

If the student spends time with another parent /guardian outside the primary family, please complete this form.

STUDENT NAME: _____

ADULT A OF ALTERNATIVE FAMILY DETAILS:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Australia <input type="checkbox"/> 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) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the highest qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe your job:.....	
How long have you been employed in your current job:.....months/years	
OFFICE USE ONLY ❖ Occupation group of Adult A	

ADULT B OF ALTERNATIVE FAMILY DETAILS:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Australia <input type="checkbox"/> 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) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the highest qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
❖ Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe your job:.....	
How long have you been employed in your current job:.....months/years	
OFFICE USE ONLY ❖ Occupation group of Adult B	

❖ 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:
Group Participation (eg. School Council, excursions) (tick) <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither	

ALTERNATIVE FAMILY CONTACT DETAILS

ADULT A OF ALTERNATIVE FAMILY CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

After Hours:

Is Adult A usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Mobile No:
SMS Notification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:
Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No

ADULT B OF ALTERNATIVE FAMILY CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

After Hours:

Is Adult B usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Mobile No:
SMS Notification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:
Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No

ALTERNATIVE FAMILY HOME ADDRESS:

No. & Street: or Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No

ALTERNATIVE FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:

ALTERNATIVE FAMILY EMERGENCY CONTACTS OTHER THAN PARENTS

IT IS SCHOOL POLICY TO CONTACT PARENTS FIRST. IF WE ARE UNABLE TO CONTACT PARENTS THE EMERGENCY CONTACTS YOU LIST BELOW WILL THEN BE CONTACTED AND MAY BE REQUESTED TO COLLECT YOUR CHILD FROM SCHOOL IF NECESSARY.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

OTHER ALTERNATIVE FAMILY DETAILS

Relationship of Adult A of Alternative Family to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B of Alternative Family to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

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

Always
 Mostly
 Balanced
 Occasionally
 Never

Send Correspondence addressed to: (tick one)

Adult A
 Adult B
 Both Adults
 Neither

Is the Alternative Family to receive Academic Reports?

Yes
 No

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: ____ / ____ / ____

In absence of signature above please state reason why:

PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form Please Read This Notice Before Completing The Enrolment Form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Thomas Mitchell Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Thomas Mitchell Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Thomas Mitchell Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Thomas Mitchell Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Thomas Mitchell Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Thomas Mitchell Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, John Hurley, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Thomas Mitchell Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Thomas Mitchell Primary School.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Thomas Mitchell Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation status

This assists Thomas Mitchell Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

Visa status

This information is required to enable Thomas Mitchell Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Thomas Mitchell Primary School know if any information needs to be changed by sending updated information to the school office. Please contact the office on 03 9706 2254 or by email thomas.mitchell.ps@edumail.vic.gov.au to update any information. During your child's time with Thomas Mitchell Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. Thomas Mitchell Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Thomas Mitchell Primary School privacy policy is available upon request.