



COBURN PRIMARY SCHOOL

STUDENT ENROLMENT FORM

STUDENT PERSONAL DETAILS

Child's Surname: _____

First Name: _____

Second Name: _____

Preferred Name: _____

❖ Student Gender: _____ (Male/Female)

Date of Birth: ___/___/___

A Birth Certificate and Immunisation Certificate is a Dept Education requirement for School Entry i.e. Preps

❖ Student's Country of Birth: _____

Home Contact Numbers

Telephone No: (____) _____

Mobile Phone No: _____

Home Address

Number & Street: _____

Suburb: _____ Postcode: _____

Postal Address - (If not the same as Residential Address)

Number & Street: _____

Suburb: _____ Post Code: _____

Correspondence should be addressed to: _____

Residential Status: _____ Permanent Temporary

Basis of Residency: ___ Eligible for Australian Passport

(please tick) Hold Australian Passport

Holds Permanent Residency Visa

Date Arrived in Australia: ___/___/___

Visa Expiry Date : ___/___/___ Visa Sub Class: _____

Visa Statistical Code: _____

CHILD'S LIVING DETAILS

Child Living with two Parents/Guardians: _____ Yes/No

Living at home with one Parent/Guardian: _____ Yes/No

Living away from home: _____ Yes/No

(Living in foster home or other state arranged residential care)

Living Independently: _____ Yes/No

(With extended family or arranged private board)

Main language spoken at home? _____

Second language spoken at home? _____

OFFICE USE

Home Group: _____ Year Level: _____

Immunisation Status Form Received: _____ Yes/No

Room Number: _____ D.O.B proof sighted: _____

Integration Student? ___ Yes/No ID: _____

Enrolment Date at this school: _____

Booklist EMA Uniform Previous School Notified

MEDICAL DETAILS

Ambulance Subscriber: Yes/No (please circle)

Doctor's Name: _____

Individual or Group Practice: _____

Address of Doctor: _____

Telephone Number: _____

Medicare Number: _____

Emergency Contact "1" Language spoken: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Mobile Phone Number: _____

Emergency Contact "2" Language spoken: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Mobile Phone Number: _____

PRIVACY STATEMENT

These records may be accessed by staff at Coburn Primary School in the course of their duty in providing a safe and effective educational environment for your child.

From time to time an authorised government agency may require information from these records in order to fulfil their responsibilities in assisting in the educational process. These records will not be used for any other purpose. These records are updated regularly and may be accessed by parents to verify accuracy.

Failure to accurately complete these forms will not allow Coburn Primary School to fulfil its role in providing a safe and effective educational environment for your child.

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

MOTHER'S / FEMALE GUARDIAN'S DETAILS ~ A

Title: ___ Mother's Surname: _____ First Name: _____

Relationship to student: _____

Occupation: _____

Employer's Name: _____

Employer's Address: _____

Are you able to be contacted at Work: _____ Yes/No Work Phone Number: _____

Mobile Phone Number: _____

Country of Birth: _____

❖ **Do you 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)

Yes (please specify) _____ No, English Only

Interpreter required: Yes/No

❖ **Your Occupation Group:** _____ (refer to attached sheet)

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 had 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"

❖ **Highest Year of Primary or Secondary school completed:** (please tick)

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

❖ **Highest Qualification level completed:** (please tick)

Bachelor or degree or above Adv. Diploma/Diploma Certificate 1 to IV (including trade certificate) No non school qualification

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

FATHER'S/MALE GUARDIAN'S DETAILS ~ B

Title: ___ Father's Surname: _____ First Name: _____

Relationship to student: _____

Occupation: _____

Employer's Name: _____

Employer's Address: _____

Contact at Work: _____ Yes/No Work Phone Number: _____

Mobile Phone Number: _____

Country of Birth: _____

❖ **Do you 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)

Yes (indicate language) _____ No, English Only

Interpreter required Yes/No

❖ **Your Occupation Group:** (refer to attached sheet) _____

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 had 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"

❖ **Highest Year of Primary or Secondary school completed:** (please tick)

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

❖ **Highest Qualification level completed:** (please tick)

Bachelor or degree or above Adv. Diploma/Diploma Certificate 1 to IV (including trade certificate) No non school qualification

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

Group Participation: Adult A or B _____ Which parent would be able to help with. School Council, Excursions etc

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

FURTHER STUDENT DETAILS

Does the Student speak English? _____ Yes/No
❖ Does the student speak a language other than English?
Yes (indicate language) _____ /No
❖ Is Student Aboriginal or Torres Strait Islander? Yes/No
Do you receive the EMA: _____ Yes/No
Normal method of travelling to school: _____
Distance from home to school: _____ km
Date enrolled at this school: _____
Date 1st enrolled at an Australian School: _____
Previous School attended: _____
Previous Pre-School attended - Preps Only _____

Language of previous education: _____
Years of Previous Education: _____
Is the Child Repeating a year? _____ Yes/No
Names of other siblings at this school: _____

Student's Religion _____
Will student participate in Religion Instruction/Christmas Concert
 No Yes

STUDENT MEDICAL DETAILS

Does your child suffer from a major illness, Allergy or disability? _____ Yes/No _____
Please specify _____

Does your child experience problems with: (Please Tick)
Hearing Visual Speech Physical Activity
Allergy to Medications/Foods/Other :-

Regular medications required at school, dosage & frequency: _____

DOES YOUR CHILD SUFFER FROM ASTHMA? _____ Yes/No

What are the symptoms? (Please Tick)
Cough Wheeze Tight Chest
Difficulty Breathing Symptoms with exercise
Has Asthma Management plan/detail been provided to the school?: _____ Yes/No
Preventative Medication required at school: _____

Asthma Medication required in response to symptoms at school? _____

Dosage: _____
Time/Frequency: _____
In the event of an Asthma attack please:
Inform doctor Inform Emergency Contact
Administer Medication Other medical action
If other medical action please specify: _____

CUSTODY RESTRICTIONS

Are there any Custody restrictions for this child? **Yes/No**
If Yes what Access Type? (please tick)
Court Order Family Law Order
Restraining Order Other
Special Access Restrictions: _____

Court Documents Presented to Office: _____ Yes/No

ACCIDENT AUTHORITY

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me, to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, or to administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Parent/Guardian Signature: _____

LOCAL EXCURSION PERMISSION

From time to time teaching staff take the class on a local excursion outside the school grounds to further their experience in all aspects of the curriculum. These excursions are always on foot. Children are properly supervised at all time and every possible care is taken to ensure their safety and welfare. This consent will serve as permission only where no transport or cost is involved.

I give permission for my child _____ to participate in local excursions outside the school grounds.
Parent/Guardian Signature: _____

Please sign Accident Authority above.

STUDENT IMAGE PUBLICATION

Permission granted for photographs and images of child to be used in school based publicity and promotions e.g. school brochures, local newspaper, web page or school newsletter. At all times only the child's Christian name would be used to identify them.

Parent/Guardian Signature: _____ **Yes/No**

CONSENT TO ADMINISTER PANADOL

I give permission for my child to be administered paracetamol if required during the school day for any condition which may require minor pain relief (i.e. headache, toothache)

Parent/Guardian Signature: _____ **Yes/No**

CONSENT TO RELEASE STUDENT INFORMATION

Dear Principal,

I, _____ (parent) give my consent for **COBURN PRIMARY**

SCHOOL and/or my child's previous school to release the following information for my child,

_____ (child's name) :-

- a) **Student Services Files** – if appropriate (inclusive of assessments by the school guidance officer and speech therapist), and
- b) **Files Maintained By The Classroom Teacher** for the purpose of conducting an educational program, inclusive of copies of student reports.
- C) **External providers**

I understand that these files will be sent by post (or hand delivered by the Principal's nominee) to my child's destination school :-

I also consent to the Principal / Teacher discussing aspects relating to my child's education with the teaching staff at the school and understand that the purpose of these discussions would be necessary to help plan an educational program for my child. I undertake that if I have any concerns regarding the release of this information, or its contents, I will contact the school to inform them of my concerns.

Parent /Guardian Signature: _____ Date: ___/___/___

PRINCIPAL TO PRINCIPAL

Dear Principal,

Please forward appropriate records relating to _____ (child). Please do not hesitate to contact me if you have any comments or questions.

_____ Mrs Rhonda Knight (Principal)

Coburn Primary School, PO Box 2048, Melton South 3338.

PARENT CONSENT TO RELEASE INFORMATION - PRE-SCHOOL TO SCHOOL

We believe education is built upon a strong partnership, therefore, to ensure your child makes a smooth and happy transition from pre-school to school it is vital for us to know as much relevant information about your child as possible. In order to help us with our planning for your child's individual needs we seek your written permission to meet with your child's pre school teacher to discuss issues relating to schooling. Please sign the form below to give your permission.

I _____ (parent) give permission for my child's pre-school teacher at _____ (name of pre-school) to discuss any relevant issues with the teacher from Coburn Primary in order to make the transition from pre-school to primary school as smooth as possible for my child _____.

Parent Signature: _____

Date: ___/___/___

FAMILY OCCUPATION CODES

The codes below are to be used when providing family status details for enrolled students. This information is used for determining funding allocations to schools. All data remains confidential and only aggregate data will be provided to the central administration.

FAMILY OCCUPATION STATUS GROUP CODES

The Family Occupation Status Group is based on the occupation groups of parents or other adults living with the student who have a parental/guardianship role. From the list below, select the most appropriate family occupation status group. Where both parents/guardians are working and their occupations fall into two different groups, select the group with the higher number. The groups are based on the Australian Bureau of Statistics Australian Standard Classification of Occupations (ASCO).

GROUP 1

Home duties; **pensioner**; unemployed; retired; student; no parents (eg. homeless).

GROUP 2

Indoor Manual Workers: includes trades assistants, factory hands, cleaners, ushers, door attendants, luggage porters, storemen/women, guards, security officers, caretakers, housekeepers, laundry workers, kitchen hands, ward helpers and veterinary nurses.

Outdoor Manual Workers: includes farm hands, forestry labourers, nursery and garden labourers, survey hands, railway labourers, garbage collectors, fishermen/women, deck hands and seamen/women.

Personal Service Workers: includes childcare and refuge workers, enrolled nurses, dental nurses, home companions and family aides, travel stewards, funeral directors, beauty therapists and masseurs/masseuses.

Plant and Machine Operators and Drivers: includes bus, tram, truck and engine drivers, excavating, earthmoving, forklift and agricultural plant operators, fire fighters, boiler operators, petroleum and gas operators, crane and hoist operators, metal, plastics, chemical, wood and paper machine operators, sewing and shoemaking machinists, food processing operators, photographic developers and printers, and infantry.

Performing Arts Support Workers: includes sound technicians, light technicians, motion picture camera operators, and television equipment operators.

Sportspersons: includes coaches, referees, racecourse officials, jockeys and other sports persons.

GROUP 3

Amenity Horticultural Tradespersons: includes nurserymen/women, greenkeepers and gardeners.

Building Tradespersons: includes carpenters, bricklayers, painters, signwriters, plasterers, plumbers and tilers.

Electrical and Electronics Tradespersons: includes electrical linesmen/women, electrical fitters, automotive technicians, refrigeration mechanics, electricians, communications equipment tradespersons, radio and television servicers, office equipment and computer servicers and lift mechanics.

Food Tradespersons: includes butchers, bakers, pastry cooks and chefs.

Garment Tradespersons and Hairdressers: includes tailors, dressmakers, hat makers, apparel cutters and hairdressers.

Metal, Metal Fitting and Machining Tradespersons: includes toolmakers, metal fitters and machinists, textile mechanics, forging, sheetmetal, boilermaking, welding and metal casting tradespersons, aircraft maintenance engineers, instrument makers and repairers, watch makers and repairers, gunsmiths and engravers.

Printing Tradespersons: includes compositors, printing machinists, binders and screen printers.

Vehicle Tradespersons: includes motor mechanics, panel beaters, vehicle painters and vehicle trimmers.

Other Trades: includes wood machinists and turners, cabinet makers, picture framers, boat builders and repairers, blasting tradespersons, upholsterers and bedding tradespersons, shoemakers and repairers, sailmakers, floor coverers, glass tradespersons, piano tuners, potters and other craft workers, sheep shearers, animal trainers, stonemasons, divers, florists and other tradespersons.

GROUP 4

Farmers: includes animal farmers, pasture growers, horse breeders, vegetable growers, beekeepers and other farmers.

Managing Supervisors: includes shop managers, hotel/motel managers, caravan park managers, financial institution branch managers, sports centre managers, postmasters/mistresses, railway stationmasters/mistresses, real estate agency managers, bookmakers, professional builders and wholesalers.

Clerks: includes accounting clerks, bookkeepers, payroll clerks, insurance and broking clerks, statistical and actuarial clerks, filing, sorting and copying clerks, mail sorters, materials recording and despatching clerks, receptionists, telephonists, messengers, teachers' aides, legal clerks, meter readers, proofreaders and market research interviewers.

Data Processing and Business Machine Operators: includes computer operators, data entry operators and supervisors.

Stenographers and Typists: includes office secretaries, typist-clerks and word processing operators.

Inspectors and Regulatory Officers: includes building inspectors, safety inspectors, health inspectors and other inspectors.

Police: includes police supervisors, policemen/women, and detectives.

Other Paraprofessionals: includes ambulance officers, prison officers, purchasing officers, interior decorators, layout artists, park rangers, wool classers, library technicians, radio telegraphists and other paraprofessionals.

Artists and Related Professionals: includes painters, sculptors, photographers, designers, authors, journalists, film, T.V. and stage directors, dancers, musicians, composers and actors.

Salespersons: includes investment, insurance and real estate salespersons, sales representatives, sales assistants, tellers, cashiers, ticket sellers, bar attendants, waiters and waitresses, travel agents and service station attendants.

Engineering and Building Associates and Technicians: includes electrical and electronics technicians and associates, building, architectural and surveying associates and other engineering technicians.

Medical and Science Technical Officers and Technicians: includes laboratory technicians, dental therapists and agricultural technical officers.

GROUP 5

Managing Directors: includes parliamentarians, judges, magistrates, general managers, finance, sales and marketing managers, production and supply managers, personnel managers, data processing managers, directors of nursing and school principals.

Registered Nurses: includes registered general nurses, community health nurses, registered midwives, registered psychiatric nurses and nursing supervisors.

Welfare Paraprofessionals: includes community workers, parole officers, welfare officers and youth workers.

Building Professionals: includes architects, landscape architects, quantity surveyors and cartographers.

Business Professionals: includes accountants, public relation officers, personnel specialists, computer programmers, software engineers, systems analysts and industrial relations officers.

Engineers: includes chemical, civil, electrical and electronic, mechanical and mining engineers and metallurgists.

Health Diagnosis and Treatment Practitioners: includes general medical practitioners, specialist doctors, dentists, speech pathologists, occupational therapists, optometrists, physiotherapists, chiropractors, radiographers, pharmacists and veterinarians.

Natural Scientists: includes chemists, geologists, geophysicists, botanists, zoologists, foresters, medical testing professionals, environmental scientists and meteorologists.

Professionals: includes social workers, counsellors, lawyers, ministers of religion, economists, psychologists, town planners, mathematicians, statisticians, historians, education researchers, actuaries and librarians.

School Teachers: includes pre-primary, primary and secondary teachers.

Other Teachers/Instructors: includes special educators, university and TAFE teachers, driving and other instructors.

Air and Sea Transport Technical Workers: includes aircraft pilots, air transport operating support workers, air traffic controllers, aircraft navigators, ship captains, ship officers, marine engineers and marine surveyors.

Parent-Managed Head Lice Program

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

For the many families and teachers of school-aged children, head lice continue to create concerns. While it is known that head lice do not carry any infectious disease, the principal, teaching staff and school council at Coburn Primary School have developed a parent-managed head lice program to help parents manage head lice. A group of volunteer parents at the school have coordinated the program and it is fully supported by the school. All volunteer parents sign a confidentiality agreement to ensure information privacy for all children and their families.

Program goals include:

- Reduce the frustration and misinformation associated with head lice.
- Decrease the concerns regarding head lice within the school community
- Protect families from misusing potentially harmful insecticide treatments.
- Promoting regular home based screening using a conditioner and comb method.

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The inspection of students will be conducted by any of the following:-

- Parent volunteers trained by the local council.
- Coburn staff trained by local council
- Nurse from local council

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will make appropriate contact with the parents/guardians.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

If you would like to include your child/ren in our screening program, please complete the permission slip below and return to the school.

If you would prefer to screen your child/ren yourself, information on the best techniques is available from the school office.

Regular updates about our program will appear in the Parent Newsletter. Interested parents are welcome to participate in the screening program. For further details and information please feel free to contact the school.

Thankyou

Rhonda Knight
Principal

COBURN PRIMARY SCHOOL

CHILD'S SURNAME: _____
CHRISTIAN NAME: _____

Parent-Managed Head Lice Program

CONSENT FORM

I give permission for my child/ren to participate in the Parent-Managed Head Lice Program at COBURN PRIMARY SCHOOL

Child's Name: _____ <small>PLEASE PRINT</small>	Room No: _____
Parent/Guardian's Name _____ Parent/Guardian Signature _____	Date: ____/____/____

FOR OUR RECORDS the school must have parent consent in writing

The Department of Education have guidelines that are published to schools. Schools and classroom teachers and school staff under Principal authorisation are encouraged to visually check each student's hair for the presence of head lice, when it is suspected that head lice may be present. Staff observe, without physically touching a student's head. Students whose parents have not signed this permission notice, will be included in class or whole school inspections and visually checked. If lice are detected you will be contacted and requested to come to school to check your child's hair in the presence of a member of the inspection team or asked to collect your child and obtain a medical certificate from a health professional. Please note that it is in the interests of every member of the Coburn community that every student has permission to be checked as part of the inspection program.