SCHOOL ENROLMENT FORM

INFORMATION PRIVACY STATEMENT

The Department for Education and Child Development (DECD) is committed to respecting the confidentiality of information provided by children / students and parents, for example, information requested on child / student enrolment forms. This form has been designed to ensure compliance with the South Australia Education Regulations 2012 and to enable DECD to:

- Undertake administration and care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for child / student health support requirements;
- Provide all information required for resource entitlements;
- Collect necessary statistical information and undertake analysis of the composition and performance of the child / student population;
- Meet reporting requirements, including to other government authorities and funding agencies; and
- Provide information to contractors engaged to assist in the completion of the Australian Early Development Census survey by teachers (http://www.aedc.gov.au).

If organisations are contracted on behalf of DECD to undertake tasks which require access to enrolment data, the contract(s) between DECD and those organisations will include strict confidentiality and disposal provisions.

The Australian Education Regulation 2013 requires schools across Australia ask the questions marked ☄ on their school enrolment forms. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child’s school for planning and resourcing decisions.

The information provided in Enrolment Forms is stored securely in local school and DECD databases. Information from your enrolment form may be transferred electronically from one site to another as your child moves locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. While your child is enrolled in a DECD site other information will be gathered relating to your child’s education and wellbeing; for example records of learning progress, absences from school, behaviour, health and social development reports, observations and assessments. The management of these data is governed by Australian, State and DECD policies to ensure that the information is used only for the purposes stated above and is secure, private and confidential.

The disclosure of personal information held by Government is regulated by the Information Privacy Principles (see http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012_Privacy_0.pdf). Unless required to do so by a law of the State or Commonwealth, or as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the Department will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside DECD will be important to your child’s educational progress, safety or wellbeing. In these circumstances DECD follows the SA Government’s Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG) http://www.ombudsman.sa.gov.au. Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- It is unsafe / impossible to gain consent or consent has been refused; and
- Without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents / caregivers and other agencies / services to achieve that aim. Parents / caregivers are strongly encouraged to share all information relevant to their child’s capacity to enjoy and benefit from education:

- By using the ‘any other information’ section of this form; and/or
- In discussion with staff at the time of enrolment; and/or
- In discussion with staff at any time in the future.

The school has explained the above Information Privacy Statement and Information Sharing Statement.

Parent / Guardian Signature
Refer to the occupation groups listed below when completing the questions on page 3.

<table>
<thead>
<tr>
<th>Group 4</th>
<th>Group 3</th>
<th>Group 2</th>
<th>Group 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Occupations</td>
<td>Trades and advanced / intermediate clerical, sales and service staff</td>
<td>Other business managers, Arts / Media / Sportspersons and associate Professionals</td>
<td>Senior management in large business organisation, government administration and defence, and qualified professionals</td>
</tr>
</tbody>
</table>

**Drivers**
- Mobile plant, Production / Processing, Machinery, Other machinery Operators.

**Hospitality staff**
- Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.

**Office assistants**
- Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.

**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.

**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.

**Labourers and related workers**
- Defence Forces
- Other 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.

**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 Staff**
- Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.

**Skilled Sales Staff**
- Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher.

**Skilled Service Staff**

**Parent's education, qualification and occupation**

The questions about each parent / guardian’s education, qualifications and employment group are asked on all school enrolment forms.

In South Australia this information is used in determining each school’s Index of Educational Disadvantage (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.

If you are an independent student (living without a parent or guardian) please go straight to Page 4 - Student Personal Details.
Self (Student)

Mr / Mrs / Ms / Other

Family Name

Previous/Maiden Name (if applicable)

Given Names:

Sex: □ Male □ Female

Relationship to student: SELF

Employment status: N/A

Occupation: STUDENT

* What is the occupation group of student? 04

• 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.

Work Location:

Work Phone Number:

Mobile Phone:

Email:

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

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

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

If yes, complete Parent Guardian Details Part B*

Office Use Only: If yes, add EALD Level of Parent

Does this student require an interpreter? □ No □ Yes

Language for Translation:

Does your family speak a language other than English? □ No □ Yes

If Yes – complete Parent Guardian Details Part B*

Office Use Only: If yes, add NESB Code

Which family members?

Parent 1 or 2 or Legal Guardian

Mr / Mrs / Ms / Other

Family Name

Given Names:

Sex: □ Male □ Female

Relationship to student: □ Male □ Female

Employment status:

Occupation:

* What is the occupation group of student? Please select the appropriate parental 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.

Work Location:

Work Phone Number:

Mobile Phone:

Email:

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

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

PART B*

In which country was the parent/guardian born?

If not born in Australia, what was the date the parent / guardian arrived in Australia

DD MM YY

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

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

Does this Parent / Guardian require an interpreter? □ No □ Yes

Language for Translation:

What is the cultural background of Parent / Guardian?

School Enrolment Form Version 2.7 July 2016

3
Student Personal Details (Please provide proof of Birth)

Family Name: 
Given Names: 
Preferred Name: 
Date of Birth: DD MM YY

How far does the student live from the School? 

Has this student been approved for School Card Assistance at his / her previous school? No Yes

Is the student of Australian Aboriginal or Torres Strait Islander origin? No Yes, Australian Aboriginal Yes, Torres Strait Islander

What is the student’s previous school? If overseas, nominate country. If interstate, nominate state. If no previous school, nominate preschool, kindergarten, etc.

Have you attended Adelaide Secondary School or Thebarton Senior College? No Yes

Office Use Only: If Yes, tick IELP/NAP Eligible.

In which country was the student born? Australia Other – please specify below

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 in passport or visa grant letter for e-visas. Some temporary residents are required to pay fees and must have a letter of offer / confirmation from International Education Services.

Refer to the Overseas Student Factsheet - https://myIntranet.learnlink.sa.edu.au

DECD Intranet > Operations and Management > Information and Records Management > Site Data Collection > Student Data Management on EDSAS

If other, on what date did the student arrive in Australia? DD MM YY

Office Use Only: If less than one year in Australia, tick IELP/NAP Eligible.

Visa Sub-Class:

Religion: (optional)

Refugee: Permission to Flag? No Yes What is the student’s cultural background?

Does the site 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?

Is this student under the Guardianship of the Minister for Education and Child Development (GoM) or in Alternative Care? No Yes

If Yes, further details must be obtained from the confidential Families SA-DECD Information Sharing Form as supplied to the school principal by the child / student’s Families SA caseworker. This form will provide the necessary information for data input.

Does this student receive AUSTUDY? No Yes Does this student receive ABSTUDY? No Yes

Has this student ever received additional support or assistance with their learning? No Yes

Has this student been on a registered Negotiated Education Plan? (NEP) No Yes

School Use Only

Has proof of Birth been provided? No Yes

Has proof of Residence Documentation been provided? No Yes
### Family Details

- **Family Phone Number:** 
  - Silent number? □ No □ Yes
- **Family Mobile Phone:** 
- **Family Email Address:**

### Student Address Details (Please provide proof of Residence)

#### Mailing Address
*(Of Parent / Guardian with whom student lives the majority of school week)*

- **Mailing Title:** 
- **Address Line 1:** 
- **Address Line 2:** 
- **Suburb / Town:** 
  - Postcode: 
- **Country (if not Australia):** 
- **Student Mobile Number:** 
- **Hundred:** * 
- **Section:** * 
- **RAPID No (if applicable):** 
  - UHF: 
  - MHz 
- **Student’s Email Address:**

#### Residential Address
*(if different from above Mailing Address)*

- **Mailing Title:** 
- **Address Line 1:** 
- **Address Line 2:** 
- **Suburb / Town:** 
  - Postcode: 
- **Country (if not Australia):** 
- **Student Mobile Number:** 
- **Hundred:** * 
- **Section:** * 
- **RAPID No (if applicable):** 
  - UHF: 
  - MHz 
- **Student’s Email Address:**

If you have other addresses which need to be documented (B – Billing, H – Holiday, S – SACE Mail, T – Term), please note in any other information / comments on page 8.
### Priority 1
Name: 
Home Phone: 
Mobile Phone: 
Silent? □
Relationship: 
Work Phone: 
Ext: 

### Priority 2
Name: 
Home Phone: 
Mobile Phone: 
Silent? □
Relationship: 
Work Phone: 
Ext: 

### Priority 3
Name: 
Home Phone: 
Mobile Phone: 
Silent? □
Relationship: 
Work Phone: 
Ext: 

### Priority 4
Name: 
Home Phone: 
Mobile Phone: 
Silent? □
Relationship: 
Work Phone: 
Ext: 

---

### Transport to School

<table>
<thead>
<tr>
<th>Usual mode of transport:</th>
<th>Bus Pass No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Bus Route AM1:</td>
<td>Stop:</td>
</tr>
<tr>
<td></td>
<td>Time:</td>
</tr>
<tr>
<td>School Bus Route AM2:</td>
<td>Stop:</td>
</tr>
<tr>
<td></td>
<td>Time:</td>
</tr>
<tr>
<td>School Bus Route PM1:</td>
<td>Stop:</td>
</tr>
<tr>
<td></td>
<td>Time:</td>
</tr>
<tr>
<td>School Bus Route PM2:</td>
<td>Stop:</td>
</tr>
<tr>
<td></td>
<td>Time:</td>
</tr>
</tbody>
</table>

Conveyance Allowance: (Approval Number) Allowance Expiry Date: DD MM YY
Vehicle Reg. No: Driver if other student:

---

### Medical Conditions

Does your child have a diagnosed medical condition which might need first aid? □ No □ Yes

If Yes, please tick the relevant conditions:
- [ ] Acquired Brain Injury
- [ ] Asthma
- [ ] Cerebral Palsy
- [ ] Cystic Fibrosis
- [ ] Diabetes
- [ ] Gastrostomy
- [ ] Hearing Impaired
- [ ] Heart Condition
- [ ] Joint Conditions
- [ ] Medication
- [ ] Mild Allergy
- [ ] Oncology
- [ ] Oral Eating and Drinking
- [ ] Seizures
- [ ] Severe Allergy Anaphylaxis
- [ ] Transfer and Positioning
- [ ] Visually Impaired

If other, please specify:

Does your child need extra routine health support? (e.g. 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
Are there any current Court-sanctioned orders relating to this student?  
If Yes, a copy of the order must be provided for the school’s records.

On what date was the Full Court order issued?  

Details:

Other Parent / Guardian / Carer

Resides at the same address as the student?  
Yes  No  Reports  Access  Correspondence

Mr / Mrs / Ms / Other

Family Name:

Given Names:

Phone Number:

Silent?  

Relationship to student:

Mobile Number:

Mailing Title:

Address Line 1:

Address Line 2:

Address Line 3:

Suburb / Town:

Postcode:

Country (if not Australia):

Email Address:

Siblings

Attends this School?

No  Yes

Full Name  Sex  Date of Birth

Male  Female  DD  MM  YY

Male  Female  DD  MM  YY

Male  Female  DD  MM  YY

Male  Female  DD  MM  YY

Male  Female  DD  MM  YY
Has your child previously attended a Department for Education and Child Development (DECD) kindy / school?  

- [ ] No  
- [ ] Yes  

If Yes, please specify the last DECD kindy / school attended:  

List the two most recent schools attended. If unsure of the dates, please estimate.

<table>
<thead>
<tr>
<th>Kindy / School Name</th>
<th>From DD MM YY</th>
<th>To DD MM YY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other information / comments

CAREER PATHWAY

Parent / Guardian Signatures

By signing this form you certify that all information given is true and accurate.

Signature of Parent 1 / Legal Guardian 1:  

Signature of Parent 2 / Legal Guardian 2:  

Enrolment Interviewer:  

Data Entry Person:
Consent Form – Adult / Child

Permission to use likeness, image, voice, performance and/or creative work of adults/children who are students or who are not DECD or school/site employees.

Background
The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials. These are often published in print and digital environments (for example, on school website, DECD website, Scootle™, iTunes™, Facebook™, mobile applications or other digital and social media environments).

Request for Permission
The DECD seeks permission to use the following:
- media (photo/film/audio recording/) in which you/your child appears
- a written comment made by you or your child
- you or your Childs work samples (for example, a painting, written work, podcasts).

Granting Permission
By completing and returning this permission form, you/your child are granting permission for the DECD to use:
- an image or recording of you/your child which appears in a photo, film and/or audio recording to publish on Paper and/or on websites under a CC-BY-NC licence*
- you/your Child’s work samples on paper and/or on websites under a CC-BY-NC licence*
- an image or recording of you/your child which may identify you/your child by first name and/or School / preschool/ service/ organisation only.
- work samples created by you/your child without identifying you/your child - or by identifying you/your child by first name and/or school/preschool/service/organisation only.

Note
- Additional written consent by the parent / guardian must be obtained by the DECD school/preschool/service prior to publishing full names of children where they appear in media articles (eg: for awards or recognition of effort etc).
- Not every item for which permission is granted will be used.
- Media, comments and/or work samples might not appear in exactly the form in which they have been submitted.
- Media, comments and/or work samples which contain images of or references to Indigenous people will be accompanied by warning text to indicate that the work may include references to Aboriginal and Torres Strait Islander people who may have passed away.
- The material will be available to ‘the world’ to download and use under a CC-BY-NC licence*. This licence is perpetual (forever), irrevocable, free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

Consent
I give permission to the DECD to publish media, comments and/or work samples of:

Full Name: ______________________________________________________________________________
(please print full name)

Name of organisation/school/service: NORTHERN ADELAIDE SENIOR COLLEGE

Signature:__________________________________________________Date:_________________________
(student to sign)

Parent/Guardian’s signatures: ___________________________             __________________________
(If applicable)          (parent/guardian to sign)        (parent/guardian to sign)

Full name of Parent(s)/Guardians(s):  ______________________________________________________

Telephone: ___________________________ Email: __________________________________________

* Creative Commons licensing by attribution, non-commercial

This licence allows the replication, distribution, display, performance and remixing of copyrighted work provided that the author is credited and re-use of the material is restricted to non-commercial purposes only.