>
<tr>
<td><strong>Sales assistants</strong></td>
<td>Skilled Sales Staff</td>
<td>Retail sales/services manager</td>
<td>Defence Forces Commissioned Officer.</td>
</tr>
<tr>
<td>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.</td>
<td>Company sales representative, Auctioneer, Insurance agent/ Assessor/ Loss adjuster, Market researcher.</td>
<td>Shop petrol station, Restaurant club, Hotel/ Motel, Cinema, Theatre agency.</td>
<td></td>
</tr>
<tr>
<td><strong>Assistant/aide</strong></td>
<td>Skilled Service Staff</td>
<td>Associate professionals</td>
<td>Professionals Generally have degree or higher qualifications and experience in applying this knowledge to:</td>
</tr>
<tr>
<td>Trade’s assistant, School/ Teacher’s aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum/gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.</td>
<td>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.</td>
<td>• Design, develop or operate complex systems;</td>
<td></td>
</tr>
<tr>
<td><strong>Labourers and related workers</strong></td>
<td></td>
<td></td>
<td>• Identity, treat and advise on problems;</td>
</tr>
<tr>
<td>Defence Forces Other ranks below senior NCO not included above.</td>
<td></td>
<td></td>
<td>• And teach others.</td>
</tr>
<tr>
<td><strong>Other worker</strong></td>
<td></td>
<td><strong>Business/administration</strong></td>
<td>Air/sea transport Aircraft/ship’s Captain/ Officer/ Pilot, Flight officer, Flying instructor, Air traffic controller.</td>
</tr>
<tr>
<td></td>
<td>Financial services manager</td>
<td><strong>Business/administration</strong></td>
<td>Program director, Business development specialist, Internship co-ordinator, Registrar.</td>
</tr>
<tr>
<td></td>
<td>Retail sales/services manager</td>
<td><strong>Associate professionals</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Parent’s education, qualification and occupation**

The questions about each parent/guardian’s education, qualifications and employment group are asked on all school enrolment forms.

In South Australia this information is used in determining each school’s Index of Educational Disadvantage (IED), which is linked to funding levels and may be used to allocate resources to Preschool services. In the future this information may be used to determine resource allocations to Preschools.
### Biological Parent 1 or Legal Guardian 1

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr/Mrs/Ms/Other:</td>
<td></td>
</tr>
<tr>
<td>Family Name:</td>
<td></td>
</tr>
<tr>
<td>Given Names:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td></td>
</tr>
<tr>
<td>Employment status:</td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td>☐ What is the occupation group of parent 1 / guardian 1? Please select the appropriate parental occupation group from the list on page 2.</td>
</tr>
<tr>
<td>Work Location:</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number:</td>
<td></td>
</tr>
<tr>
<td>P/G Mobile Phone:</td>
<td></td>
</tr>
</tbody>
</table>

- 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 ☐ 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 1 / guardian 1 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 1 / guardian 1 born?

If not born in Australia, what was the date the parent 1 / guardian 1 arrived in Australia?

<table>
<thead>
<tr>
<th>DD</th>
<th>MM</th>
<th>YY</th>
</tr>
</thead>
</table>

- Does the parent 1 / guardian 1 speak a language other than English at home? ☐ No, English only ☐ Yes

If yes, what is the main language the parent 1 / guardian 1 speaks at home?

Does this Parent or Guardian require an interpreter? ☐ No ☐ Yes

Language for Translation:

What is the cultural background of Parent 1 / Guardian 1?

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### Biological Parent 2 or Legal Guardian 2 (optional)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr/Mrs/Ms/Other:</td>
<td></td>
</tr>
<tr>
<td>Family Name:</td>
<td></td>
</tr>
<tr>
<td>Given Names:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td></td>
</tr>
<tr>
<td>Employment status:</td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td>☐ What is the occupation group of parent 2 / guardian 2? Please select the appropriate parental occupation group from the list on page 2.</td>
</tr>
<tr>
<td>Work Location:</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number:</td>
<td></td>
</tr>
<tr>
<td>P/G Mobile Phone:</td>
<td></td>
</tr>
</tbody>
</table>

- 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 ☐ 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 2 / guardian 2 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 2 / guardian 2 born?

If not born in Australia, what was the date the parent 2 / guardian 2 arrived in Australia?

<table>
<thead>
<tr>
<th>DD</th>
<th>MM</th>
<th>YY</th>
</tr>
</thead>
</table>

- Does the parent 2 / guardian 2 speak a language other than English at home? ☐ No, English only ☐ Yes

If yes, what is the main language the parent 2 / guardian 2 speaks at home?

Does this Parent or Guardian require an interpreter? ☐ No ☐ Yes

Language for Translation:

What is the cultural background of Parent 2 / Guardian 2?

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Does this Parent or Guardian reside with Parent 1 / Guardian 1? ☐ No ☐ Yes
### Student Personal Details

- **Family Name:** 
- **Given Names:** 
- **Preferred Name:** 
- **Date of Birth:** DD MM YY
  - Has proof of DOB been provided?  
    - No  
    - Yes

#### One of the following must be provided as Proof of Age:

- Full birth certificate
- CAFHS Blue Book
- Passport
- Visa
- Adoption Certificate
- Naturalisation or citizenship certificate
- Guardian of the Minister (GOM) documentation

- **Sex:**  
  - Male  
  - Female

- **How far does the student live from the school?** 

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

- **Is the student of Australian Aboriginal or Torres Strait Islander origin?**  
  - No  
  - Yes, Australian Aboriginal  
  - Yes, Torres Strait Islander

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

- **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 subclass” must be entered. Refer to Visa in passport or visa grant letter for e-visas. 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

- **Visa Sub-Class:** 

- **Religion:** (optional)

- **Refugee:** Permission to Flag?  
  - No  
  - Yes

- **What is the student’s cultural background?**

- **Does the site 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 this student under the Guardianship of the Minister for Families and Communities (GoM) or in Alternative Care?**  
  - No  
  - Yes

If Yes, further details must be obtained from the confidential Families SA-DECD Information Sharing Form as supplied to the school principal by the child/student’s Families SA 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
Family Details

Family Phone Number: ____________________________
Silent number?  □ No  □ Yes
Family Mobile Phone: ____________________________
Family Email Address: ____________________________

Student Address Details (Please provide proof of Residence)

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

Mailing Title: ____________________________
Address Line 1: ____________________________
Address Line 2: ____________________________
Suburb / Town: ____________________________
Postcode: ____________________________
Country (if not Australia): ____________________________

Residential Address  (If different from above Mailing Address)

Mailing Title: ____________________________
Address Line 1: ____________________________
Address Line 2: ____________________________
Suburb / Town: ____________________________
Postcode: ____________________________
Country (if not Australia): ____________________________

Does the student reside at this residence full time?  □ Yes  □ No
If No, please explain residential arrangements (shared custody etc):

____________________________________________________________________
____________________________________________________________________

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

Has proof of Residence Documentation been provided?  □ Yes  □ No
Emergency Contacts if Parent or Guardian cannot be contacted or unable to collect student.
Note: Includes permission to provide overnight care.

Priority 1
Name: ___________________________ Home Phone: ___________________________ Silent? □
Relationship: _____________________ Mobile Phone: ___________________________
Work Phone: ______________________
Address: _________________________

Priority 2
Name: ___________________________ Home Phone: ___________________________ Silent? □
Relationship: _____________________ Mobile Phone: ___________________________
Work Phone: ______________________
Address: _________________________

Priority 3
Name: ___________________________ Home Phone: ___________________________ Silent? □
Relationship: _____________________ Mobile Phone: ___________________________
Work Phone: ______________________
Address: _________________________

Priority 4
Name: ___________________________ Home Phone: ___________________________ Silent? □
Relationship: _____________________ Mobile Phone: ___________________________
Work Phone: ______________________
Address: _________________________

Transport to School
Usual mode of transport: ___________________________
Medical Conditions

AGREEMENT

In the event of an accident or illness and you are unable to contact me, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

I consent to my child’s doctor or medical specialist being contacted in an emergency.

The information given on this page is accurate to the best of my knowledge.

Parent / Guardian Signature: ___________________________ Date: ___________________________

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

If Yes, please tick the relevant conditions:

- □ Acquired Brain Injury
- □ Asthma
- □ Cerebral Palsy
- □ Continence
- □ Cystic Fibrosis
- □ Diabetes
- □ Gastrostomy
- □ Heart Condition
- □ Joint Conditions
- □ Medication
- □ Mild Allergy
- □ Oncology
- □ Oral Eating and Drinking
- □ Seizures
- □ Severe Allergy Anaphylaxis
- □ Transfer and Positioning
- □ Visually Impaired
- □ Other

If other, please specify: ____________________________________________________________

If you have ticked any of the above boxes, you are required to supply the school with a Health Care Plan or Medication Authority signed by a medical practitioner, and any medication associated with the condition.

If you have ticked Asthma, you must also provide a puffer and spacer to be kept at the school for the student’s use.

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

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

Family Doctor / Medical Clinic: ______________________________________________________

Address: ________________________________________________________________

Medical Specialist (if relevant): ___________________________ Phone Number: _____________

Medicare Number: ____________________________________________________________

Name of Health Fund (if any): ___________________________ Table: ______________________

Ambulance Fund: □ No □ Yes

Is there any additional medical information the school should be aware of in regards to this student?

__________________________________________________________

__________________________________________________________
Court Orders

Are there any current Court-sanctioned orders relating to this student?  □ No  □ Yes

If Yes, please attach a copy of the order for the schools records.  Date the Full Court order was issued?  DD MM YY

Details:

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

Mr / Mrs / Ms / Other:  

Sex:  □ Male  □ Female

Family Name:  

Given Names:  Phone Number:  Silent?  □

Relationship to student:  Mobile Number:  

Mailing Title:  

Address Line 1:  

Address Line 2:  

Suburb / Town:  Postcode:  

Country (if not Australia):  

Brothers and Sisters

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Attends this School?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Other Schools Attended

Has your child previously attended a Department for Education and Child Development (DECD) kindy or school?  
☐ No  ☐ Yes

If Yes, please specify the last DECD kindy / school attended:

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

<table>
<thead>
<tr>
<th>Kindy / School Name</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD</td>
<td>MM</td>
</tr>
<tr>
<td></td>
<td>DD</td>
<td>MM</td>
</tr>
</tbody>
</table>

Any other information / comments

Parent / Guardian Signatures

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

Signature of Biological Parent 1 / Legal Guardian 1:  
Date: DD MM YY

Signature of Biological Parent 2 / Legal Guardian 2:  
Date: DD MM YY

Enrolment Interviewer:  

Data Entry Person:  

Pimpala Primary School – Student Enrolment Form  
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