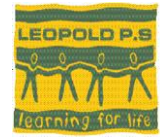


**LEOPOLD PRIMARY SCHOOL
ENROLMENT FORM CHECK LIST**

FIRST NAME	
SURNAME	
Office use	
Date entered/initial	Scanned documents <input type="checkbox"/>
CASES 21 STUDENT ID	

	Parent check list	Office use only
Enrolment form – all details completed/residential address evidence provided	<input type="checkbox"/>	<input type="checkbox"/>
Alternate family details provided – only required if parent A and parent B do not live together	<input type="checkbox"/>	<input type="checkbox"/>
Consent forms – signed enrolment form by both Parent A and Parent B	<input type="checkbox"/>	<input type="checkbox"/>
Proof of birth - Birth certificate/passport provided or Visa (if not born in Australia)	<input type="checkbox"/>	<input type="checkbox"/>
Parental Occupation Group – accurate information provided using inserted guide as reference	<input type="checkbox"/>	<input type="checkbox"/>
School entry immunisation certificate – Certificate provided	<input type="checkbox"/>	<input type="checkbox"/>
Email address	<input type="checkbox"/>	<input type="checkbox"/>
Medical plans as required:		
- Asthma	<input type="checkbox"/>	<input type="checkbox"/>
- Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>
- Allergies	<input type="checkbox"/>	<input type="checkbox"/>
- Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Custody Orders Provided – Intervention orders/court orders/parenting plans	<input type="checkbox"/>	<input type="checkbox"/>
Digital Users Agreement	<input type="checkbox"/>	<input type="checkbox"/>



STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID: _____
--------------------------------------	--------------------------------------

PLEASE NOTE: ALL ENROLMENTS ARE TO BE ACCOMPANIED BY COPIES OF BIRTH CERTIFICATE/PASSPORT AND CURRENT IMMUNISATION STATUS

STUDENT DETAILS - PERSONAL DETAILS OF STUDENT

Surname: _____	Title: (Miss Ms, Mrs, Mx, Mr)
First Given Name: _____	
Second Given Name: _____	
Preferred Name (if applicable): _____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)
Birth Date: (dd-mm-yyyy)	_____ / _____ / _____

EVIDENCE OF PERMANENT RESIDENTIAL ADDRESS MAY BE REQUESTED

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number Parent/Carer A:	Mobile Number Parent/Carer B:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	_____
Year Level	_____	Home Group	_____	House
Immunisation Certificate received?: (tick)	<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	_____

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.

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):

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Title: (Ms, Mrs, Mr, Mx, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

ADULT B DETAILS:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Title: (Ms, Mrs, Mr, Mx, Dr etc)
Legal Surname:
Legal First Name:
What is Adult B's occupation?
Who is Adult B's employer?
In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

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

Do You have a current Working with children Check?	Yes / No	Do You have a current Working with children Check?	Yes / No
Card Number:	Expiry:	Card Number:	Expiry:
Employee / Volunteer (please circle)		Employee / Volunteer (please circle)	

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

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

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
--	----------------------------------	----------------------------------	--------------------------------------	----------------------------------

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> 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) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Basis of Australian Residency:		
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> 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)		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____	
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? (tick one):		
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)	
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth	
<input type="checkbox"/> Independent		

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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.

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

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 the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions
•

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School/Kindergarten/Preschool/Day care:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) <input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Intervention Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Informal Carer Stat Dec <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Other
Describe any Access Restriction:	
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, then describe the Activity Restriction:	

OFFICE USE ONLY

Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE: This enrolment must be accompanied by a copy of the following as applicable:

- Court Orders
- Family Law Orders
- Intervention/Restraining Orders
- Parenting plans

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS:

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

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
If my child displays any of the symptoms above please: (tick)	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	
Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Poison Rating	

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.

IT IS A REQUIREMENT OF LEOPOLD PRIMARY SCHOOL THAT THIS ENROLMENT FORM BE SIGNED BY BOTH PARENTS GURADIATS AS PER BIRTH CERTIFICATE.

1. I/We certify that the information contained within this form is correct.

2. I/We certify in the event of illness or injury to my/our child whilst at school, on an excursion, I/we authorise the Principal or teacher-in-charge of my/our 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/our 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 A: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian B: _____ Date: ____ / ____ / ____

PARENT/GUARDIAN AGREEMENT PERMISSION FORM

Please note: this is from is for the duration of your child's enrolment at Leopold Primary School

STUDENT NAME: _____ Student ID: _____ (school use only)

Parents/Guardians are requested to read and complete the required information and sign.

1. LOCAL WALKS AND EXCURSIONS I/We give my/our consent and accept full responsibility for my/our daughter/son to participate in any local walks/excursions (Leopold area) officially arranged by Leopold Primary School, on condition that adequate supervision is provided. I/We authorise the teacher in charge to take any action deemed advisable in the event of misconduct, illness or mishap.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. VIEWING OF 'PG' RATED MATERIAL In the event of my/our daughter/son viewing 'G' & 'PG' rated material at school. I/We give my/our permission.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. SCHOOL PROMOTIONS & PHOTOGRAPHS Occasionally photographs of students are taken for special activities, events, newspapers, sport, publicity etc., hence cooperation is sought to use such material to recognise and promote student participation and achievement in both the school and wider community. I/We give permission for my/our daughter/son's photograph to be taken for use in Leopold Primary School publications and promotional materials eg local newspapers, magazines, handbooks, LPS website and Facebook page.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. HEAD LICE INSPECTIONS In case of outbreak of head lice, I/We give permission for my/our child's hair to be checked by the school authorised officer. I/We understand that it is my/our responsibility to inform the school if my/our child has head lice and that children can only return to school after treatment has commenced.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. MEDICAL DETAILS I/We understand that it is my/our responsibility to inform Leopold Primary School of any medication/management plans for my/our daughter/son eg Asthma, ADD. I/We also understand that it is my/our responsibility to make sure all asthma/anaphylaxis/allergy plans are updated annually and copies given to Leopold Primary School administration.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. EMAIL I/We give permission for Leopold Primary School to contact me/us via email if required. Please note email addresses (like all other parent information) are always treated confidentially by the school and will never be shared or disclosed to another party without parent permission.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. USE OF CLASS SETS/LIBRARY BOOKS In the event of my/our child damaging or losing a school text/library book, I/we understand that I/we must reimburse the school for the required amount.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. ATTENDANCE I/We acknowledge the importance of school attendance and the impact the late attendance and absenteeism has on student achievement. I/We undertake to keep my/our child/children's absences from school to illness and emergency situations only.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. DIGITAL USER AGREEMENT I/We understand and will follow the guidelines outlined. I/We understand access to the internet and on line learning platforms (Google Drive, LEO, Mathletics) is a privilege for my/our daughter/son and that inappropriate use will result in the loss of the privilege. a. The primary focus will be educational b. Responsible, appropriate and respectful language shall be used at all times c. Privacy – no personal information eg name/phone numbers d. Users must take full responsibility for their own actions. When a user finds inappropriate material, they must immediately inform the supervising teacher	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. SCHOOL DRESS CODE I/We agree to ensure that my child will follow the appropriate Dress Code as outlined in the School Policy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. STUDENT WELLBEING OFFICER I/We give permission for my/our child to work (not therapy) with the Student Wellbeing officer individually or in groups.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Any changes to this agreement: I/We understand that it is my/our responsibility to inform Leopold Primary School in writing of any changes.

Parent/Guardian A: _____ Date: _____

Parent/Guardian B: _____ Date: _____

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:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

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

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)