

# ROLLINS PRIMARY SCHOOL

RESPECT, ENCOURAGEMENT, AMBITION, CONSIDERATION AND HONESTY

## Rollins Campus

Wolseley Grove, Bell Post Hill, 3215  
Phone: 5278 3022 Fax: 5272 1917

## Batesford Campus

Old Ballarat Road, Batesford, 3221  
Phone: 5276 1290

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Web: www.rollinsps.vic.edu.au



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## ROLLINS PRIMARY SCHOOL ENROLMENT REQUIREMENTS

Thank you for choosing to enrol your child at Rollins Primary School.

In our enrolment pack, you will find all of the necessary forms we require. It is of great importance that all sections of the enrolment form are fully completed. Please be sure to include:

- Last school, Kinder or Day Care attended.
- Melways Map reference and distance to school
- A minimum of two local emergency contacts (not including parents/carers already listed)
- Medicare number
- All relevant medical history for child

## Be sure to fill in all of the forms.

Once you have completed all forms, please submit your application to the general office – with your child's:

1. Original birth certificate or passport
2. Immunisation certificate.

Photocopies of these will be kept at the school and the originals returned to you.

Please ask at the office if you are unsure of any details. We are happy to assist.

## **Proof of Address**

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It is an Education Department recommendation that children attend the local government primary school closest to their home address. This means that Rollins Primary School must first cater to our immediate surrounding families. To keep this process fair, proof of your address – Tenancy Agreement in your name or Contract of Sale is required.

If you choose not to provide some or all of the information asked for, we may not be able to enrol your child at Rollins Primary School.

## **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 Rollins Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Rollins 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 Rollins 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. Rollins Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Rollins 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 Rollins Primary 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 Rollins 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 Rollins 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 Rollins 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.

**MMUNISATION STATUS**

This assists Rollins 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 Rollins Primary School to process your child's enrolment.

**UPDATING YOUR CHILD'S RECORDS**

Please let Rollins Primary School know if any information needs to be changed by sending updated information to the school office. Please contact the school office on 03 5278 3022 or by email [rollins.ps@edumail.vic.gov.au](mailto:rollins.ps@edumail.vic.gov.au) to update any information. During your child's time with Rollins 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 via the school office on 52 783 022 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. Rollins 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 Rollins Primary School privacy policy is available from the school office upon request

## **ROLLINS PRIMARY SCHOOL**

**STUDENT DETAILS****KINDER ATTENDED** \_\_\_\_\_**PERSONAL DETAILS OF STUDENT**

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

**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):

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult A's occupation?</b>		
<b>Who is Adult A's employer?</b>		
<b>In which country was Adult A born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
<b>❖ Does Adult A speak a language other than English at home?</b> (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):	
<b>Please indicate any additional languages spoken by Adult A:</b>		
<b>Is an interpreter required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (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	
<b>❖ What is the level of the highest qualification the Adult A has completed?</b> (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	
<b>❖ What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## ADULT B DETAILS:

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult B's occupation?</b>		
<b>Who is Adult B's employer?</b>		
<b>In which country was Adult B born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
<b>❖ Does Adult B speak a language other than English at home?</b> (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):	
<b>Please indicate any additional languages spoken by Adult B:</b>		
<b>Is an interpreter required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>❖ What is the highest year of primary or secondary school Adult B has completed?</b> (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	
<b>❖ What is the level of the highest qualification the Adult B has completed?</b> (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	
<b>❖ What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> <li>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.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

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

<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (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 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:		
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:**

	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"/> 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 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 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

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy) _____ / _____ / _____	
<b>What is the Residential Status of the student? (tick)</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b>	<b>Visa Expiry Date:</b> (dd-mm-yyyy) _____ / _____ / _____
<b>Visa Statistical Code:</b> (Required for some sub-classes)	
<b>International Student ID :</b> (Not required for exchange students)	
<b>❖ Does the student speak a language other than English at home? (tick)</b> ( 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): _____
<b>Does the student speak English? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>	
<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
<b>What is the student's living arrangements? (tick one):</b>	
<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 Human Services and live in alternative care arrangements away from their parents. These DHS-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.

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school: (tick)</b>				
<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

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?
<b>Does the student have a Victorian Student Number (VSN)?</b> <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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	<b>Is the student repeating a year? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the student be attending this school full time? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b> , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	<b>Time fraction:</b> 0. <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	<b>Time fraction:</b> 0. <b>Enrolled:</b> <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 Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions  • •
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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

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (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.)		
<b>Access Type:</b> (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
<b>OFFICE USE ONLY</b>				
Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 MEDICAL DETAILS

## MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

<b>Please indicate if the student suffers from any of the following symptoms: (tick)</b> <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		<b>If my child displays any of these symptoms please: (tick)</b> Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
<b>Has an Asthma Management Plan been provided to School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Does the student take medication? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Name of medication taken:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)</b> <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>	
<b>Medication is usually administered by: (tick)</b> <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
<b>Medication is stored: (tick)</b> <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
<b>Dosage time</b>		<b>Reminder required? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Poison Rating</b>			

## OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

<b>Does the student have any other medical condition? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
Symptoms:			
<b>If my child displays any of the symptoms above please: (tick)</b>			
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
<b>Does the student take medication? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Name of medication taken:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)</b> <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>	
<b>Medication is usually administered by: (tick)</b> <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
<b>Medication is stored: (tick)</b> <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
<b>Dosage time</b>		<b>Reminder required? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Poison Rating</b>			

## STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Medicare Number:</b>	

## STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

<b>How will the student travel to school? (tick)</b>			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
<b>First date of travel?</b> (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
<b>Is the student applying to travel on a school bus or for other travel assistance? (tick)</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Type of travel assistance requested?</b> (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
<b>If by School Bus, please advise local bus stop if known:</b>			
Landmark:	Map Type:	X ____	Y ____
<b>Assisted Mobility (if applicable):</b>			
If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker			
<b>Comments relevant to travel:</b>			
<b>Office Use Only:</b>			
<b>Can the student Individual Learning Plan (ILP) include travel training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is the student attending their nearest school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does the student reside in Designated Transport Area (DTA) (if attending special school)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Can the student be accommodated on existing route (if applicable)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Pick-up Point:</b>	Map Ref:	Time AM:	
<b>Set Down Point:</b>	Map Ref:	Time PM:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# 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 / 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)

## **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)

# ROLLINS PRIMARY SCHOOL

RESPECT, ENCOURAGEMENT, AMBITION, CONSIDERATION AND HONESTY

**Rollins Campus**

Wolseley Grove, Bell Post Hill, 3215

Phone: 5278 3022 Fax: 5272 1917

**Batesford Campus**

Old Ballarat Road, Batesford, 3221

Phone: 5276 1290



**ROLLINS**  
PRIMARY SCHOOL

Email: rollins.ps@edumail.vic.gov.au

Web: www.rollinsps.vic.edu.au

STUDENT'S NAME.....

DATE ..... / ..... /.....

Parents/Guardians are asked to fill in the required information and sign in the appropriate places. Please return this form to the office.

<p><b>1. STUDENT MEDICAL DETAILS – ALERT OFFICE TO CHANGES</b></p> <p>I understand it is my responsibility to inform the school of any medication/management plans for my child (e.g. Asthma, Anaphylaxis, Diabetes, Epilepsy, Attention Deficit Disorder, etc). I understand that if my child requires medication to be administered at school, I will be required to call at the school office to complete an Authority To Dispense Medication Form, stating specific information and that I give permission for school staff to administer the required medication.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>2. LOCAL VISITS, EXCURSIONS AND SPORTING EVENTS</b></p> <p>I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ANY LOCAL VISITS, EXCURSIONS OR OTHER SCHOOL ACTIVITIES REQUIRING MY CHILD TO BE TAKEN FROM THE ROLLINS PRIMARY SCHOOL PREMISES. CHILDREN WOULD BE WALKING TO THESE LOCAL EVENTS. I UNDERSTAND THAT THIS AUTHORITY REFERS ONLY TO ACTIVITIES THAT ARE PLANNED FOR THE ENVIRONS OF ROLLINS PRIMARY SCHOOL.</p> <p>IN THE EVENT OF ACCIDENT OR ILLNESS INVOLVING MY CHILD, I AUTHORISE THE TEACHER IN CHARGE OF THE EXCURSIONS TO CONSENT, WHERE IT IS IMPRACTICABLE TO COMMUNICATE WITH ME, TO MY CHILD RECEIVING SUCH MEDICAL OR SURGICAL TREATMENT AS MAY BE DEEMED NECESSARY.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>3. USE OF CLASS SETS / LIBRARY BOOKS</b></p> <p>In the event of my child damaging or losing a School text/library book, I will replace the book or reimburse the school for the required amount.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>4. HEAD LICE CHECKS</b></p> <p>I give consent for my child to participate in the school's head lice inspection program. (Please note inspections will be organised, when necessary, using a staff member.) The Health Department requires that where a child has head lice, he or she should not return to school until appropriate treatment has commenced.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>5. ONLINE POSTING AUTHORITY, SCHOOL PROMOTIONS AND PHOTOGRAPHS</b></p> <p>I give permission for my child's photograph and/or work to be published on the school's website, Facebook or other online portals; and also in school promotions, publications, the newspaper, etc.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>6. MOVIES, DVDs, FILM CONTENT</b></p> <p>Occasionally DVD's / movies are shown to the students for educational purposes or special activities. I agree to allow my child to watch PG rated material at school.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>7. ATTENDANCE</b></p> <p>I acknowledge the importance of school attendance and the impact that absenteeism has on student achievement. I undertake to keep my child/children's absences from school to illness and emergency situations only.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>8. INTERNET – ACCEPTABLE USERS AGREEMENT</b></p> <p>I understand and will follow the guidelines outlined below. I understand that access to the internet is a privilege and that inappropriate use will result in the loss of this privilege.</p> <p>a.The primary focus will be educational  b.Responsible, appropriate and respectful language shall be used at all times.  c.Privacy – do not include personal information (e.g. Name and phone numbers)  d.Users must take full responsibility for their own actions. When a user finds inappropriate material, they must immediately inform the supervising teacher.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>9. SCHOOL DRESS CODE</b></p> <p>I agree to ensure that my child will follow the appropriate Dress Code as outlines in the School Uniform Policy.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

**ANY CHANGES TO THIS AGREEMENT:** I understand that is my responsibility to inform the School in writing of any changes to these agreements. I understand that this agreement will stand for the length of time my child attends Rollins Primary School.

**SIGNED, LEGAL PARENT / GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_