

Mirripoa Primary School

80 Unity Drive, Mount Duneed VIC 3217

P: 03 5264 2000



MIRRIPOA
PRIMARY SCHOOL
MOUNT DUNEED
EST. 2020

Welcome to Mirripoa Primary School

We would like to welcome your family and prospective Prep child to Mirripoa Primary School.

Please take the time to complete your child's enrolment form and return it to the school office at your earliest convenience. Please ensure all areas of the enrolment form are completed, and the form is signed.

Eligibility:

A child who is aged five years or over by 30 April of the year of enrolment may enrol in or attend a government school.

Eligible children have the right to be admitted to their designated neighbourhood government school.

A student's designated neighbourhood school is generally the school that is nearest the student's permanent address as determined by the school zone. The website Findmyschool.vic.gov.au provides guidance on which school zone a student's permanent residence is located within.

What to include when returning this form (enrolment can not be accepted without these documents):

- Your child's original Birth Certificate or Passport, and for non-Australian born children travel documents such as a Visa is required.
- Immunisation History Statement
(Please note: Parents or carers must provide an Immunisation History Statement for their child from the Australian Immunisation Register to the school regardless of whether the child is or is not immunized).
- If you are a NEW family we also require proof of residential address. This may include a current rates notice or rental agreement or a utility bill.

What happens next?

- You will receive a confirmation letter at the beginning of term 3, in the year prior to your child commencing school. There will also be some information relating to our Prep Transition Program.
- During October and November, your Prep child will be invited to take part in our Transition Program.
- You will be invited to a Parent Information Session. During this session you will receive a 'Prep Parent Pack' - this pack contains everything you'll need to know about starting school, such as school commencement dates, uniform list, Before and After School Care Information, school payments, information regarding school apps and so on. This pack will contain a few forms requiring completion that will need to be returned to school at your earliest convenience.

We are more than happy to answer any questions or provide any further information should you require it.

We look forward to sharing this exciting journey with you and your child.

Mirripoa Primary School

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This information page will be given to our Prep coordinator as a part of our preparation for your child's orientation program.

Child's Name: _____

Parent's Name: _____

Contact Phone Number: _____

Name of Kindergarten / Day Care Facility:

Group Name / Room Name: _____

Contact Phone Number: _____

Does your child have any additional needs or considerations that you feel our Prep team should be made aware of?

Please include details below.

Has your child been engaged in any of the following Allied Health Services

Occupational Therapist Speech Psychologist Paediatric Physiotherapy

Is your child currently under the care of a Paediatrician? Yes / No

Paediatrician name:

Any information provided will be kept confidential as per Mirripoa Primary School's Privacy statement included in this form.

MIRRIPOA PRIMARY SCHOOL: PRIVACY NOTICE

Information about the Enrolment/Transfer Form

Please read this information before completing the form.

This confidential enrolment/transfer form asks for personal information about the student, family members and others that provide care for them. The main purpose for collecting this information is so that Mirripoa Primary School can register the student and allocate staff and resources to provide for their educational and support needs.

The information you provide is entered into the school's computerised administrative system for educational, administrative and reporting purposes. If you have any concerns about the confidentiality of this information, please contact the principal. Mirripoa Primary School can provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

Health information is asked for so that staff at Mirripoa Primary School can properly care for the student. This includes information about any medical condition or disability the student may have, medication they may rely on while at school, any known allergies and contact details of the student's doctor. Mirripoa Primary School depends on all relevant health information being provided because withholding some health information may put the student's health at risk.

Mirripoa 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 the school. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the principal, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS

These are people that Mirripoa 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 Mirripoa 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 Mirripoa 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, reporting, 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.

VISA STATUS

This information is required to enable Mirripoa Primary School to process the student's enrolment/transfer.

UPDATING YOUR SCHOOL RECORDS

Please let Mirripoa Primary School know if any information needs to be changed by sending updated information in writing, to the school office.

EMAIL/SMS

Mirripoa Primary School will use your email address/mobile number for official school correspondence/notification. These communications may include school reports, absence alerts, newsletters and family statements.

NAPLAN

NAPLAN is the national assessment for students in years 3, 5, 7 and 9, in reading, writing, language and numeracy. When a student transfers to another Victorian government school, their NAPLAN results are able to be transferred to that next school. Additionally, a student's NAPLAN results are able to be provided to the student's previous Victorian government school to enable that school to evaluate their education program.

The Department of Education and Training (which includes all Victorian government schools, central and regional offices) values the privacy of every person and is committed to protecting information that schools collect. All staff, service providers (contractors) and agents, (whether paid or unpaid) of the Department, and this Victorian government school (our school), must comply with Victorian privacy law and this policy. In Victorian government schools the management of 'personal information' and 'health information' is governed by the Privacy and Data Protection Act 2014 (Vic) and Health Records Act 2001 (Vic) (collectively, Victorian privacy law).

MIRRIPOA PRIMARY SCHOOL STUDENT ENROLMENT FORM

STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)		
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS:

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

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

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 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.

ADULT A DETAILS (PRIMARY CARER):

Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, 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) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <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 <i>highest</i> 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
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> 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 <u>paid</u> work for the last 12 months, enter 'N'.

ADULT B DETAILS:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, 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) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <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 <i>highest</i> 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
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> 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 <u>paid</u> 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)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAIL

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:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

ADULT B 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:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:		
Suburb:		
State:	Postcode:	
Telephone Number	Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS (OTHER THAN PRIMARY FAMILY LISTED ON PAGE 5)

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

PRIMARY FAMILY BILLING ADDRESS

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

No. & Street or PO Box			
Suburb:			
State:	Postcode:		
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)	

OTHER PRIMARY FAMILY DETAILS

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

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> 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)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> 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)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

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

SCHOOL DETAILS (ONLY COMPLETE IF YOUR CHILD HAS ATTENDED A PREVIOUS SCHOOL)

Date of first enrolment in an Australian School:	____ / ____ / ____
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions <ul style="list-style-type: none"> • •
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OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation
	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Witness Protection Program Order
	<input type="checkbox"/> Protection Order	<input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

OFFICE USE ONLY

Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No

HEAD LICE INSPECTION CONSENT (PLEASE CIRCLE)

I DO / DO NOT (please circle) consent to my child being inspected for head lice if required.	
Signature of Parent/Guardian A: _____	Date: ____ / ____ / ____
Signature of Parent/Guardian B: _____	Date: ____ / ____ / ____

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: ____ / ____ / ____

STUDENT DOCTOR DETAILS (ONLY PROVIDE IF DIFFERENT TO PRIMARY FAMILY)

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)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS (ONLY PROVIDE IF DIFFERENT TO PRIMARY FAMILY)

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				

PARENT CONSENT

Thank you for taking the time to complete this Student Enrolment/Transfer 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 / administrator fire services

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)

THE DEFINITIONS OF “FAMILY” ON THE ENROLMENT FORM

THE PRIMARY FAMILY

The primary family is defined as the ‘family or parent the student **mostly lives with**’.

Some students live within a shared custody or dual living arrangement or the primary family may consist of only one adult.

In the Primary Family:

- **Adult A is defined as the primary carer within the Primary Family**
- **Adult B is defined as the other carer within the Primary Family**

THE ALTERNATIVE FAMILY

The alternative family is defined as the ‘family or parent the student lives with **some of the time**, or who they have regular contact with’.

Some examples of alternative families may include, but are not limited to, a biological parent and a step-parent, a biological parent living alone, a relative/s the child sometimes lives with, or a foster parent.

In the alternative family:

- **Adult A is defined as the primary carer within the alternative family unit**
- **Adult B is defined as the other carer within the alternative family unit**

If there is an alternative family, a separate “Alternative Family Form” is required to be completed. Please contact the office if you require this form.

THE ADDITIONAL FAMILY

The additional family is defined as the ‘family or other carer by whom the student is regularly or occasionally cared for’. Some examples include, but are not limited to, grandparents, a case worker, a family friend, or other relative.

In the Additional family:

- **Adult A is defined as the primary carer within that additional family unit**
- **Adult B is defined as the other carer within that additional family unit**

If there is an additional family, a separate “Additional Family Form” is required to be completed. Please contact the office if you require this form.