

# ENROLMENT FORM - PARISH OF ST. MARY'S, CASTLEMAINE

## ST. MARY'S SCHOOL

Address: Templeton Street, (PO Box 595), Castlemaine, Vic., 3450

Email: [principal@smcastlemaine.catholic.edu.au](mailto:principal@smcastlemaine.catholic.edu.au)

[www.smcastlemaine.catholic.edu.au](http://www.smcastlemaine.catholic.edu.au)

Tel: 5472 2270

Fax: 5470 5042



|                        |                      |                                                                                   |         |
|------------------------|----------------------|-----------------------------------------------------------------------------------|---------|
| <b>Office use only</b> | Date received:       | Grade:                                                                            | Reg No: |
|                        | Enrolment date:      | English second language: Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
|                        | Start date:          | House colour:                                                                     |         |
|                        | Student/family code: | VSN:                                                                              |         |

**FAMILY NAME** (Please indicate Family Name of child)

### STUDENT DETAILS

|                                |                                            |                                  |
|--------------------------------|--------------------------------------------|----------------------------------|
| Surname:                       | Entry year:                                | Entry level/grade:               |
| First name/s:                  |                                            |                                  |
| Preferred first name:          |                                            |                                  |
| Date of birth:                 | (Copy of Birth Certificate to be attached) | Religion:                        |
| Male: <input type="checkbox"/> |                                            | Female: <input type="checkbox"/> |

### HOME ADDRESS OF STUDENT

|                       |            |
|-----------------------|------------|
| Street number & name: |            |
| Suburb:               | Post Code: |
| Home phone:           |            |

### EMERGENCY CONTACTS – OTHER THAN PARENT

|                        |  |                        |  |
|------------------------|--|------------------------|--|
| 1. Name:               |  | 2. Name:               |  |
| Relationship to child: |  | Relationship to child: |  |
| Home phone:            |  | Home phone:            |  |
| Mobile:                |  | Mobile:                |  |

### SACRAMENTAL INFORMATION (Copy of Baptism Certificate to be attached)

|                 |       |         |
|-----------------|-------|---------|
| Baptism:        | Date: | Parish: |
| Confirmation:   | Date: | Parish: |
| Reconciliation: | Date: | Parish: |
| Communion:      | Date: | Parish: |
| Current Parish: |       |         |

### PREVIOUS SCHOOL/PRE-SCHOOL PERMISSION

|                                                                           |                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------|
| Name of previous school/pre-school:                                       |                                                          |
| I/We give permission for school to contact previous school or pre-school: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Signature:                                                                | Signature:                                               |

### NATIONALITY

|                                                                                                                                                         |                                          |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|
| <b>GOVERNMENT REQUIREMENT</b>                                                                                                                           | Nationality:                             |                                                      |
| In which country was the student born:                                                                                                                  | Australia <input type="checkbox"/>       | Other – please specify:                              |
| Is the student of Aboriginal or Torres Strait Islander origin?<br>(For persons of both Aboriginal and Torres Strait Islander origin mark 'Yes' to both) |                                          |                                                      |
| No <input type="checkbox"/>                                                                                                                             | Yes, Aboriginal <input type="checkbox"/> | Yes, Torres Strait Islander <input type="checkbox"/> |

Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)

|            |                                       |                          |                          |
|------------|---------------------------------------|--------------------------|--------------------------|
|            | Student                               | Mother/guardian          | Father/guardian          |
| <b>No</b>  | English Only <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Yes</b> | Other – please specify                |                          |                          |

**IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED – Government requirement****Please tick the relevant category below and record the Visa Subclass number:**

(original documents to be sighted and copies to be retained by the school)

**Australian Citizen not born in Australia**

|                          |                                                                                                                                        |                   |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <input type="checkbox"/> | Australian citizen (Naturalisation Certificate or Australian Passport number/ Document of Travel if Country of Birth is not Australia) |                   |
| <input type="checkbox"/> | Australian Passport Number: (If applicable)                                                                                            | Passport No:      |
| <input type="checkbox"/> | Naturalisation Certificate Number :                                                                                                    | Certificate No:   |
|                          | Visa Subclass recorded on entry to Australia                                                                                           | Visa Subclass No: |
|                          | Date of Arrival into Australia                                                                                                         | Date:             |

**Not currently an Australian Citizen please provide further details as appropriate below:**

|                          |                                                                              |                   |  |
|--------------------------|------------------------------------------------------------------------------|-------------------|--|
| <input type="checkbox"/> | Permanent resident, (if ticked, record the Visa Subclass Number)             | Visa Subclass No: |  |
| <input type="checkbox"/> | Temporary resident, (if ticked, record the Visa Subclass Number)             | Visa Subclass No: |  |
| <input type="checkbox"/> | Other/Visitor/Overseas Student, (if ticked, record the Visa Subclass Number) | Visa Subclass No: |  |

**\*Please attach Visa/document of travel/letter of notification and passport photo page.****MEDICAL INFORMATION**

|                                                                                           |                                                                                                                                                                                               |                                                          |                                                                            |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|
| Doctor's name:                                                                            |                                                                                                                                                                                               |                                                          |                                                                            |
| Address:                                                                                  |                                                                                                                                                                                               |                                                          |                                                                            |
| Suburb:                                                                                   |                                                                                                                                                                                               | Post Code:                                               | Phone:                                                                     |
| Medicare No.:                                                                             |                                                                                                                                                                                               | Ref No:                                                  | Expiry:                                                                    |
| Private Health:                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                      | Fund:                                                    | Number:                                                                    |
| Ambulance:                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                      | Number:                                                  | Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Medical Condition:                                                                        | Please specify any medical conditions the student suffers from eg. asthma, diabetes and/or any prescribed medications taken by the student. <b>A Medication Action Plan must be provided.</b> |                                                          |                                                                            |
| Allergies:                                                                                | Please list any known allergies the student has eg. allergy to nuts, penicillin, bee stings including specific details.                                                                       |                                                          |                                                                            |
| Has the student been diagnosed as being at risk of anaphylaxis?                           |                                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                            |
| If yes, does the student have an EpiPen or Anapen?<br>(please provide recent Action Plan) |                                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                            |

**IMMUNISATION - Please indicate if the student has been immunized against the following: (Copy of Immunisation to be attached)**

|                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date |
|----------------------------------------|----------------------------------------------------------|------|----------------------|----------------------------------------------------------|------|
| Diphtheria/Tetanus/Whooping Cough      | Yes <input type="checkbox"/> No <input type="checkbox"/> |      | Hepatitis B          | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| Haemophilus Influenza type B (Hib)     | Yes <input type="checkbox"/> No <input type="checkbox"/> |      | Polio                | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| Measles-Mumps-Rubella                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |      | Rotavirus            | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| Meningococcal C disease                | Yes <input type="checkbox"/> No <input type="checkbox"/> |      | Chicken Pox          | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| Human Papillomavirus (HPV) (12- 18yrs) | Yes <input type="checkbox"/> No <input type="checkbox"/> |      | Pneumococcal disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.

**ADDITIONAL NEEDS****Does your child have:**

|                         |                          |                        |                          |                       |                          |
|-------------------------|--------------------------|------------------------|--------------------------|-----------------------|--------------------------|
| Autism                  | <input type="checkbox"/> | Behaviour Disorders    | <input type="checkbox"/> | Hearing Impairment    | <input type="checkbox"/> |
| Intellectual Disability | <input type="checkbox"/> | Language Disorder      | <input type="checkbox"/> | Mental Health Issues  | <input type="checkbox"/> |
| ADD/ADHD                | <input type="checkbox"/> | Vision Impairment      | <input type="checkbox"/> | Acquired Brain Injury | <input type="checkbox"/> |
| Giftedness              | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |                       |                          |

**Has your child ever seen a:**

|                          |                          |                  |                          |                        |                          |
|--------------------------|--------------------------|------------------|--------------------------|------------------------|--------------------------|
| Behavioural Optometrist  | <input type="checkbox"/> | Audiologist      | <input type="checkbox"/> | Speech Pathologist     | <input type="checkbox"/> |
| Educational Psychologist | <input type="checkbox"/> | Paediatrician    | <input type="checkbox"/> | Occupational Therapist | <input type="checkbox"/> |
| Psychologist             | <input type="checkbox"/> | Other Specialist | <input type="checkbox"/> |                        |                          |

|                                                                                                                 |                          |                          |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>If your child does have a special need, please can you assist us by providing the following information:</b> |                          |                          |
|                                                                                                                 | Yes                      | No                       |
| Details of additional learning needs/additional needs provided (please provide all relevant information)        | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/allied health professional reports attached (please provide all relevant information)                   | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                          |                                      |                                      |                                   |                                 |
|------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| <b>FAMILY DETAILS</b>                                                                    |                                      |                                      |                                   |                                 |
| Who will be responsible for the payment of the school fees and levies? Please tick a box |                                      |                                      |                                   |                                 |
| <input type="checkbox"/> Both Parents                                                    | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only | <input type="checkbox"/> Guardian | <input type="checkbox"/> Other: |

Where shared parenting is in place, could you please ensure that all people who either reside with or have shared custody have contact details listed.

|                                                                                                                                                                                 |                                                                            |                                                                                             |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>MOTHER</b>                                                                                                                                                                   |                                                                            | <b>Reside with child</b> <input type="checkbox"/>                                           |                                                   |
| Surname:                                                                                                                                                                        |                                                                            | Title: (eg. Mrs/Ms)                                                                         | First Name:                                       |
| Address:                                                                                                                                                                        |                                                                            |                                                                                             |                                                   |
| Home Phone:                                                                                                                                                                     |                                                                            | Work Phone:                                                                                 | Mobile:                                           |
| Would you like to receive SMS Messaging: (for emergency & reminder purposes)                                                                                                    |                                                                            | Yes <input type="checkbox"/>                                                                | No <input type="checkbox"/>                       |
| Email:                                                                                                                                                                          |                                                                            |                                                                                             |                                                   |
| <b>Government Requirement</b>                                                                                                                                                   | Occupation:<br>Place of Work:                                              | What is the occupation group? (select from the attached list of parental occupation groups) |                                                   |
| Religion:                                                                                                                                                                       |                                                                            | Nationality:                                                                                |                                                   |
| Country of Birth:                                                                                                                                                               | <input type="checkbox"/> Australia                                         | <input type="checkbox"/> Other (please specify):                                            |                                                   |
| <b>What is the highest year of primary or secondary school the mother/guardian has completed:</b><br>(Persons who have never attended secondary school, mark "Year 9 or below") |                                                                            |                                                                                             |                                                   |
| Year 9 or below <input type="checkbox"/>                                                                                                                                        | Year 10 or equivalent <input type="checkbox"/>                             | Year 11 or equivalent <input type="checkbox"/>                                              | Year 12 or equivalent <input type="checkbox"/>    |
| <b>What is the level of the highest qualification the mother/guardian has completed:</b>                                                                                        |                                                                            |                                                                                             |                                                   |
| No post school qualification <input type="checkbox"/>                                                                                                                           | Certificate I to IV (including trade certificate) <input type="checkbox"/> | Advanced diploma/Diploma <input type="checkbox"/>                                           | Bachelor degree or above <input type="checkbox"/> |

|                                                                                                                                                                                 |                                                                            |                                                                                             |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>STEP MOTHER/GUARDIAN</b>                                                                                                                                                     |                                                                            | <b>Reside with child</b> <input type="checkbox"/>                                           |                                                   |
| Surname:                                                                                                                                                                        |                                                                            | Title: (eg. Mrs/Ms)                                                                         | First Name:                                       |
| Address:                                                                                                                                                                        |                                                                            |                                                                                             |                                                   |
| Home Phone:                                                                                                                                                                     |                                                                            | Work Phone:                                                                                 | Mobile:                                           |
| Would you like to receive SMS Messaging: (for emergency & reminder purposes)                                                                                                    |                                                                            | Yes <input type="checkbox"/>                                                                | No <input type="checkbox"/>                       |
| Email:                                                                                                                                                                          |                                                                            |                                                                                             |                                                   |
| <b>Government Requirement</b>                                                                                                                                                   | Occupation:<br>Place of Work:                                              | What is the occupation group? (select from the attached list of parental occupation groups) |                                                   |
| Religion:                                                                                                                                                                       |                                                                            | Nationality:                                                                                |                                                   |
| Country of Birth:                                                                                                                                                               | <input type="checkbox"/> Australia                                         | <input type="checkbox"/> Other (please specify):                                            |                                                   |
| <b>What is the highest year of primary or secondary school the mother/guardian has completed:</b><br>(Persons who have never attended secondary school, mark "Year 9 or below") |                                                                            |                                                                                             |                                                   |
| Year 9 or below <input type="checkbox"/>                                                                                                                                        | Year 10 or equivalent <input type="checkbox"/>                             | Year 11 or equivalent <input type="checkbox"/>                                              | Year 12 or equivalent <input type="checkbox"/>    |
| <b>What is the level of the highest qualification the mother/guardian has completed:</b>                                                                                        |                                                                            |                                                                                             |                                                   |
| No post school qualification <input type="checkbox"/>                                                                                                                           | Certificate I to IV (including trade certificate) <input type="checkbox"/> | Advanced diploma/Diploma <input type="checkbox"/>                                           | Bachelor degree or above <input type="checkbox"/> |

| FATHER                                                                                                                                                                                 |                                                                            | Reside with child <input type="checkbox"/>                                                  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Surname:                                                                                                                                                                               |                                                                            | Title:                                                                                      |                                                          |
| Address:                                                                                                                                                                               |                                                                            |                                                                                             |                                                          |
| Home Phone:                                                                                                                                                                            |                                                                            | Work Phone:                                                                                 |                                                          |
| SMS Messaging: (for emergency & reminder purposes)                                                                                                                                     |                                                                            |                                                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email:                                                                                                                                                                                 |                                                                            |                                                                                             |                                                          |
| Government Requirement                                                                                                                                                                 | Occupation:                                                                | What is the occupation group? (select from the attached list of parental occupation groups) |                                                          |
|                                                                                                                                                                                        | Place of Work:                                                             |                                                                                             |                                                          |
| Religion:                                                                                                                                                                              |                                                                            | Nationality:                                                                                |                                                          |
| Country of Birth:                                                                                                                                                                      | <input type="checkbox"/> Australia                                         | <input type="checkbox"/> Other (please specify):                                            |                                                          |
| <b>What is the highest year of primary or secondary school the father/guardian has completed:</b><br><i>(Persons who have never attended secondary school, mark 'Year 9 or below')</i> |                                                                            |                                                                                             |                                                          |
| Year 9 or below <input type="checkbox"/>                                                                                                                                               | Year 10 or equivalent <input type="checkbox"/>                             | Year 11 or equivalent <input type="checkbox"/>                                              | Year 12 or equivalent <input type="checkbox"/>           |
| <b>What is the level of the highest qualification the father/guardian has completed:</b>                                                                                               |                                                                            |                                                                                             |                                                          |
| No post school qualification <input type="checkbox"/>                                                                                                                                  | Certificate I to IV (including trade certificate) <input type="checkbox"/> | Advanced Diploma/Diploma <input type="checkbox"/>                                           | Bachelor Degree or above <input type="checkbox"/>        |

| STEP FATHER/GUARDIAN                                                                                                                                                                   |                                                                            | Reside with child <input type="checkbox"/>                                                  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Surname:                                                                                                                                                                               |                                                                            | Title: (eg. Mrs/Ms)                                                                         |                                                          |
| Address:                                                                                                                                                                               |                                                                            |                                                                                             |                                                          |
| Home Phone:                                                                                                                                                                            |                                                                            | Work Phone:                                                                                 |                                                          |
| Would you like to receive SMS Messaging: (for emergency & reminder purposes)                                                                                                           |                                                                            |                                                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email:                                                                                                                                                                                 |                                                                            |                                                                                             |                                                          |
| Government Requirement                                                                                                                                                                 | Occupation:                                                                | What is the occupation group? (select from the attached list of parental occupation groups) |                                                          |
|                                                                                                                                                                                        | Place of Work:                                                             |                                                                                             |                                                          |
| Religion:                                                                                                                                                                              |                                                                            | Nationality:                                                                                |                                                          |
| Country of Birth:                                                                                                                                                                      | <input type="checkbox"/> Australia                                         | <input type="checkbox"/> Other (please specify):                                            |                                                          |
| <b>What is the highest year of primary or secondary school the mother/guardian has completed:</b><br><i>(Persons who have never attended secondary school, mark 'Year 9 or below')</i> |                                                                            |                                                                                             |                                                          |
| Year 9 or below <input type="checkbox"/>                                                                                                                                               | Year 10 or equivalent <input type="checkbox"/>                             | Year 11 or equivalent <input type="checkbox"/>                                              | Year 12 or equivalent <input type="checkbox"/>           |
| <b>What is the level of the highest qualification the mother/guardian has completed:</b>                                                                                               |                                                                            |                                                                                             |                                                          |
| No post school qualification <input type="checkbox"/>                                                                                                                                  | Certificate I to IV (including trade certificate) <input type="checkbox"/> | Advanced diploma/Diploma <input type="checkbox"/>                                           | Bachelor degree or above <input type="checkbox"/>        |

| PLEASE INDICATE THE HOME CARE ARRANGEMENTS FOR THIS STUDENT: |                                                                                                                            |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Living with Mother & Father         | <input type="checkbox"/> Single parent: Mother / Father (please circle)                                                    |
| <input type="checkbox"/> Living in a step family             | <input type="checkbox"/> Shared parenting eg. One week with mother , next with father<br>FTE with Mother: FTE with Father: |
| <input type="checkbox"/> Guardian                            | <input type="checkbox"/> Out-Of-Home Care                                                                                  |

| PLEASE INDICATE TRAVEL ARRANGEMENTS FOR YOUR CHILD:                                            |                                                                                                                     |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Travel by Car am <input type="checkbox"/> pm <input type="checkbox"/> | <input type="checkbox"/> Walk to and from school am <input type="checkbox"/> pm <input type="checkbox"/>            |
| <input type="checkbox"/> Travel by Bus am <input type="checkbox"/> pm <input type="checkbox"/> | <input type="checkbox"/> Combination of car and bus or taxi am <input type="checkbox"/> pm <input type="checkbox"/> |

**COURT ORDERS (IF APPLICABLE)**Are there any current court orders relating to the student? Yes ☐ No ☐*If yes, copies of these court orders e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders must be provided.*

Is there any other information you wish the school to be aware of?

**PERMISSION FOR SUNSCREEN APPLICATION & HEAD LICE INSPECTION**☐ I give permission for my child's hair to be checked for head lice in the event of an outbreak or when required.☐ I give permission for school staff to apply sunscreen on my child during P.E lessons, at sporting events and on excursions in Terms 1 & 4.☐ I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes.**MOTHER'S SIGNATURE:****FATHER'S SIGNATURE:**

Do you hold a current Health Care Card?

Yes ☐No ☐**OTHER CHILDREN IN THE FAMILY**

| Name | Age | Kinder / School / Workplace | Year Level |
|------|-----|-----------------------------|------------|
|      |     |                             |            |
|      |     |                             |            |
|      |     |                             |            |

**TRAVEL MODE***(please circle)***To School**

- A Walks  
B Rides a bicycle  
C Driven by car / motor vehicle  
D Bus  
E Taxi

**From School**

- A Walks  
B Rides a bicycle  
C Driven by car / motor vehicle  
D Bus  
E Taxi

**ST. MARY'S SCHOOL, CASTLEMAINE**  
**ANNUAL PHOTOGRAPH / VIDEO PERMISSION FORM**



**Dear Parent/Guardian**

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your continued support.

-----

**STUDENT'S FULL NAME:** \_\_\_\_\_ **YEAR LEVEL:** \_\_\_\_\_

- I give permission for my child's photograph/video and name to be published in:
  - the school website
  - social media
  - promotional materials
  - newspapers and other media.
- I authorise the CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

**LICENSED UNDER NEALS:** The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent / Guardian  
(please circle ) \_\_\_\_\_

**Signed:** Parent/Guardian \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Student is aged 15+, student  
may also sign:**

**Signed:** Student \_\_\_\_\_ **Date:** \_\_\_\_\_

*Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).*

|                                                     |  |
|-----------------------------------------------------|--|
| <b>OFFICE USE</b>                                   |  |
| <b>Date of Photograph/Video: (month &amp; year)</b> |  |

# SCHOOL FAMILY OCCUPATION INDEX

## PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

### GROUP N: Unemployed for more than 12 months

If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use your last occupation to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

## OCCUPATION GROUP A

### SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

#### Senior management in large business organisations

**Senior Executive / Manager / Department Head** in industry, commerce, media or other large organisation

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

#### Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

**Qualified 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, teach others

*Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport*

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]

- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

## OCCUPATION GROUP B

### OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

#### Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

#### Arts / media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

**Associate professionals** – generally have diploma /technical qualifications and provide support to managers and professionals

*Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration*

- **Medical, science, building, engineering, computer technician/associate professional**

- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

## OCCUPATION 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.

#### Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

#### Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/ payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

## OCCUPATION GROUP D

### MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

#### Drivers, mobile plant, production/processing machinery and other machinery operators

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air- conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

#### Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

#### Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]