



Office use only	
Student UPN: (please use Student Master Index)	
Year:	
Form:	
Anticipated start date:	
Enrolment status:	Full-time    Part-time    FTE:

# Student Enrolment Form

## Information and Privacy

The Department of Education is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act*. Personal information will only be disclosed for these purposes as permitted by the *Information Act*.

The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

**If you need help completing this form, including translation services, please contact your school.**

School name:		
Has the student ever attended an NT school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the last school the student attended?	School name:	
	State/Territory:	Country: (if not Australia)
	Year/grade/level attained:	Date of leaving: / /
Is this student residing in the NT due to a Defence Force posting?	Yes	No
Proof of identity attached (e.g. birth certificate, passport)	Yes	No

Section 1 Student Details		
Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Tribal grouping/clan name: (if applicable)		
Skin name: (if applicable)		
Student's residential address:		
Suburb/town/community:		Postcode:
Student's postal address: (if different from above)		
Suburb/town/community:		Postcode:

<b>Senior secondary students only</b>	
Student's contact details:	Phone:
	Mobile:
	Email:
Student's car registration number: (if applicable)	
Is the student independent? (i.e. living without a parent/guardian)	<input type="checkbox"/> Yes (If yes, all correspondence will be sent to the student). <input type="checkbox"/> No (If no, all correspondence will be sent to the parent/guardian).

<b>Section 2 Additional Student Information</b>	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: _____
Is the student an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	_____ <input type="checkbox"/> Copy of visa attached?
If born overseas, on what date did the student arrive in Australia?	/ /
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____

## Section 3 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached?  Yes  No

## Section 4 Parent/Guardian Information

If you are an independent student (living without a parent or guardian) please go straight to Section 7

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive reports etc*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact this person in an emergency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

\*Tick all boxes that apply

## Section 5 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?

If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <hr/>

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

For persons who have never attended school, mark Year 9 or equivalent or below.

Parent/guardian 1	Parent/guardian 2
<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	<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 **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
<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	<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 the parent/guardian?

Please select the appropriate parental occupation group below (for more details refer to Appendix 2).

If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals  <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/sportspersons, and associate professionals  <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff  <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers  <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months	<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals  <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/sportspersons, and associate professionals  <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff  <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers  <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months

## Section 6 Sibling Information

Does the student have any brothers or sisters at this school?

Yes  No If yes, provide details below

Sibling's given names	Surname	Date of birth
		/ /
		/ /
		/ /
		/ /

## Section 7 Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

	Contact 1	Contact 2
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

## Section 8 Medical Details and Consent

Does your child suffer from any of the following?  
(Tick all the boxes that apply)

- Allergies  Asthma  Diabetes  
 Seizure disorder (e.g. epilepsy)  Hearing impairment  Physical disability  
 Speech impairment  Visual impairment  Intellectual/learning impairment (e.g. dyslexia)  
 Acquired brain impairment  Mental health or behaviour issue (e.g. depression, ADHD)  
 Other, please specify: \_\_\_\_\_

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

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**NOTE: School staff will administer first aid, seek medical assistance or call an ambulance for the student being enrolled if they judge this to be necessary.**

<input type="checkbox"/> Medication required. Please supply details of any treatments, care or medication required. (contact school for relevant forms)	
Relevant medical consent forms completed and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No, not required
Immunisation certificate/record provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to my primary school child having a dental examination (if applicable).  Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments.  More information available on website <a href="http://www.health.nt.gov.au/oral_health">www.health.nt.gov.au/oral_health</a> NB: Eligibility for public oral health services is restricted to defined client groups and excludes some visa subclass numbers. Information regarding eligibility can be found at <a href="http://www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx">www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 9 Additional Consents

### Consent for publication of a student's Photo and Work

DoE may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.

Please provide consent for the following:

	Use of Student Photograph	Use of Work by Student	Publishing Student First Name	Publishing Student Surname
<b>School/College Newsletter</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School/College Yearbook</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School/College/Department Website</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Consent for all other media usage should be sought as and when required.

**Consent for library use**

I give consent to authorised access of the student’s contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries.

School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library.

Yes  No

**Consent for attending religious instruction**

I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend:

Yes  No

**It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.**

Name of parent/guardian/independent student enrolling the student and providing consents:

\_\_\_\_\_

(Please print)

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

Name of school witness: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date: / /

# APPENDIX 1 Privacy Statement

For more information regarding the Department of Education (DoE) obligations in relation to protecting your privacy, visit <http://www.education.nt.gov.au/about-us/foi> or contact a DoE Information Officer on (08) 8901 4907. We need enrolment details for the following purposes:

## Student Details

- This information is required to discuss matters regarding the student's education, for contact in an emergency or for other educational purposes. These other educational purposes may include:
  - the determination of the number of school aged children in a region, allowing DoE to plan resourcing for schools;
  - to assist in the provision of transport to and from schools;
  - to determine whether all school-aged children are enrolled in an educational facility as required by the NT *Education Act*;
  - any requirements under relevant laws of either the Northern Territory or Australian Government; and
  - students' names and demographic information may be verified against health records.

## Student and Parent Background Information

- Some of this information is a standard requirement on all enrolment forms Australia wide as part of the National Education Agreement. The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools. Some of this information will be forwarded to the Australian Government as required under the appropriate legislation.

## Additional Emergency Contacts

- This is required in the event that the school is unable to contact parents/guardians. Please ensure that the people named have agreed to their details being provided to the school.

## Special Family Circumstances

- Additional information about parents/guardians. This is needed so that we are aware of family arrangements e.g. foster care, dual custody, access restrictions. Please provide any relevant Court Orders including access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.
- Contact your school principal if you would like to discuss, in strict confidence, any matters relating to these arrangements.

## Medical Details and Consents

- Health information is required so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- Contact information may be shared with staff of the Department of Health and Families (DHF) should nurses, dentists, audiology staff and health workers need to contact parents/ guardians. The school may need to disclose personal and sensitive information to medical practitioners, and people providing services to the school, including specialist visiting teachers and counsellors.
- We require details of student medical conditions and/or disabilities, and medication they may need while at school. If possible, please provide medication to the school in an authorised pharmacy packet.
- Please inform the school if your child develops a medical condition that may require regular or emergency treatment by school staff.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.
- Health information may also be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results) to ensure the student is properly cared for at school.
- DHF may provide medical information back to the school to assist in planning appropriate health interventions and to assist in classroom curriculum activities.

Please contact the school if you require further information or clarification regarding the DoE Medications Policy.

## Access to Your Child's Record Held by the School

In most circumstances you are able to access your child's records. Please contact the Principal to do so. If you have any concerns about the privacy of this information please contact the Principal.



# APPENDIX 2

## List of Parent or Guardian Occupation Groups

### Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

**Senior executives/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 a 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 2

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 3

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 clerk/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 desk, admissions clerk]

**Skills office, sales and service staff**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 4

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, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants.**

**Office staff** [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 are 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]

# Student Consent Form - Media & Intellectual Property

This document gives the Northern Territory of Australia (NT) and its Department of Education (D of E) permission to use works created by students in the course of their studies for purposes associated with the promotion of D of E or the Northern Territory and in educational resources created or published by D of E or the Northern Territory. This does not mean that you, the student, lose ownership rights over your works—simply that D of E has permission to use your works for the purposes mentioned.

It also gives permission for NT and D of E (and media organisations, but only with D of E permission) to use audio and visual recordings of students in publications, communications and media generally.

**Name of Student:** .....

**Name of Parent/Guardian:** .....

**Address:** .....

1. During the course of my studies with D of E I may produce works that create intellectual property rights, for example, copyright. These works may form part of my academic assessment or my studies generally.
2. These works might include my written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, web sites, sculptures, fashion or costume, metal or wood works or any other works I create.
3. D of E may record sound and/or vision of me and my works whilst I am at school or taking part in school-related activities or performances.
4. D of E understands that I own the intellectual property rights in my works and that this Consent Form is not meant to transfer my ownership.
5. I give permission to NT and D of E (and media organisations, but only with D of E permission) to use my works, my sound/vision, and/or my name in publications, communications and media generally.
6. I understand that should I choose to withdraw my permission, I can only do so by notifying D of E in writing, and understand that my withdrawal of permission is not retrospective.
7. D of E understands that I may choose to give permission to other people to also use my works.
8. I understand that by giving this permission, D of E can use my works, my sound and/or my vision in any way it chooses, for the purposes described above. It may be reproduced in any form, in whole or in part, and distributed by any medium including but not limited to Intranet, Internet, CD, DVD, social media, or other multimedia uses.
9. D of E may disclose my works, my sound/vision, and/or my name or permit other people to use and reproduce these on similar terms to this consent. I understand that D of E may not always name me in recordings, images or copies of my work and consent to any uses that might otherwise breach my moral rights (eg the right to be named as the creator of my work).
10. I understand that I will not be paid by D of E for giving this permission or for the use of my works, sound or vision.
11. Wherever possible, the Northern Territory of Australia will remain sensitive to and understanding of cultural, family and personal sensitivities.

Are you of Indigenous or Torres Strait Islander descent?       Yes       No

Any special consideration for use of the visual/audio recording(s):

12. As the parent/guardian signing this consent form I understand that if I or other members of my family are participants at school events involving my child, that sound or vision of me or other members of my family may also be used by the NT and D of E in publications, communications and media generally.

**Signature of student:**

**Signature of parent/guardian:**

**Signature of Witness:**

**Signature of Witness:**

**Name of Witness:**

**Name of Witness:**

**Date:** ..... / ..... / .....

**Date:** ..... / ..... / .....

## Acceptable Use Agreement for Early Childhood Students

The following agreement covers the student's use of Internet, intranet, portal, network and email.

Jingili Primary School provides all students enrolled at the school with Information Communication and Technology (ICT) facilities for educational use.

As your child is considered too young to fully understand this type of agreement, therefore you are asked to read through the document carefully, and to sign it if you grant approval for your child to make use of the available facilities.

Students may use these facilities for class work, research and communication. The resources provided include computers and peripherals, access to network resources, e-mail, the NT DEET Educational Portal and the Internet. Care must be taken to ensure the resources are protected from harm and that no users are exposed to materials considered offensive or illegal. In order to have access to the school's ICT resources, parents / guardians and students must agree to abide by the school's Acceptable Use Agreement.

1. Only software purchased or approved by the school, and installed by the school, can be used on school equipment.
2. Software copyright is to be observed at all times. It is illegal to copy or distribute school software. Illegal software from other sources is not to be copied to or installed on the school equipment.
3. Copyright of materials from electronic resources is to be observed at all times.
4. Students must follow the rules posted for the use and care of the computer equipment at all times.
5. Students using the ICT facilities may only do so under the supervision of school staff. Any students not following staff instructions may have further access restricted or denied.
6. Privacy and network security is to be observed. Students must not under any circumstances access personal files belonging to others, software or areas of the network which are not designated for their use.
7. The sharing of passwords is a security risk consequently students must not give their password to other students or log in with another users name under any circumstances.
8. All users must log off when leaving a computer.
9. There should be no disruption to class activities by unauthorised broadcast messages across the school network.
10. Virus protection is very important. If students use floppy disks to transfer work between the school network computers and computers outside the network, disks must be scanned for viruses prior to use on the school network. Virus checking software will be made available on the school computers for this purpose.
11. Printing of materials of a personal nature or unassociated with school activities is not permitted unless approval is sought from a school staff member. This may incur a charge.

12. The use of ICT facilities, specifically the Internet, is for educational, communication and research purposes only:
- Deliberate attempts to look for or download and use material that is illegal or which would be thought of as offensive is not permitted. Only materials required for school activities as directed by teachers may be downloaded. If students should unknowingly navigate to a web site that contains material that may be considered offensive, they must clear the screen immediately and notify the teacher.
  - Students must not use inappropriate language or harass others when communicating online.
  - Privacy and ownership of others' work and materials from web sites must be respected at all times.
  - The use of direct communications such as on-line chat facilities must only be carried out under the supervision of a staff member and must only be as part of educational on-line activities.
  - This agreement acknowledges that there are times where a student may be required to provide personal details. Such details are not to be provided by the student unless permission is given by a teacher.

**Note:** Deliberate misuse of computer equipment and software or deliberate breaches of the conditions of this agreement may result in access restrictions to ICT facilities by the student (s) involved and result in discipline by school administration.

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**By signing this agreement and using the equipment and resources of \_\_\_\_\_ School, the parent acknowledges the conditions under which their child will use the ICT facilities.**

**Parent**

I understand the conditions under which ICT facilities are made available and agree to those conditions. I further understand that additional explanations have been provided to my child, copies of which can be obtained from the school upon request.

I understand that my child may be accessing the Internet for educational purposes or in accordance with this Agreement.

I understand that any use of facilities contrary to this Agreement, or generally, will be treated as a breach of school discipline and shall be dealt with accordingly.

The school reserves the right to vary the terms of this Agreement to accommodate unforeseen circumstances relating to the use of facilities by students. Variations shall be in writing signed by the school Principal, and shall be distributed to students and shall take effect accordingly.

Please Print (Parent / Guardian) Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Agreement signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



ATHSMA - STUDENT INFORMATION SHEET

To be completed when a student with asthma is enrolled.

**First name**.....**Surname**.....

**Describe asthma attack (degree of severity, ie rests, takes medicine, sees doctor, emergency room, hospitalisation)**

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**How often** does the child have an attack: \_\_\_ Weeks \_\_\_ Months \_\_\_ years

**What usually causes** an attack, if known?

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**What usually helps** if an attack occurs?

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**IV Medication (if any)**

**Name of medication** .....

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Side Effects \_\_\_\_\_

Child's current best peak flow, if known? \_\_\_\_\_

**Additional information/ instructions** (ie Materials known to aggravate student's asthma, behavioural causes, etc)

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Preschool Enrolment Attachment

If you are enrolling your child in **preschool**, please answer the following questions. Your answers will help inform the Department of Education and Training to provide early childhood services (preschool and child care) that suit the needs of parents and families.

surname:	
First name:	
Date of birth:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. In the year before enrolling your child in preschool, what type/s of care did your child receive? <b>Tick all types of care received</b>	Was care Full time/ Part time (FT/PT)	What type of care was your first choice?	Would you prefer Full time/ Part time (FT/PT).
1a. Parental care		<input type="checkbox"/>	
1b. Day care centre Name of centre: _____		<input type="checkbox"/>	
1c. Family day care		<input type="checkbox"/>	
1d. Grandparent		<input type="checkbox"/>	
1e. Other relative		<input type="checkbox"/>	
1f. Nanny		<input type="checkbox"/>	
1g. Other person (includes friend or neighbour)		<input type="checkbox"/>	
1h. Other - please specify: _____			

2. If you could NOT have your first choice/s, please indicate why	Tick if applicable
• No vacancy	<input type="checkbox"/>
• No transport available (bus/car) to the centre	<input type="checkbox"/>
• It was not affordable	<input type="checkbox"/>
• Child had special needs that could not be catered for	<input type="checkbox"/>
• Other reasons - please specify: _____	<input type="checkbox"/>

3. How well did your child care arrangements meet your family's needs? !	Agree	Disagree	Don't Know
• I was satisfied with the quality of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The hours of child care met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The child care was conveniently located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The child care was affordable	<input type="checkbox"/>		<input type="checkbox"/>

# Supplementary Preschool Enrolment Form

Under the Education and Care Services (National Uniform Legislation) Act (NT) and the Education and Care Services National Regulations, preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard student enrolment form. The below information must be collected for all children enrolling in preschool.

1. Student details		
Surname		
Given name (First name)		
Preferred name (if different from above)		
2. Authorised nominees (a person who is given permission to collect the child from preschool)		
I would like to provide authorised nominees for my child. (If no, go to question 4)		Yes / No
	Authorised nominee 1	Authorised nominee 2
Relationship to child		
Name in full		
Mobile		
Home phone		
Work phone		
Residential address		
Suburb/town/community		
Postcode		
3. Authorisations for authorised nominees		
I authorise the above listed authorised nominees to give permission for my child in the following circumstances if a parent or guardian cannot be contacted:		
a. Consent to medical treatment of, or the administration of medication to, my child.		Yes / No
b. Authorise an educator to take my child outside the education and care service premises.		Yes / No
c. Authorise the preschool to transport, or arrange for transportation of, my child.		Yes / No

#### 4. Authorisations for Department of Education, principal or school staff

I authorise the Department of Education, principal or school staff to:

a. Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action is deemed necessary.	Yes / No
b. Transport my child by ambulance in an event that such action is deemed necessary.	Yes / No
c. Take my child on planned regular outings which have been communicated to me in advance and are a regular part of the educational program. (A separate authorisation will be sought from parents and guardians for one-off type excursions.)	Yes / No

#### 5. Additional medical details

Does your child have any medical conditions, allergies or health care needs?	Yes / No
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If you answered yes to the above question:

- ensure you have provided details in [Section 8 of the Student Enrolment Form](#)<sup>1</sup>
- work with the preschool teacher to develop a [Preschool health care plan](#)<sup>2</sup> for your child.

Refer to the [Managing health care needs in preschool guidelines](#)<sup>3</sup> for further information about how the preschool will manage your child's health care needs.

Has your child been prescribed medication for a medical condition?	Yes / No
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Note that the Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.

Refer to the Administration of [Medications to students with notified medical conditions policy](#)<sup>4</sup> for forms and further information.

<b>Student's Medicare number</b>	
<b>Doctor/medical centre name</b>	
<b>Doctor/medical centre address</b>	
<b>Doctor/medical centre phone</b>	

<sup>1</sup> [https://nt.gov.au/data/assets/pdf\\_file/0005/208985/student-enrolment-form.pdf](https://nt.gov.au/data/assets/pdf_file/0005/208985/student-enrolment-form.pdf)

<sup>2</sup> <https://education.nt.gov.au/policies/preschool-specific-policy>

<sup>3</sup> <https://education.nt.gov.au/policies/preschool-specific-policy>

<sup>4</sup> <https://education.nt.gov.au/policies/health-of-students/medications>



## 6. Cultural Background

What is your child's cultural background?

What is the cultural background of the child's parents (if applicable)?

## 7. Special considerations

Does the preschool need to be aware of any special considerations for your child, for example, cultural requirements, religious requirements, dietary restrictions or additional needs?

Yes / No

If YES, provide details.

## 8. Parent signature

Signature of parent/guardian

Name in full

Date

## Office use only

If the parent has notified that the child has a medical condition, allergy or other health care needs:

1. Has a member of school staff sighted an existing health care record for the child?

Yes / No

If YES, please provide details

2. Has a meeting been established with the parent/s to develop a Preschool health care plan?

Yes / No