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BALAKLAVA PRIMARY SCHOOL
29 Wallace St / Box 108
BALAKLAVA
SA 5461

STUDENT ENROLMENT FORM

SA GOVERNMENT SCHOOLS AND CHILDREN'S SERVICES

INFORMATION PRIVACY STATEMENT

The Department of Education and Children's Services is committed to ensuring the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

Provision of Information

While only student's name, date of birth and place of residence are requirements of the *Education Act 1972*, other information is requested to enable the Department 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 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 DECS to undertake tasks which require access to enrolment data, the contract(s) between DECS 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. In accordance with Information Privacy Principles (refer below) no personal information is reported publicly which could identify individual persons.

Security and Confidentiality

The information provided in Enrolment Forms is stored securely in local school/preschool and Departmental databases. While your child is enrolled in a DECS site other information, in paper and electronic format, will be collected relating to your child's education and wellbeing. E.g. academic achievement records, absences from school. The management of these data is governed by state and Departmental policies 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 Government is regulated by the Information Privacy Principles (<http://www.archives.sa.gov.au/privacy/principles.html> - Department of Premier and Cabinet Circular no.12).

Personal information will only be disclosed to State and Commonwealth public sector agencies for the above purposes as permitted by those Principles. The Department will not otherwise disclose the information to others without your consent. In accordance with Information Privacy Principles (refer above) no individual's personal information is reported which could identify individual persons. Unidentifiable information is reported to the Commonwealth or made publicly available.

Student Personal Details

Family Name:

Given Names:

Preferred Name:

Date of Birth:

* Sex Male Female

How far does the student live from school or school bus route? km

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

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

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

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

Does the student identify with a non-English speaking culture?
 No Yes

If yes, which culture?

If the student is a visa holder, please provide the current visa sub-class.
 If the student is a temporary visa holder, a copy of the Authority to Enrol must be attached to this form.
 (Exceptions: Exchange Students, TPV holders)

Religion: (Optional)

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

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

If Yes, what languages (including English) does the student speak at home?
 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 CYFS details must be obtained from the confidential *DECS-CYFS Information Sharing Form* as supplied to the school principal by the CYFS 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

School Use Only

School No:

EDID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

NESB:

Permanent resident:

Origin:

BALAKLAVA PRIMARY SCHOOL

Parent 1/ Guardian 1
(Enrolling Parent/Guardian)

Parent 2/ Guardian 2
(Residing at same address as student)

Mr/Mrs/Ms/Other

Mr/Mrs/Ms/Other

Family Name:

Family Name:

Given Names:

Given Names:

Sex: Male Female

Sex: Male Female

Relationship to student:

Relationship to student:

Occupation:

Occupation:

* What is the occupation group of parent 1/ guardian 1?
Please select the appropriate parental occupation group from the list on page 7.

* What is the occupation group of parent 2/ guardian 2?
Please select the appropriate parental occupation group from the list on page 7.

- 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.

- 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 Location:

Work Phone Number:

Work Phone Number:

Mobile Phone:

Mobile Phone:

* 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 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 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

* 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 1/ guardian 1 born?

In which country was the parent 2/ guardian 2 born?

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

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

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

* 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 1/ guardian 1 speaks at home?

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

Does this Parent or Guardian require an interpreter? Yes No

Does this Parent or Guardian require an interpreter? Yes No

Does the parent 1/guardian 1 identify with a non-English speaking culture? Yes No

Does the parent 1/guardian 1 identify with a non-English speaking culture? Yes No

If yes, which culture?

If yes, which culture?

Signature of Enrolling Parent or Guardian

Date:

Family Details

Medicare Number: *

Does this family have private health insurance? *
 Yes No

Family Phone Number: Silent

If Yes, with which private health insurance fund? *

Mobile Phone:

Family Email Address:

*Enrolling Parent or Guardian may elect to NOT answer this question.

Addresses

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

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:
(If not Australia)

Hundred: * Section: *

RAPID No:
(If applicable)

UHF: MHz

Phone Number: Silent:
 IDD Area

Student Mobile Phone:

Student's Email Address:

* If known

Residential Address (If different from Mailing Address)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:
(If not Australia)

Hundred: * Section: *

RAPID No:
(If applicable)

UHF: MHz

Phone Number: Silent:
 IDD Area

Mobile Phone:

Student's Email Address:

If known

If other addresses (B – Billing, H – Holiday, S – SSABSA Mail, T – Term) please attach separate sheet.

(Include school name)

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

Mr/Mrs/Ms/Other

Family Name:

Given Names:

Relationship to student

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Email Address:

Sex: Male Female

Phone Number: Silent

IDD Area

Mobile Phone:

Please indicate if this person wishes to receive reports and/or correspondence Reports Other Correspondence

(If there is more than one person who would like to receive correspondence please attach details)

Emergency Contacts if Parent or Guardian cannot be contacted
Note: Includes permission to provide overnight care

Priority

1. Name: Home Phone: Silent

Relationship: Mobile Phone:

Work Phone: Ext:

2. Name: Home Phone: Silent

Relationship: Mobile Phone:

Work Phone: Ext:

Relevant Medical Conditions

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

If Yes, please tick relevant conditions:

Severe allergies Asthma Heart condition Diabetes Joint condition Seizures

Other (specify)

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

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

Details of Student's Doctor

Doctor's Name:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Phone Number:

Transport to School

Usual mode of transport:

School Bus Route – AM: Stop: Time:

School Bus Route – PM: Stop: Time:

Conveyance Allowance: (Approval Number) Allowance Expiry Date:

Vehicle Reg. No: Driver if other student:

Family Court Orders

Are there any current Court-sanctioned residency, parental responsibility or contact orders relating to this student? Yes No

If Yes, please attach a copy of the order for the school's records.

On what date was the order issued OR on what date is the order due for review?

Details:

Brothers and Sisters

Name	Sex	Date of Birth	Attends this School?
<input style="width: 330px; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 330px; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 330px; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 330px; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 330px; height: 20px;" type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 150px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Schools Attended

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

School	From	To
<input style="width: 420px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>
<input style="width: 420px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 180px; height: 20px;" type="text"/>

Any other information/comments

List of Parental Occupation Groups

Group 4: Other occupations

Drivers, mobile plant, production/processing machinery and other machinery operators.
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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 other 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]

Group 3: Trades and advanced/intermediate clerical, 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 2: 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 1: 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/fire services administrator.
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]