

| | |
|--|--|
| Office use only | |
| Student UPN: (please use student tracker) | |
| Year: | |
| Form: | |
| Anticipated start date: | |
| Enrolment status: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time FTE: |

Student Enrolment Form

Information and Privacy

The Department of Education and Training is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act*. Personal information will only be disclosed for these purposes as permitted by the *Information Act*. The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

If you need help completing this form, including translation services, please contact your school.

| | | |
|--|--|-----------------------------|
| School name: | | |
| Has the student ever attended an NT school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What was the last school the student attended? | School name: | |
| | State/Territory: | Country: (if not Australia) |
| | Year/grade/level attained: | Date of leaving: / / |
| Is this student residing in the NT due to a Defence Force posting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Proof of identity attached (e.g. birth certificate, Medicare card, health care card) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 1 Student Details

| | | |
|--|------------------|---------------------|
| Surname: | | |
| Legal surname on birth certificate: (if different from above) | | |
| Previous surname: (if applicable) | | |
| 1st name: (given name) | | |
| 2nd name: (middle name) | | |
| 3rd name: (if applicable) | | |
| Preferred first name: | | |
| Has the student been known by any other names? (if not listed above) | Other surname/s: | Other first name/s: |

| | | |
|---|---|-----------|
| Date of birth: | | |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Tribal grouping/clan name: (if applicable) | | |
| Skin name: (if applicable) | | |
| Student's residential address: | | |
| Suburb/town/community: | | Postcode: |
| Student's postal address: (if different from above) | | |
| Suburb/town/community: | | Postcode: |

| | |
|--|--|
| Senior secondary students only | |
| Student's contact details: | Phone: |
| | Mobile: |
| | Email: |
| Student's car registration number: (if applicable) | |
| Is the student independent? (i.e. living without a parent/guardian) | <input type="checkbox"/> Yes (If yes, all correspondence will be sent to the student). <input type="checkbox"/> No (If no, all correspondence will be sent to the parent/guardian). |

| | |
|---|---|
| Section 2 Additional Student Information | |
| Is the student of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander |
| Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: _____ |
| Is the student an Australian citizen or permanent resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905. | _____ <input type="checkbox"/> Copy of visa attached? |
| If born overseas, on what date did the student arrive in Australia? | / / |
| In which country was the student born? | <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____ |

Section 3 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached? ☐ Yes ☐ No

Section 4 Parent/Guardian Information

If you are an independent student (living without a parent or guardian) please go straight to Section 7

| | Parent/guardian 1 | Parent/guardian 2 |
|--|--|--|
| Title: (Mr/Ms/Mrs/Miss) | | |
| Surname: | | |
| First name: | | |
| Middle name: | | |
| Relationship to student: (e.g. father, grandmother) | | |
| Responsible for parenting* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lives with student* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive accounts* (e.g. fees) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive reports etc* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact this person in an emergency?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure Section 3 is completed.) |
| Home phone: | | |
| Other phone: | | |
| Mobile: | | |
| Email: | | |
| Residential address: | | |
| Suburb/town/community: | | |
| Postcode: | | |
| Postal address: (if different from above) | | |
| Suburb/town/community: | | |
| Postcode: | | |

*Tick all boxes that apply

Section 5 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?

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

| Parent/guardian 1 | Parent/guardian 2 |
|--|--|
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/> | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/> |

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

For persons who have never attended school, mark Year 9 or equivalent or below.

| Parent/guardian 1 | Parent/guardian 2 |
|--|--|
| <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 | <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 |

What is the level of the **highest** qualification the parent/guardian has completed?

| Parent/guardian 1 | Parent/guardian 2 |
|--|--|
| <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 | <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 |

What is the occupation group of the parent/guardian?

Please select the appropriate parental occupation group below (for more details refer to Appendix 2).

If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

| Parent/guardian 1 | Parent/guardian 2 |
|---|---|
| <input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals | <input type="checkbox"/> Group 1 Senior management in large business organisation, government administration, and qualified professionals |
| <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals | <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons, and associate professionals |
| <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff | <input type="checkbox"/> Group 3 Tradesmen/women, clerks and skilled office, sales and service staff |
| <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers | <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers |
| <input type="checkbox"/> Other Not in paid work in the last 12 months | <input type="checkbox"/> Other Not in paid work in the last 12 months |

Section 6 Sibling Information

Does the student have any brothers or sisters at this school?

☐ Yes ☐ No If yes, provide details below

| Sibling's given names | Surname | Date of birth |
|-----------------------|---------|---------------|
| | | / / |
| | | / / |
| | | / / |
| | | / / |

Section 7 Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

| | Contact 1 | Contact 2 |
|-----------------------------------|-----------|-----------|
| Title: (Mr/Ms/Mrs/Miss) | | |
| Name: | | |
| Relationship: (e.g. aunt, friend) | | |
| Phone 1: | | |
| Phone 2: | | |

Section 8 Medical Details and Consent

Does your child suffer from any of the following?
(Tick all the boxes that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies * | <input type="checkbox"/> Asthma * | <input type="checkbox"/> Diabetes * |
| <input type="checkbox"/> Seizure disorder (e.g. epilepsy)* | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Intellectual/learning impairment (e.g. dyslexia) |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Mental health or behaviour issue (e.g. depression, ADHD) | |
| <input type="checkbox"/> Other, please specify: _____ | <input type="checkbox"/> Autism | <input type="checkbox"/> Peanut Allergy * |

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

* All serious medical conditions parents must complete Health Care Plan (request form from office staff)

| | |
|--|--|
| <input type="checkbox"/> Medication required. Please supply details of any treatments, care or medication required. (contact school for relevant forms) | |
| Relevant medical consent forms completed and attached: | <input type="checkbox"/> Yes <input type="checkbox"/> No, not required |
| Immunisation certificate/record provided: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I give consent to my primary school child having a dental examination (if applicable). Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments. More information available on website www.health.nt.gov.au/oral_health | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 9 Additional Consents

Consent for publication of a student's Photo and Work

DET may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.

Please provide consent for the following:

| | Use of Student Photograph | Use of Work by Student | Publishing Student First Name | Publishing Student Surname |
|-----------------------------------|--|--|--|--|
| School/College Newsletter | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School/College Yearbook | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School/College/Department Website | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* Consent for all other media usage should be sought as and when required.

| | |
|---|--|
| Consent for library use I give consent to authorised access of the student's contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries. School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Consent for attending religious instruction I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

COMPUTER

The following agreement covers the student's use of Internet, intranet, portal, network and e-mail. Gray Primary School provides all students enrolled at the school with Information Communication & Technology (ICT) facilities for educational use.

1. Students are expected to use (ICT) computers legally, safely and responsibly.
2. Students using the ICT facilities may only do so under the supervision of school staff.

Any students not following staff instructions may have further access restricted or denied.

By signing this agreement the parent acknowledges the conditions under which their child will use the ICT facilities.

Parent/Student

I understand the conditions under which ICT facilities are made available and agree to those conditions. I further understand that additional explanations have been provided to my child.

☐ Yes ☐ No

| Section 10 Declaration | |
|--|--|
| Attachment Checklist | |
| If the student is enrolling in preschool please complete the preschool enrolment attachment. | <input type="checkbox"/> Attached <input type="checkbox"/> Not applicable |
| If the student is enrolling in transition please complete the transition enrolment attachment. | <input type="checkbox"/> Attached <input type="checkbox"/> Not applicable |
| If the student is enrolling in or undertaking a vocational education and training (VET) course please complete the VET enrolment attachment. | <input type="checkbox"/> Attached <input type="checkbox"/> Not applicable |

It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.

Name of parent/guardian/independent student enrolling the student and providing consents:

(Please print)

Relationship to student: _____

Signature: _____ Date: / /

Name of school witness: _____
(Please print)

Signature: _____ Date: / /

APPENDIX 1 Privacy Statement

For more information regarding the Department of Education and Training (DET) obligations in relation to protecting your privacy, visit www.det.nt.gov.au/foi or contact a DET Information Officer on (08) 8999 5793. We need enrolment details for the following purposes:

Student Details

- This information is required to discuss matters regarding the student's education, for contact in an emergency or for other educational purposes. These other educational purposes may include:
 - the determination of the number of school aged children in a region, allowing DET to plan resourcing for schools;
 - to assist in the provision of transport to and from schools;
 - to determine whether all school-aged children are enrolled in an educational facility as required by the NT *Education Act*;
 - any requirements under relevant laws of either the Northern Territory or Australian Government; and
 - students' names and demographic information may be verified against health records.

Student and Parent Background Information

- Some of this information is a standard requirement on all enrolment forms Australia wide as part of the National Education Agreement. The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools. Some of this information will be forwarded to the Australian Government as required under the appropriate legislation.

Additional Emergency Contacts

- This is required in the event that the school is unable to contact parents/guardians. Please ensure that the people named have agreed to their details being provided to the school.

Special Family Circumstances

- Additional information about parents/guardians. This is needed so that we are aware of family arrangements e.g. foster care, dual custody, access restrictions. Please provide any relevant Court Orders including access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.
- Contact your school principal if you would like to discuss, in strict confidence, any matters relating to these arrangements.

Medical Details and Consents

- Health information is required so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- Contact information may be shared with staff of the Department of Health and Families (DHF) should nurses, dentists, audiology staff and health workers need to contact parents/ guardians. The school may need to disclose personal and sensitive information to medical practitioners, and people providing services to the school, including specialist visiting teachers and counsellors.
- We require details of student medical conditions and/or disabilities, and medication they may need while at school. If possible, please provide medication to the school in an authorised pharmacy packet.
- Please inform the school if your child develops a medical condition that may require regular or emergency treatment by school staff.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.
- Health information may also be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results) to ensure the student is properly cared for at school.
- DHF may provide medical information back to the school to assist in planning appropriate health interventions and to assist in classroom curriculum activities.

Please contact the school if you require further information or clarification regarding the DET Medications Policy.

Access to Your Child's Record Held by the School

In most circumstances you are able to access your child's records. Please contact the Principal to do so. If you have any concerns about the privacy of this information please contact the Principal.

APPENDIX 2

List of Parent or Guardian Occupation Groups

Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executives/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 a 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/ 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 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 clerk/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 desk, admissions clerk]

Skills office, sales and service staff

Office [secretary, personal assistant, desktop publishing operator, switchboard]

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 staff [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 are 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]