|  |  |
| --- | --- |
|  | ST KILDA PRIMARY SCHOOLAlternative Family Details |

|  |  |
| --- | --- |
| STUDENT Surname: | **STUDENT First Name:** |

### Adult A of Alternative family Details:

|  |  |  |
| --- | --- | --- |
| Gender: | 🞎 Male 🞎 Female | 🞎\_\_\_\_\_\_\_\_\_\_\_ Fill in blank |
| Title: (Ms, Mrs, Mr, Mx Dr etc) |  |
| Legal Surname:  |  |
| Legal First Name:  |  |
| What is Adult A’s occupation? |  |
| Who is Adult A’s employer? |  |
| In which country was Adult A born? |
| 🞎 **Australia** | 🞎 Other (please specify): |  |
| ❖Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) |
| * No, English only
* Yes (please specify):
 |
| Please indicate any additional languages spoken by Adult A: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 No |
| ❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) |
| 🞎 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 the Adult A has completed? (tick one) |
| 🞎 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 A? Please select the appropriate parental occupation group from the attached list. * 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.
 |
| * If the person has not been in paid work for the last 12 months, enter ‘N’.
 |  |

### Adult B of Alternative Family Details:

|  |  |  |
| --- | --- | --- |
| Gender: | 🞎 Male 🞎 Female | 🞎\_\_\_\_\_\_\_\_\_\_\_ Fill in blank |
| Title: (Ms, Mrs, Mr, Mx Dr etc) |  |
| Legal Surname:  |  |
| Legal First Name:  |  |
| What is Adult B’s occupation? |  |
| Who is Adult B’s employer? |  |
| In which country was Adult B born? |
| 🞎 **Australia** | 🞎 Other (please specify): |  |
| ❖Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) |
| * No, English only
* Yes (please specify):
 |
| Please indicate any additional languages spoken by Adult B: |  |
| Is an interpreter required? (tick) | 🞎 Yes | 🞎 No |
| ❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) |
| 🞎 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 the Adult B has completed? (tick one) |
| 🞎 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 B? Please select the appropriate parental occupation group from the attached list. * 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.
 |
| * If the person has not been in paid work for the last 12 months, enter ‘N’.
 |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Main language spoken at home: |  | Preferred language of notices: |  |
| Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick) | 🞎 Adult A | 🞎 Adult B | 🞎 Both | 🞎 Neither |

## Alternative Family Contact Details

### Adult A of Alternative Family Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult A at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult A usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No: |  |
| Other Work Contact information: |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult A usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Other After Hours Contact Information: |  |
| Mobile No: |  |
| SMS Notifications:  | 🞎 Yes | 🞎 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.) |
| 🞎 Mail | 🞎 Email  | 🞎 Phone | 🞎 Facsimile |
| Email address: |  |
| Email Notifications:  | 🞎 Yes | 🞎 No |
| Fax Number: |  |

### Adult B of Alternative Family Contact Details:

###### Business Hours:

|  |  |  |
| --- | --- | --- |
| Can we contact Adult B at work? (tick) | 🞎 Yes | 🞎 No |
| Is Adult B usually home during business hours? (tick) | 🞎 Yes | 🞎 No |
| Work Telephone No: |  |
| Other Work Contact information: |  |

###### After Hours:

|  |  |  |
| --- | --- | --- |
| Is Adult B usually home AFTER business hours? (tick) | 🞎 Yes | 🞎 No |
| Home Telephone No: |  |
| Other After Hours Contact Information: |  |
| Mobile No: |  |
| SMS Notifications:  | 🞎 Yes | 🞎 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.) |
| 🞎 Mail | 🞎 Email  | 🞎 Phone | 🞎 Facsimile |
| Email address: |  |
| Email Notifications:  | 🞎 Yes | 🞎 No |
| Fax Number: |  |

### Alternative Family Home Address:

|  |  |
| --- | --- |
| No. & Street: or Box details |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number |  | Silent Number: (tick) | 🞎 Yes | 🞎 No |
| Mobile Number: |  | Fax Number: |  |

### Alternative Family Mailing Address:

Write “As Above” if the same as Family Home Address

|  |  |
| --- | --- |
| No. & Street |  |
| Suburb: |  |
| State: |  | Postcode: |  |

## Alternative Family Doctor Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor’s Name |  | Individual or Group Practice: (tick) | 🞎 Individual | 🞎 Group |
| No. & Street or Box No.: |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Telephone Number |  | Fax Number |  |
| Current Ambulance Subscription: (tick) | 🞎 Yes | 🞎 No | Medicare Number: |  |

## Alternative Family Emergency Contacts:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relationship | Telephone Contact | Language Spoken |
|  |  | (Neighbour, Relative, Friend or Other) |  | (If English Write “E”) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

## Alternative Family Billing Address:

Write “As Above” if the same as Family Home Address

|  |  |
| --- | --- |
| No. & Street or PO Box |  |
| Suburb: |  |
| State: |  | Postcode: |  |
| Billing Email  | 🞎 Adult A 🞎 Adult B  | 🞎 Other (Please Specify) |

## Other Alternative Family Details

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship of Adult A of Alternative Family to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |
| Relationship of Adult B of Alternative Family to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |

|  |
| --- |
| The student lives with the Alternative Family: (tick one) |
| 🞎 Always | 🞎 Mostly | 🞎 Balanced | 🞎 Occasionally | 🞎 Never |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Send Correspondence addressed to: (tick one) | 🞎 Adult A | 🞎 Adult B | 🞎 Both Adults | 🞎 Neither |
|  |  |  |  |  |
| Is the Alternative Family to receive Academic Reports? | 🞎 Yes | 🞎 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

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

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