FAMILY CODE No.:

# EAST PRESTON ISLAMIC COLLEGE Early Learning Centre Enrolment Form

## Schools, please note:

It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated, provided to the Ministerial Council on Education, Employment, Training and Youth Affairs and published in such publications as the National Report on Schooling in Australia. No individual student or school is identifiable through the published information. [Refer to Circular 291/2004 for more information.]

A copy of the School Enrolment Privacy Notice must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the Information Privacy Act. A template of the School Enrolment Privacy Notice is located at <a href="https://www.eduweb.vic.gov.au/privacy/resources.htm">https://www.eduweb.vic.gov.au/privacy/resources.htm</a> Explanations of the Parental Occupation Group codes are included at the end of this document.

#### **ENROLMENT PROCEDURES:**

- Complete the Enrolment application form
- 2. Please ensure you have attached the following document with this application.
  - Copy of the birth certificate or copy of the passport
  - Copy of the visa details for International students
  - Copy of the Financial Guarantee for International students
  - Copy of the immunization certificate
  - Other reports relevant to academic abilities and learning needs
  - Custodial information (if applicable)
- Submit all forms to the school office

7KH DSSOLFDWLRQ IHH ZLOO EH GHGXFWHG IURP \RXU FKLO@geVwilHQUROPH

State:					Postcode:	
Telephone Number	Fax Number					
Current Ambulance Subscription:	Subscription: (tick) Yes No Medicare Number:					
PRIMARY FAMILY EMERGEN						
These emergency contacts are not	to be put a	as the pare	ents of the	children but	tto be someone else.	
Name:						
Address:						
Mobile:						
Home Phone:				Re	elationship to child	
Consent to sign incident, inj	ury, traum	a and med	ication Red	cords		
Consent to be notified of an	emergenc	y involving	the child if	parents ca	nnot be contacted	
Consent to Collect the child f	rom the Kir	nder				
Is able to Consent to Medica	I treatmen	t for the chi	ld from a r	egistered m	nedical practitioner, hospital service	
Consent to administration of	medication	n to the chil	d			
Consent to the child being ta	ken to a ho	spital by a	ımbulance			
Is able to Consent to the ch	nild being ta	aken from t	the service	by an educ	cator	
				•		
Name:						
Address:						
Mobile:						
Home Phone:				Re	elationship to child	
Consent to sign incident, inju	ury, trauma	a and medi	cation Rec	cords		
Consent to be notified of an	emergenc	y involving	the child	if paren	nts cannot be contacted	
Consent to Collect the child f	rom the Kir	nder				
Is able to Consent to Medica	I treatment	t for the chi	ld from a r	egistered m	nedical practitioner, hospital service	
Consent to administration of	medication	n to the chil	d			
Consent to the child being ta	ken to a ho	ospital by a	ımbulance			
Is able to Consent to the child	d being tak	en from the	e service b	y an educa	itor	

# PRIMARY FAMILY BILLING ADDRESS:

:ULWH 3\$V \$ERYH' LI WKH VDPH DV )DPLO\ +RPH \$GGUHVV

## K \ Uh]g'l\ Y'ghi XYbh@``]j ]b[ 'UffUb[ Ya Ybhg3'(tickone):

At home with TWO Parents/Guardians State Arranged Out of Home Care # (See Note) At home with ONE

Parent/ Guardian Homeless Youth

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 awayfrom 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.

Ghi XYbhbg FY][ ]cb.

### CONDITIONAL ENROLMENT DETAILS

In some circumstances a child maybe enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victoria n Government Schools Reference Guide for more information

(http://www.education.vic.gov.au/management/governance/referenceguide/default.htm).

Enrolment conditions			
NEELVE II CE ANI V			
PRESIDE TO Y		Description of the second of t	
	res □ No		
व्यवस्थान प्रथम वेशवास्त्राचा विक्रमेलि	कार्काकारी साध्या पर्वे क्रीपूर्ण हैं क्	STARLLY SIGNAL II.	-
STUDENT ACCESS OR ACTIVIT	TY RESTRICTIONS DETAILS	77	
Is the student at risk?	Yes	No	
		normalate the No /# No mayo to	
Is there an Access Alert for the studer	Yes (If Yes, then of follow ing questions a current copy of the do		the immunisation details questions.)
Is there an Access Alert for the studer  Access Type: (tick) Court Orde	follow ing questions a nt? (tick) current copy of the do	nd present a / medical condition of comment to the school.)	
	follow ing questions a nt? (tick) current copy of the do	nd present a / medical condition of comment to the school.)	details questions.)

## School related permissions:

Current custody document placed on student file?

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:

Yes

No