Dear Parents

Thank you for your interest in enrolling your child at Sorrento Primary School.

If your child is about to begin formal schooling in Prep, Sorrento Primary School offers him or her the ideal setting to make a great start.

If your child is transferring from another school you can also be confident that Sorrento will provide a warm and reassuring welcome.

Sorrento Primary School’s vision is to provide a collaborative and dynamic learning environment where students will develop literacy, numeracy and life skills that will assist them in becoming valued and active participants in the global community.

We offer a comprehensive curriculum designed to meet the needs of your child in all key learning areas, including specialist lessons in art, library, music (including instrumental music), physical education, swimming and sport. We also provide additional support for children who need supplementary assistance or extension.

If you haven’t already done so, we’d be delighted to arrange a tour of the school for you and your child, and meet with you to answer any questions you may have. Please get in touch if you would like to arrange this.

I look forward to sharing this exciting stage in your child’s learning.

Yours sincerely

Meg Dallas
Principal
GENERAL INFORMATION

CONTACT DETAILS

Sorrento Primary School
Kerferd Avenue
SORRENTO
3943

Principal: Meg Dallas
Assistant Principal: Sue Wearne
Business Managers: Andrea Skelton and Briony Pitt
Administration Assistant: Roxanne Armstrong

Phone: 03 5984 2130
Fax: 03 5984 4778
Email: sorrento.ps@edumail.vic.gov.au
Web page: http://www.sorrentops.vic.edu.au

TERM DATES 2012

TERM 1 3rd February to 30th March (Teachers start 1st February)
TERM 2 16th April to 29th June
TERM 3 16th July to 21st September
TERM 4 8th October to 21st December

TERM DATES 2013

TERM 1 29th January to 28th March
TERM 2 15th April to 28th June
TERM 3 15th July to 20th September
TERM 4 7th October to 20th December

STARTING TIMETABLE FOR PREP CHILDREN

Monday 9.00am-3.30pm   Tuesday 9.00am-3.30pm

Wednesdays - no school

Thursday 9.00am-3.30pm   Friday 9.00am-3.30pm

On each Wednesday throughout February and the start of March (TBA) all prep children will be allocated a time to have a one hour session with their teacher. All other Preps will not be required to attend school on these days. Preps start fulltime in March (parents will be notified of exact date).
STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

Schools, please note:
It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol û (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.]

The information that is marked with the symbol û is also transferred to the Ultranet to set up a student's profile and for administrative and reporting purposes. It is also imperative that the questions marked with this symbol are not removed.

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 https://www.eduweb.vic.gov.au/privacy/resources.htm

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:
- Student enrolment form – alternative family
- Student enrolment form – additional family
- Student medical condition

go to:
https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx

For conveyance application forms (that parents need to complete) and for school conveyance claim forms go to the Student Transport site:

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version 2.07
SORRENTO PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname: 
First Given Name: 
Second Given Name: 
Preferred Name (if applicable):

Sex (tick): 
Male 
Female 
Birth Date: (dd-mm-yyyy) / / 

Student Mobile Number:

PRIMARY FAMILY HOME ADDRESS:

No. & Street: details 
Suburb: 
State: Postcode: 
Telephone Number: 
Silent Number: (tick) Yes No 
Mobile Number: Fax Number:

OFFICE USE ONLY

Child’s Name and Birth Date proof sighted (tick) Yes No Enrolment Date: 

Year Level Home Group Timetabling Group House Campus 

Student Email Address:

Immunisation Certificate received?: (tick) Complete Not sighted 

Is there a Medical Alert for the student? (tick) Yes No 

Does the student have a Disability ID Number? (tick) 

Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) 

FAMILY DETAILS

List any other family members attending this school:

This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

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# PRIMARY FAMILY DETAILS

NOTE: The "PRIMARY" Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

## ADULT A DETAILS (PRIMARY CARER):

<table>
<thead>
<tr>
<th>Field</th>
<th>Options/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (tick):</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
</tr>
<tr>
<td>What is Adult A's occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is Adult A's employer?</td>
<td></td>
</tr>
<tr>
<td>In which country was Adult A born?</td>
<td>☐ Australia ☐ Other (please specify):</td>
</tr>
<tr>
<td>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)</td>
<td>☐ No, English only ☐ Yes (please specify):</td>
</tr>
<tr>
<td>Please indicate any additional languages spoken by Adult A:</td>
<td></td>
</tr>
<tr>
<td>Is an interpreter required? (tick)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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'.)</td>
<td>☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below</td>
</tr>
<tr>
<td>What is the level of the highest qualification the Adult A has completed? (tick one)</td>
<td>☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification</td>
</tr>
<tr>
<td>What is the occupation group of Adult A?</td>
<td>Please select the appropriate parental occupation group from the attached list.</td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>• If the person has not been in paid work for the last 12 months, enter 'N'.</td>
<td></td>
</tr>
</tbody>
</table>

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

Please note: It is most important not to enhance the answers to the questions regarding parents' schooling, qualifications and occupation as doing so may adversely affect our funding.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main language spoken at home:</td>
<td></td>
</tr>
<tr>
<td>Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)</td>
<td>☐ Adult A ☐ Adult B ☐ Both ☐ Neither</td>
</tr>
</tbody>
</table>

## ADULT B DETAILS:

<table>
<thead>
<tr>
<th>Field</th>
<th>Options/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (tick):</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Title: (Ms, Mrs, Mr, Dr etc)</td>
<td></td>
</tr>
<tr>
<td>Legal Surname:</td>
<td></td>
</tr>
<tr>
<td>Legal First Name:</td>
<td></td>
</tr>
<tr>
<td>What is Adult B's occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is Adult B's employer?</td>
<td></td>
</tr>
<tr>
<td>In which country was Adult B born?</td>
<td>☐ Australia ☐ Other (please specify):</td>
</tr>
<tr>
<td>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)</td>
<td>☐ No, English only ☐ Yes (please specify):</td>
</tr>
<tr>
<td>Please indicate any additional languages spoken by Adult B:</td>
<td></td>
</tr>
<tr>
<td>Is an interpreter required? (tick)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>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'.)</td>
<td>☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below</td>
</tr>
<tr>
<td>What is the level of the highest qualification the Adult B has completed? (tick one)</td>
<td>☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification</td>
</tr>
<tr>
<td>What is the occupation group of Adult B?</td>
<td>Please select the appropriate parental occupation group from the attached list.</td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>• If the person has not been in paid work for the last 12 months, enter 'N'.</td>
<td></td>
</tr>
</tbody>
</table>

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### PRIMARY FAMILY CONTACT DETAILS

#### ADULT A CONTACT DETAILS:

**Business Hours:**

- Can we contact Adult A at work? [ ] Yes [ ] No
- Is Adult A usually home during business hours? [ ] Yes [ ] No

**Work Telephone No:**

**Other Work Contact information:**

#### After Hours:

- Is Adult A usually home AFTER business hours? [ ] Yes [ ] No

**Home Telephone No:**

**Other After Hours Contact Information:**

**Adult A's preferred method of contact:**

- [ ] Mail
- [ ] Email
- [ ] Facsimile

**Email address:**

**Fax Number:**

#### ADULT B CONTACT DETAILS:

**Business Hours:**

- Can we contact Adult B at work? [ ] Yes [ ] No
- Is Adult B usually home during business hours? [ ] Yes [ ] No

**Work Telephone No:**

**Other Work Contact information:**

#### After Hours:

- Is Adult B usually home AFTER business hours? [ ] Yes [ ] No

**Home Telephone No:**

**Other After Hours Contact Information:**

**Adult B's preferred method of contact:**

- [ ] Mail
- [ ] Email
- [ ] Facsimile

**Email address:**

**Fax Number:**

### PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

- No. & Street or PO Box
- Suburb:
- State:    Postcode:

### PRIMARY FAMILY DOCTOR DETAILS:

- **Doctor's Name**
- **Individual or Group Practice:**
  - [ ] Individual
  - [ ] Group
- **No. & Street or PO Box No.:**
- **Suburb:**
- **State:**    Postcode:
- **Telephone Number**
- **Fax Number**

**Current Ambulance Subscription:** [ ] Yes [ ] No

**Medicare Number:**
PRIMARY FAMILY EMERGENCY CONTACTS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English Write &quot;E&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PRIMARY FAMILY BILLING ADDRESS:
Write "As Above" if the same as Family Home Address

No. & Street or PO Box
Suburb:
State: Postcode:

OTHER PRIMARY FAMILY DETAILS

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

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

The student lives with the Primary Family: (tick one)
- □ Always
- □ Mostly
- □ Balanced
- □ Occasionally
- □ Never

Send Correspondence addressed to: (tick one)
- □ Adult A
- □ Adult B
- □ Both Adults
- □ Neither

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.
**DEMOGRAPHIC DETAILS OF STUDENT**

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

- **Date of arrival in Australia OR Date of return to Australia:** (dd-mm-yyyy) ___ / ___ / ___

- **What is the Residential Status of the student?** (tick)
  - □ Permanent
  - □ Temporary

- **Basis of Australian Residency:**
  - □ Eligible for Australian Passport
  - □ Holds Australian Passport
  - □ Holds Permanent Residency Visa

- **Visa Sub Class:**
  - □ Visa Expiry Date: (dd-mm-yyyy) ___ / ___ / ___

- **Visa Statistical Code:** (Required for some sub-classes)

- **International Student ID:** (Not required for exchange students)

- **Does the student speak a language other than English at home?** (tick)
  - (If more than one language is spoken at home, indicate the one that is spoken most often)
  - □ No, English only
  - □ Yes (please specify):

- **Does the student speak English?** (tick)
  - □ Yes
  - □ No

- **Is the student of Aboriginal or Torres Strait Islander origin?** (tick one)
  - □ No
  - □ Yes, Aboriginal
  - □ Yes, Both Aboriginal & Torres Strait Islander

- **What is the student's living arrangements?** (tick one):
  - □ At home with TWO Parents/ Guardians
  - □ At home with ONE Parent/ Guardian
  - □ Independent
  - □ State Arranged Out of Home Care # (See Note)
  - □ Homeless Youth

# 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 away from 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.

Note: Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<table>
<thead>
<tr>
<th>Beginning of journey to school</th>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
<td>Y Reference</td>
</tr>
<tr>
<td>Usual mode of transport to school</td>
<td>(tick)</td>
<td>□ Walking</td>
</tr>
<tr>
<td></td>
<td>□ Bicycle</td>
<td>□ Public Bus</td>
</tr>
</tbody>
</table>

If student drives themselves to school: Car Reg. No. Distance to School in kilometres:

**Student's Religion:**

- **Will the student participate in Religious Instruction classes?** (tick)
  - □ Yes
  - □ No

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

Date of first enrolment in an Australian School: ___/___/____

Name of previous School or Pre-School:

Years of previous education: What was the language of the student's previous education?

Does the student have a Victorian Student Number (VSN)?

☐ Yes. ☐ Yes, but the VSN is unknown ☐ No. The student has never been issued a VSN.

Please specify:

Years of interruption to education: Is the student repeating a year? (tick)

☐ Yes ☐ No

Will the student be attending this school full time? (tick)

☐ Yes ☐ No

If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)

Other school Name: Time fraction: 0. Enrolled: ☐ Yes ☐ No

Other school Name: Time fraction: 0. Enrolled: ☐ Yes ☐ No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be 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 Victorian Government Schools Reference Guide for more information (http://www.education.vic.gov.au/management/governance/referenceguide/default.htm).

Enrolment conditions


OFFICE USE ONLY

Has the documentation been provided and retained on school records? ☐ Yes ☐ No

Have the conditions been met to complete the enrolment? ☐ Yes ☐ No

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### Student Access or Activity Restrictions Details

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the student at risk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an Access Alert for the student? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Type: (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe any Access Restriction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an Activity Alert for the student? (tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, then describe the Activity Restriction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFFICE USE ONLY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current custody document placed on student file?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___ / ___ / ___

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# Student Medical Details

**Medical Condition Details:**

<table>
<thead>
<tr>
<th>Hearing:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vision</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mobility</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Does the student suffer from **Hearing** impairments? (tick)

Does the student suffer from **Speech** impairments? (tick)

Does the student suffer from **Vision** impairments? (tick)

Does the student suffer from **Mobility** impairments? (tick)

---

**Asthma Medical Condition Details:**

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

<table>
<thead>
<tr>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Doctor</td>
</tr>
<tr>
<td>Inform Emergency Contact</td>
</tr>
<tr>
<td>Administer Medication</td>
</tr>
<tr>
<td>Other Medical Action</td>
</tr>
</tbody>
</table>

Has an Asthma Management Plan been provided to School? (Yes/No)

Does the student take medication? (Yes/No)

Name of medication taken:

<table>
<thead>
<tr>
<th>Preventative</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (Yes/No)

Indicate the usual dosage of medication taken:

Indicate how frequently the medication is taken:

Medication is usually administered by: (Yes/No)

Medication is stored: (Yes/No)

Dosage time: Reminder required? (Yes/No)

---

**Other Medical Conditions**

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (Yes/No)

If yes, please specify:

Symptoms:

If my child displays any of the symptoms above please: (Yes/No)

Inform Doctor (Yes/No)

Inform Emergency Contact (Yes/No)

Administer Medication (Yes/No)

Other Medical Action (Yes/No)

If yes, please specify:

Does the student take medication? (Yes/No)

Name of medication taken:

<table>
<thead>
<tr>
<th>Preventative</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (Yes/No)

Indicate the usual dosage of medication taken:

Indicate how frequently the medication is taken:

Medication is usually administered by: (Yes/No)

Medication is stored: (Yes/No)

Dosage time: Reminder required? (Yes/No)

---

Last updated: Sep-11
**STUDENT DOCTOR DETAILS**
The following details should only be provided if this student has a Doctor and/or Medicare number different to the Primary Family.

<table>
<thead>
<tr>
<th>Doctor's Name:</th>
<th>Individual or Group Practice: (tick)</th>
<th>☐ Individual ☐ Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. &amp; Street or PO Box No.:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Student Medicare Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STUDENT EMERGENCY CONTACTS**
This section should ONLY be filled out if THIS student has emergency contacts other than the Prime Family Emergency Contacts.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Language Spoken (If English Write &quot;E&quot;)</th>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The enrolment form information you provide is entered into the school’s computerised administrative system for educational, administrative and reporting purposes. The information marked with the symbol — is also transferred to the Ultranet (an online learning environment across all Victorian schools) to set up your child’s profile in the Ultranet and for administrative and reporting purposes. Your child’s information will be viewed only by authorised staff. More detail about the Ultranet and privacy is available in the Ultranet guide provided to you. You may ask the school not to activate your child’s profile in the Ultranet however the information marked with — on this form will be provided to the Ultranet.

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: ____ / ____ / ____

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PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

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:
- 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:
- 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, labours 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)
CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student’s schooling.

Throughout your child’s schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a trained person approved by the principal and school council.

The person conducting the inspections will check through each student’s hair to see if any lice or eggs are present.

Person’s authorised by the school principal may also visually check your child’s hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child’s head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student’s teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an ‘action taken form’, which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent’s/guardian’s/carer’s full name: .................................................................
Parent’s/guardian’s/carer’s full name: .................................................................
Address:........................................................................................................ Post code:..................
Name of child attending the school:........................................................................

I hereby give my consent for the above named child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: ......................... Date.............................
Signature of parent/guardian/carer: ......................... Date.............................

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

Email: sorrento.ps@edumail.vic.gov.au     Web: www.sorrentops.vic.edu.au
Online Newsletter Permission

Children’s names: ____________________________
I give/do not give permission for my child’s/children’s work, name, photograph to be included in the newsletter, which will be published on the Sorrento PS website. I understand that the newsletter will be password protected and only made available to the Sorrento PS community.
SIGNED: _________________________________ Parent/Guardian DATE: _______________________________

Learning Technology Acceptable User Policy

I agree to any of my child’s photographs or work being published on the Internet as deemed appropriate by the school and in accordance with the school’s written policy.
Name of student: __________________________
Year: _________________________________
SIGNED: _________________________________ Parent/Guardian DATE: _______________________________

Publication Authorisation

I agree to my child’s photographs and work being published in school publications and the local newspaper.
Name of student: __________________________ Year: __________________________
SIGNED: _________________________________ Parent/Guardian DATE: _______________________________

SWIMMING PERMISSION FORM

I hereby give permission for my child ___________________________ , of year _________ at Sorrento Primary School to participate in the school’s swimming program.

In the event of an accident or injury, I authorise the teacher in charge of the program to consent, where it is impracticable to communicate with me, to my child’s receiving such medical or surgical treatment as may be deemed necessary, and I agree to pay any expenses incurred for such services as well as ambulance costs in the event of their being needed.

SIGNED: _________________________________ Parent/Guardian DATE: _______________________________