

Name of School: _____

Name of Student: _____

Date of Birth: _____ / _____ / _____



Government of South Australia

Department for Education

SCHOOL ENROLMENT FORM – (for sites using EMS)

INFORMATION PRIVACY STATEMENT

The Department for Education is committed to respecting the privacy of the information we collect about children, young people and their families. The information we collect from the school enrolment form helps us:

- maintain emergency contact information
- inform you about matters concerning your child, their school, and the education system
- provide first aid and support student's health requirements
- provide information for school resource entitlements
- collect data to better understand student performance and to improve the education system
- meet our reporting requirements, including to other government agencies
- give information to contractors completing the Australian Early Development Census (www.aedc.gov.au).

The information you provide on this form can help your child's school make planning and resourcing decisions. **Questions marked on this form are included to collect information required under the *Australian Education Regulations 2013*.**

Information from this form is stored securely in local school and department databases and files. The information may be transferred between schools if your child moves schools or locations between levels of education. Transferred information is updated by information provided on the current enrolment form. Data will also be shared with the Australian Government and the Australian Curriculum, Assessment and Reporting Authority (ACARA) where it is required by law for purposes such as NAPLAN testing.

We will collect data about student education and wellbeing from enrolled students, including:

- records of learning progress (including NAPLAN testing)
- absences from school
- behaviour, health and social development reports, observations, and assessments.

To make sure our data collection is secure, private, and confidential, we are governed by legislation including:

- *Australian Education Act 2013 (Cth)*
- *Education and Children's Services Act 2019 (SA)*
- *State Records Act 1997 (SA)*

Our contracts with any external organisations who need access to data about a child include strict confidentiality and disposal provisions.

The school enrolment form has been designed to ensure a parent or legal guardian complies with their obligation to provide information under the *Education and Children's Services Act 2019 (SA)* and to ensure the department complies with the Information Privacy Principles (IPP) www.dpc.sa.gov.au/resources-and-publications. The IPPs regulate the disclosure of personal information held by the South Australian government. The department will not disclose information to others without your consent, unless required or authorised by a law of the State of Commonwealth, or under the IPP or the Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG) www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines (refer below for more information).

INFORMATION SHARING STATEMENT

There are situations when the Department for Education might need to share information externally. For example, when it's important to your child's educational progress, or to manage a risk of serious harm to others. These situations are addressed by the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG).

Under the ISG, we will seek your consent to share personal information about you or your child unless:

- disclosure is authorised or required by law
- it's unsafe or impossible to gain consent or consent has been refused
- not sharing the information will result in increased risk of serious harm to someone.

Your school may share information about your child's personal needs with specialised department staff, including Student Support Services. This is to help your school provide an appropriate education program and make teaching and learning adjustments for your child if needed.

Your school may also use the information you provide when applying for specialist resources, services, or funding to support your child's education. The school will seek your consent before making any formal referrals for additional support.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people, and their families. We work with you and other agencies/services to achieve this aim. We strongly encourage you to share all relevant information about your child that can help them enjoy and benefit from education. You can do this by:

- filling in the 'any other information' section of this form
- discussing any concerns with staff when enrolling and in the future.

I have read above information privacy statement and information sharing statement.

Parent Signature

Refer to the occupation groups listed below when completing the questions on page 5 and 6.

<p align="center">Group 4</p> <p align="center">Machine operators, hospitality staff, assistants, labourers, and related workers</p>	<p align="center">Group 3</p> <p align="center">Tradesmen/women, clerks and skilled office, sales, and service staff</p>	<p align="center">Group 2</p> <p align="center">Other business managers, Arts / Media / Sportspersons and associate Professionals</p>	<p align="center">Group 1</p> <p align="center">Senior management in large business organisation, government administration and defence, and qualified professionals</p>
<p>Drivers Mobile plant, Production / Processing, Machinery, Other machinery Operators.</p> <p>Hospitality staff Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.</p> <p>Office assistants Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.</p> <p>Sales assistants 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.</p> <p>Assistant / aide Trade's assistant, School / Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum / gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.</p> <p>Labourers and related workers</p> <p>Defence Forces Other ranks below senior NCO not included above.</p> <p>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.</p> <p>Other worker Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.</p>	<p>Tradesmen / women Generally, have completed a 4-year Trade Certificate, usually by apprenticeship.</p> <p>All tradesmen / women are included in this group.</p> <p>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.</p> <p>Skilled Office Staff Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.</p> <p>Skilled Sales Staff Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher.</p> <p>Skilled Service Staff 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.</p>	<p>Owner / manager Farm, Construction, Import / Export, Wholesale, Manufacturing, Transport, Real estate business.</p> <p>Specialist manager Finance, Engineering, Production, Personnel, Industrial relations, Sales / marketing.</p> <p>Financial services manager Bank branch manager, Finance / investment / insurance, Broker, Credit / loans officer.</p> <p>Retail sales / services manager Shop petrol station, Restaurant club, Hotel / Motel, Cinema, Theatre agency.</p> <p>Arts / media / sports Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media presenter, photographer, Designer, Illustrator, Proof reader, sportsman / woman, Coach / trainer, Sports official.</p> <p>Associate professionals Generally have diploma / Technical qualifications, Support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician / Associate professional.</p> <p>Business / administration Recruitment / Employment / Industrial relations / Training officer. Marketing / Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office / project manager.</p> <p>Defence Forces Senior Non-Commissioned officer.</p>	<p>Senior executive / manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (Section head or above), Regional Director, Health / Education / Police / Fire services, Administrator.</p> <p>Other administrator School Principal, Faculty head / Dean, Library / Museum / Gallery director, Research facility director.</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals Generally have degree or higher qualifications and experience in applying this knowledge to:</p> <ul style="list-style-type: none"> • Design, develop or operate complex systems; • Identify, treat and advise on problems; • And teach others. <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing. Professional.</p> <p>Business Management consultant, Business analyst, Accountant, Auditor, Policy analyst, Actuary, Valuer.</p> <p>Air / sea transport Aircraft / ship's Captain / Officer / Pilot, Flight officer, Flying instructor, Air traffic controller.</p>
<p align="center">Parent's education, qualification and occupation</p> <p>The questions about each parent's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's <i>Index of Educational Disadvantage</i> (IED), which is linked to funding levels and may be used to allocate resources to school services. In the future this information may be used to determine resource allocations to schools.</p> <p>If you are an independent student (living without a parent), please go straight to Page 3 – Student Personal Details and skip page 6 and 7 (Enrolling parent details)</p>			

Student Personal Details (provide proof of identity)

Family Name:

Given Names:

Preferred Name:

* How does the student describe their gender? Male Female Another term/non-binary Not stated

(Government regulations require the capture of students' gender. The Department for Education recognises the sensitivities of identifying gender for some students. The department is committed to inclusion, and all schools provide an inclusive environment for all students. If you wish to provide additional information about this student's gender identity, please add them to the Comments section (page 10). The school will respond confidentially, inclusively, and according to requests made in your comments.)

Date of Birth:

DD	MM	YY
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* Is the student of Aboriginal or Torres Strait Islander origin? Yes, Aboriginal Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No Not Stated

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

What is the student's cultural background?

Religion (optional):

Does the school need to be aware of any cultural and/or religious requirements? Please advise:

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

Main Language:

Other Language/s:

Does the student attend an after-hours Ethnic school? No Yes

If yes, which school?

Which language is studied?

Residence status of student: Australian Citizen
 New Zealand Citizen
 Permanent Resident
 Temporary Entry Permit
 Other Overseas
 Permanent Humanitarian Visa
 Not Stated

If student is born overseas:

Date of Arrival in Australia:

Visa Subclass*:

Visa Grant Date:

Visa Expiry Date:

Passport / Immicard No:

(For a student born overseas with a date of arrival in Australia on or after 1/1/2006, a "visa sub-class" must be entered. Refer to visa grant letter or visa entitlement verification online (VEVO) for visa details and conditions. Some temporary residents are required to pay fees and must have a letter of offer / confirmation from International Education Services.)*

Does the student receive any of the following allowances? ABSTUDY Australian Defence Force Austudy Homeless Rate Youth Allowances
 Independent Living Allowance Isolated Children Travelling Allowances

Does the student have an enrolling parent who is a current serving member of the Australian Defence Force? No Yes Unsure Not stated

Is the student approved for School Card Assistance? No Yes

Enrolling Parent 1 (Birth, Adoptive Parent or Guardian)

Mr / Mrs / Ms / Other:

Surname/Family Name:

Given Names:

Preferred Name:

Gender: Male Female Another term/ non-binary

Contact Type: Primary Secondary

Relationship to Student:

(Person listed as parent are an emergency contact and are authorised to collect the child unless otherwise stated).

Other Details

In which country was the parent born?

If not born in Australia, what was the date the parent arrived in Australia? DD MM YY

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

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

Does the parent require an interpreter? No Yes

Language for translation:

What is the cultural background of the parent?

Contact Details

Home Phone:

Work Phone:

Mobile Phone:

Email:

Employment & Education Details

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

- 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:

Employment Status:

- Employed (casual)
- Employed (full-time)
- Employed (parental leave)
- Employed (part-time)
- Other
- Pension or benefit recipient
- Self-employed
- Student
- Unemployed

* What is the highest year of school the parent 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 has completed?

- Bachelor degree or above 7
- Advanced diploma / Diploma 6
- Certificate I to IV (including trade certificate) 5
- No non-school qualification 8

Correspondence and Responsibilities

Please select all options that apply:

- Responsible for Student Receive Site Information (eg Newsletters) Receive Academic Reports
- Attendance Contact Responsible for Fees (Account Payee)

Preferred method of contact:

- Email (provide email above)
- Mail
- SMS (provide mobile number)

Residential Address

Mailing Address (if different from residential address)

Student lives with this parent: Always Shared Living Other

Address:

Suburb /Town:

Country:

Postcode:

Address:

Suburb / Town:

Country:

Postcode:

Enrolling Parent 2 (Birth, Adoptive Parent or Guardian)

Mr / Mrs / Ms / Other:

Surname/Family Name:

Given Names:

Preferred Name:

Gender: Male Female Another term / non-binary

Contact Type: Primary Secondary

Relationship to Student:

(Person listed as parent are an emergency contact and are authorised to collect the child unless otherwise stated).

Other Details

In which country was the parent born?

If not born in Australia, what was the date the parent arrived in Australia? DD MM YY

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

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

Does the parent require an interpreter? No Yes

Language for translation:

What is the cultural background of the parent?

Contact Details

Home Phone:

Work Phone:

Mobile Phone:

Email:

Correspondence and Responsibilities

Please select all options that apply:

Responsible for Student Receive Site Information (eg Newsletters) Receive Academic Reports

Attendance Contact Responsible for Fees (Account Payee)

Preferred method of contact:

Email (provide email above)

Mail

SMS (provide mobile number)

Residential Address

Mailing Address (if different from residential address)

Student lives with this parent: Always Shared Living Other

Address:

Suburb /Town:

Country:

Postcode:

Address:

Suburb / Town:

Country:

Postcode:

Employment & Education Details

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

- 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:

Employment Status:

- Employed (casual)
- Employed (full-time)
- Employed (parental leave)
- Employed (part-time)
- Other
- Pension or benefit recipient
- Self-employed
- Student
- Unemployed

* What is the highest year of primary or secondary school the parent 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 has completed?

- Bachelor degree or above 7
- Advanced diploma / Diploma 6
- Certificate I to IV (including trade certificate) 5
- No non-school qualification 8

Other person 1 providing care to the student (if applicable)

This section should be completed for any other persons providing some level of care for the student. If the school has established that a person claiming to be a parent has appropriate authority to enrol the student (e.g. person in loco parentis), they should be recorded as an enrolling parent (page 5&6). For further details schools should refer to the admission procedure.

Reports Access Correspondence

Mr / Mrs / Ms / Other:

Surname/ Family Name:

Given Name:

Preferred Name:

Gender: Male Female Another term / non-binary

Contact Type: Primary Secondary Other

Relationship to Student:

Contact Details	
Home Phone:	<input style="width: 100%; height: 20px;" type="text"/>
Work Phone:	<input style="width: 100%; height: 20px;" type="text"/>
Mobile:	<input style="width: 100%; height: 20px;" type="text"/>
Email:	<input style="width: 100%; height: 20px;" type="text"/>
Notes:	<input style="width: 100%; height: 50px;" type="text"/>

Residential Address	Mailing Address (if different from residential address)
Resides at the same address as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: <input style="width: 250px; height: 20px;" type="text"/>	Address: <input style="width: 250px; height: 20px;" type="text"/>
Suburb/ Town: <input style="width: 250px; height: 20px;" type="text"/>	Suburb Town: <input style="width: 250px; height: 20px;" type="text"/>
Country: <input style="width: 250px; height: 20px;" type="text"/>	Country: <input style="width: 250px; height: 20px;" type="text"/>
Postcode: <input style="width: 250px; height: 20px;" type="text"/>	Postcode: <input style="width: 250px; height: 20px;" type="text"/>

Other person 2 providing care to the student (if applicable)

Reports Access Correspondence

Mr / Mrs / Ms / Other:

Surname/ Family Name:

Given Name:

Preferred Name:

Gender: Male Female Another term / non-binary

Contact Type: Primary Secondary Other

Relationship to Student:

Contact Details	
Home Phone:	<input style="width: 100%; height: 20px;" type="text"/>
Work Phone:	<input style="width: 100%; height: 20px;" type="text"/>
Mobile:	<input style="width: 100%; height: 20px;" type="text"/>
Email:	<input style="width: 100%; height: 20px;" type="text"/>
Notes:	<input style="width: 100%; height: 50px;" type="text"/>

Residential Address	Mailing Address (if different from residential address)
Resides at the same address as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: <input style="width: 250px; height: 20px;" type="text"/>	Address: <input style="width: 250px; height: 20px;" type="text"/>
Suburb Town: <input style="width: 250px; height: 20px;" type="text"/>	Suburb Town: <input style="width: 250px; height: 20px;" type="text"/>
Country: <input style="width: 250px; height: 20px;" type="text"/>	Country: <input style="width: 250px; height: 20px;" type="text"/>
Postcode: <input style="width: 250px; height: 20px;" type="text"/>	Postcode: <input style="width: 250px; height: 20px;" type="text"/>

Emergency Contacts
(If enrolling parents cannot be contacted or unable to collect student)

Note: Includes permission to provide overnight care

Priority 1

Name:

Home Phone:

Relationship:

Mobile Phone:

Work Phone: Ext:

Priority 2

Name:

Home Phone:

Relationship:

Mobile Phone:

Work Phone: Ext:

Priority 3

Name:

Home Phone:

Relationship:

Mobile Phone:

Work Phone: Ext:

Priority 4

Name:

Home Phone:

Relationship:

Mobile Phone:

Work Phone: Ext:

Additional Family Members (Siblings)

Full Name

Gender

Date of Birth

Attends this school?

Male Female Other

DD	MM	YY
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No Yes

Male Female Other

DD	MM	YY
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No Yes

Male Female Other

DD	MM	YY
----	----	----

No Yes

Male Female Other

DD	MM	YY
----	----	----

No Yes

Male Female Other

DD	MM	YY
----	----	----

No Yes

Medical conditions and health support for student

Does the student have a diagnosed medical condition? No Yes

If **Yes**, please tick the relevant conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Gastrostomy | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Impaired / Ear health issues | <input type="checkbox"/> Oral Eating and Drinking |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizures and Epilepsy |
| <input type="checkbox"/> Continence | <input type="checkbox"/> Joint Conditions | <input type="checkbox"/> Severe Allergy Anaphylaxis |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Medication | <input type="checkbox"/> Transfer and Positioning |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mild Allergy | <input type="checkbox"/> Visually Impaired |

If other, please specify:

Does the student require additional health support or first aid?
(eg support with medication management, continence care, psychological issues) No Yes

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

Custody/ Guardianship and Court orders (Including parenting or intervention orders)

Is the student in care and subject to a custody or guardianship order under *the Children and Young People (Safety) Act 2017 (SA)*? No Yes

(If Yes, case workers and schools should ensure their local student support service office has been contacted, and appropriate forms and meetings are completed in relation to the student's educational needs.)

Are there any current Court orders relating to this student?
(If Yes, a copy of the order must be provided for the school's records.) No Yes

On what date was the court order issued?

DD	MM	YY
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C3MS Identifier number, if applicable

Key details of Court Orders/ Custody/ Guardianship provided (**School use only**):

Other preschools and schools attended

Is the student currently attending a government school?

No Yes

If Yes, please specify the current Department for Education school:

If No, please specify the current non-government school they are attending:

If No, have they previously attended a government school? If so, please list the two recent government school attended.

Preschool / School Name

From

To

DD

MM

YY

DD

MM

YY

DD

MM

YY

DD

MM

YY

Any Other Information / Comments

Signatures

By signing this form, you are declaring that all information given is true and accurate.

Signature Enrolling parent 1:

Date:

DD

MM

YY

Signature Enrolling parent 2:

Date:

DD

MM

YY

School use only

Pre enrolment interviewer:

Data entry person:

School Use Only

Proof of identity provided? No Yes

Proof of residence provided? No Yes

School No:

House:

ED ID:

Enrolment Date:

Student ID:

Permanent Resident:

School Year Level:

Origin:

Census Year Level:

Visa Sub-Class:

Roll Class:

NESB:

FTE:

EALD: Yes No

Campus:

IELP / NAP Transfer: Yes No