

Application to enrol in an ACT Public School



Education and Training

Thank you for enrolling your child in an ACT Public school. This application form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school staff.

The school will notify you of the results of your application. The information you have provided will be used by the school to enrol your child, if your application is accepted. Please do not purchase items such as uniforms until you receive confirmation of enrolment.

When you come to the school to enrol please bring these documents with you:

- **Proof of where student is living** (e.g. original copies lease, electricity account, etc).
- **Birth certificate or identity documents**
- **Copies of any family law or other relevant court orders** (if applicable)
- **Immunisation history statement** (only required for students enrolling in primary schools for the first time).

In addition, if your child is not a permanent resident, you will need to provide:

- **Passport or travel documents**
- **Current visa and previous visas** (if applicable).

In addition, if your child is a temporary visa holder you will need to provide:

- **Authority to enrol** issued by the Temporary Visa Holders Program Unit. This is required for visitor and temporary visa holders (other than sub class 571P referred to below)
- **Authority to enrol or evidence of permission to transfer** issued by the International Student Centre (if holding an international full fee student visa, sub class 571P)
- **Evidence of the visa the student has applied for** (if the student holds a bridging visa).

Ensuring your privacy is protected

Chapter 2 of the *Education Act 2004* (ACT) provides for compulsory education. The ACT Department of Education and Training (the Department) collects information on this form to enable it to effectively manage enrolment in ACT public schools.

The Department and ACT public schools are subject to the *Privacy Act 1988* (Cth), the *Health Records (Privacy and Access) Act 1997* (ACT) and the *Territory Records Act 2002* (ACT).

The Department provides this information (on request) to other government agencies authorised to receive it including:

- The Commonwealth Department of Families Housing, Community Services and Indigenous Affairs
- Centrelink
- Australian Bureau of Statistics
- The Office of the ACT Minister for Education and Training.

The information will also be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students, parents or carers
- To ensure the health, safety and welfare of students, staff and visitors to the school
- ACT and national reporting purposes
- For any other purpose required by law.

Questions about your occupation and education help us to meet the National Goals for Schooling for the 21st Century.

To help us to achieve the goal that 'the learning outcomes of educationally disadvantaged students [should] improve and, over time, match those of other students' we require information about family background. The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

Providing information about your occupation and education is voluntary.

The four groups listed in this form are used by the Australian Bureau of Statistics to classify occupations.

Internet Access and Email

Students are provided with an Internet and email account to enable them to access learning opportunities in a secure environment. Students must abide by the Acceptable Use of Information Technology policy when using public school or Department Internet and email services.

Photographs at school

Occasionally photographs are taken of individual students and classes of students at school.

If you **do not wish** your child to be photographed under any circumstances, please make sure you have specified this on page 5 of this form.

Giving false or misleading information is a serious offence under the *Criminal Code 2002* (ACT)



Application to enrol in an ACT Public School



Education and Training

Please return the completed Application to Enrol form to this school.

If enrolling for preschool please ensure you also include a completed Additional Information for the Preschool Year form

Application for Enrolment at

Year of Commencement

Year level at Commencement

Student Information

Family or Surname

Given Names

Known as (preferred name)

Date of Birth

Sex

Male

Female

Student mobile phone

Student email address

Home Contact Information

Street

Suburb/Town

State

Postcode

Home phone

Is this a silent number?

Yes

No

Home fax

Medicare No.

Home email address

This address is where the student lives

Full Time

OR Part Time

The family is to receive (please tick)

School News

Student Reports

Mailing Address - if it is the same as home address, write "as above"

Street

Suburb/Town

State

Postcode

Family Details

Parental Responsibility - Please mark the relevant box below with a tick. Note: It may be necessary to tick more than one box

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Student lives with both parents together | <input type="checkbox"/> | 7. Father has sole responsibility for day to day care | <input type="checkbox"/> |
| 2. Student lives with each parent at different times | <input type="checkbox"/> | 8. Both parents share parental responsibility for education | <input type="checkbox"/> |
| 3. Student lives with mother | <input type="checkbox"/> | 9. Mother has sole parental responsibility for education | <input type="checkbox"/> |
| 4. Student lives with father | <input type="checkbox"/> | 10. Father has sole parental responsibility for education | <input type="checkbox"/> |
| 5. Both parents share parental responsibility for day to day care | <input type="checkbox"/> | 11. Self-student is responsible for him/herself | <input type="checkbox"/> |
| 6. Mother has sole responsibility for day to day care | <input type="checkbox"/> | 12. Other - give details: | <input type="checkbox"/> |

Names of adults with whom this student lives the majority of the time

Family Title (eg Mr and Mrs J Smith)

Adult 1

Adult 2

Family or Surname

--	--

Given Name

--	--

Relationship to student

--	--

Daytime phone

--	--

Mobile/other phone

--	--

Work email address

--	--

Contact priority*

Contact priority is an indication of who should be contacted in the event of an emergency. Number them 1,2,3,4,5,6 9=Not to be contacted

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Other Contact/s (not already included on previous pages of this form)

Other Contact 1

Other Contact 2

Family or Surname

Given Name

Relationship to student

Daytime phone no.

Address

Contact priority*

Contact priority is an indication of who should be contacted in the event of an emergency. Number them 1,2,3,4,5,6 9=Not to be contacted

Student Demographic Details

Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

Yes, Aboriginal

Yes, Torres Strait Islander

In which country was the student born?

Australia

Other - please specify

Does the student speak a language other than English *at home*?

(If more than one language, indicate the one that is spoken most often.)

No, English only

Yes, please specify

Other

Residential Status *(tick one only)*

Student Visa If student visa, enter Visa type code

Permanent Diplomat Other Temporary

Date arrived in Australia

Date first enrolled in school in Australia

Religion *(optional)*

Previous Schools - including ACT Preschool(s)

	<i>(most recent first)</i>	City/Town and State	Date/s Enrolled
School 1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
School 2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
School 3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Student Access and Carer Responsibility

Is there any limitation(s) on contact between the student and a parent or another person? If yes, attach a copy of current Court Order or registered parenting plan that contains the limitation(s).

Yes

No

Does the student have carer responsibilities?

Yes

No

Photographic Permission

Photographs are sometimes taken of individual students or classes for promotional or educational uses. Please check the box below if you **DO NOT** want your child photographed.

I **DO NOT** want photographs taken of my child

Student Medical Information

It is essential you tell the school before your child starts school if he or she has any allergies or other medical conditions. You should also notify the school as soon as you become aware of any new allergies or medical conditions

Allergies

Please specify any allergies suffered by the student (eg peanuts, insect stings)

Other Medical Conditions

Please specify any other medical conditions (eg asthma, diabetes, epilepsy)

Medication

Please specify any prescribed medication to be taken by the student (please provide a list if insufficient space)

If you have completed any information in the medical details above, an Emergency Treatment Plan must be provided. Proforma plans are available from the school. *Note: Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Note: In accordance with the Medication Policy, parents must give written permission and directions for the administration of any medication taken during school hours or after hours school activities.

I consent to my child receiving paracetamol for temporary pain relief? Yes No

Is there any other information which you believe may help us in providing the best possible care?

Doctor's Name

Doctor's Phone

Dentist's Name

Dentist's Phone

Student has been fully immunised: Yes No Exempt

Details of Siblings

This information will not appear in the school database unless the sibling attends the same school. (If more than two siblings please attach applicable information to the back of this form.)

Sibling 1

Sibling 2

Family or Surname

Given Name

Date of Birth

Sex Male Female

Male Female

Does this sibling attend this school? Yes No

Yes No

Parent/Guardian Information

The following information is required for national reporting purposes

Adult 1

In which country was Adult 1 born?

Australia

Other - please specify

Does Adult 1 speak a Language other than English

at home? (If more than one, indicate the one that is spoken most often.)

No, English only

Yes, Other - please specify

What is the **highest** year of primary or secondary school that Adult 1 has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark one box only

Year 12 or equivalent...

Year 11 or equivalent...

Year 10 or equivalent...

Year 9 or equivalent or below..

What is the level of the **highest** qualification that Adult 1 has completed?

Mark one box only

Bachelor degree or above...

Advanced diploma/Diploma ...

Certificate I to IV (including trade certificate)..

No non school qualification ...

What is the occupation group of Adult 1?

Please refer to the listing of parent occupations groups on the final page of this form.

- 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.

Occupation - (please specify)

Adult 2

In which country was Adult 2 born?

Australia

Other - please specify

Does Adult 2 speak a Language other than English

at home? (If more than one, indicate the one that is spoken most often.)

No, English only

Yes, Other - please specify

What is the **highest** year of primary or secondary school that Adult 2 has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark one box only

Year 12 or equivalent...

Year 11 or equivalent...

Year 10 or equivalent...

Year 9 or equivalent or below..

What is the level of the **highest** qualification that Adult 2 has completed?

Mark one box only

Bachelor degree or above...

Advanced diploma/Diploma ...

Certificate I to IV (including trade certificate)..

No non school qualification ...

What is the occupation group of Adult 2?

Please refer to the listing of parent occupations groups on the final page of this form.

- 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.

Occupation - (please specify)

Other persons with Parental Responsibility for this student (if any)

Family Title (eg Mr and Mrs J Smith)

Adult 1

Adult 2

Family or Surname

Given Name

Relationship to student

Daytime phone

Mobile/other phone

Work email address

Contact priority*

Contact priority is an indication of who should be contacted in the event of an emergency. Number them 1,2,3,4,5,6 9=Not to be contacted

Home Address

Street

Suburb/Town

State

Postcode

Home phone

Is this a silent number?

Yes

No

Home fax

Medicare No.

Home email address

This address is where the student lives

Full Time

OR

Part Time

The family is to receive (please tick):

School News

Student Reports

Mailing Address - If it is the same as home address, write "as above"

Street

Suburb/Town

State

Postcode

Parent/Guardian Information for other persons with Parental Responsibility

The following information is required for national reporting purposes

Adult 1

In which country was Adult 1 born?

Australia

Other - please specify

Does Adult 1 speak a Language other than English

at home? (If more than one, indicate the one that is spoken most often.)

No, English only

Yes, Other - please specify

What is the **highest** year of primary or secondary school that Adult 1 has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark one box only

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- If the person has not been in paid work in the last 12 months, enter '8' above.

Occupation - (please specify)

Adult 2

In which country was Adult 2 born?

Australia

Other - please specify

Does Adult 2 speak a Language other than English

at home? (If more than one, indicate the one that is spoken most often.)

No, English only

Yes, Other - please specify

What is the **highest** year of primary or secondary school that Adult 2 has completed? (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Mark one box only

Year 12 or equivalent...

Year 11 or equivalent...

Year 10 or equivalent...

Year 9 or equivalent or below..

What is the level of the **highest** qualification that Adult 2 has completed?

Mark one box only

Bachelor degree or above...

Advanced diploma/Diploma ...

Certificate I to IV (including trade certificate)..

No non school qualification ...

What is the occupation group of Adult 2?

Please refer to the listing of parent occupations groups on the final page of this form.

- 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.

Occupation - (please specify)

General Consent of Person with Parental Responsibility for Student

I hereby consent to the above-mentioned child attending supervised school activities approved by the principal. This consent covers all occasions during the time that the child is enrolled at this school, unless otherwise indicated in writing.

NOTE: This consent for the child's attendance at school supervised excursions is for those excursions which occur in the immediate vicinity of the school and generally involve movement on foot or bicycle. Specific consent will be sought for all other excursions.

In the case of the above-mentioned child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan (as indicated in the medical information section of this form). I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary.

I agree to accept responsibility for costs incurred on my behalf in securing medical treatment and associated services for the above-mentioned child including the securing of ambulance transportation in the event of an emergency.

I understand that the department does not provide automatic personal injury or liability insurance for student accidents. (You should therefore consider whether your current medical and/or ambulance cover is appropriate.)

Parent/Guardian Signature

Date / /

Date / /

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Office Use Only

Certificate Flag		Sighted residency status		LSC – Learning Support Centre		HIU – Hearing Impaired Unit		ST – Vision	
Sighted Proof DoB		Sighted residential address		LSU – Learning Support Unit		ST – Typing		ST – Special Education	
Sighted Visa (temp residents only)		Sighted Proof of Immunisation		LSU – Autism Specific		ST – Hearing		Repeating	
Student ID				Roll Group				PEA	
Enrol Date				Part/Full Time				Start Cohort	
Student Key				Year Level					
House				Campus					

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]

Group 2: Other business managers, arts/media/sports persons and associate professionals

Owner/manager of a 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 3: 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: 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, 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 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]