Name of School:	Government of South Australia
Name of Student:	Department for Education
Date of Birth:///	
SCHOOL ENROLMENT FOR	Μ
INFORMATION PRIVACY STATEMENT	
The Department for Education is committed to respecting the privacy of the information we collect about of The information we collect from the school enrolment form helps us:	children, young people and their families.
<ul> <li>maintain emergency contact information</li> <li>inform you about matters concerning your child, their school and the education system</li> <li>provide first aid and support student's health requirements</li> <li>provide information for school resource entitlements</li> <li>collect data to better understand student performance and to improve the education system</li> <li>meet our reporting requirements, including to other government agencies</li> <li>give information to contractors completing the Australian Early Development Census (www.aec</li> </ul>	<u>dc.gov.au)</u> .
The information you provide on this form can help your child's school make planning and resourcing decision form are included to collect information required under the Australian Education Regulations 2013	
Information from this form is stored securely in local school and department databases and files. The info schools if your child moves schools or locations between levels of education. Transferred information is u current enrolment form. Data will also be shared with the Australian Government and the Australian Curri Authority (ACARA) where it is required by law for purposes such as NAPLAN testing.	updated by information provided on the

We will collect data about student education and wellbeing from enrolled students, including:

- records of learning progress (including NAPLAN testing)
- absences from school
- behaviour, health and social development reports, observations and assessments.

To make sure our data collection is secure, private and confidential, we are governed by legislation including:

- Australian Education Act 2013 (Cth)
- Education and Children's Services Act 2019 (SA)
- State Records Act 1997 (SA)

Our contracts with any external organisations who need access to data about a child include strict confidentially and disposal provisions.

The school enrolment form has been designed to ensure a parent or legal guardian complies with their obligation to provide information under the *Education and Children's Services Act 2019 (SA)* and to ensure the department complies with the Information Privacy Principles (IPP) <u>www.dpc.sa.gov.au/resources-and-publications</u>. The IPPs regulate the disclosure of personal information held by the South Australian government. The department will not disclose information to others without your consent, unless required or authorised by a law of the State of Commonwealth, or under the IPP or the Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG) <u>www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines</u> (refer below for more information).

#### INFORMATION SHARING STATEMENT

There are situations when the Department for Education might need to share information externally. For example, when it's important to your child's educational progress, or to manage a risk of serious harm to others. These situations are addressed by the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG).

Under the ISG, we will seek your consent to share personal information about you or your child unless:

- disclosure is authorised or required by law
- it's unsafe or impossible to gain consent or consent has been refused
- not sharing the information will result in increased risk of serious harm to someone.

Your school may share information about your child's personal needs with specialised department staff, including Student Support Services. This is to help your school provide an appropriate education program and make teaching and learning adjustments for your child if needed.

Your school may also use the information you provide when applying for specialist resources, services or funding to support your child's education. The school will seek your consent before making any formal referrals for additional support.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. We work with you and other agencies/services to achieve this aim. We strongly encourage you to share all relevant information about your child that can help them enjoy and benefit from education. You can do this by:

- filling in the 'any other information' section of this form
- discussing any concerns with staff when enrolling and in the future.

# I have read above information privacy statement and information sharing statement.

Parent Signature

Group 4 Other Occupations	Group 3 Trades and advanced / intermediate clerical, sales and service staff	Group 2 Other business managers, Arts / Media / Sportspersons and	Group 1 Senior management in large business organisation, government administration
		associate Professionals	and defence, and qualified professional
Drivers Mobile plant, Production / Processing, Machinery, Other machinery Operators. Hospitality staff Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand,	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,	Owner / manager Farm, Construction, Import / Export, Wholesale, Manufacturing, Transport, Real estate business. Specialist manager Finance, Engineering, Production, Personnel, Industrial relations,	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
Porter, Housekeeper. Office assistants Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant. Sales assistants Sales assistant, Motor vehicle / Caravan / Parts Sales assistant, Motor vehicle / Caravan / Parts Salesperson, Checkout operator, Cashier, Bus/train conductor, Ticket seller, Service station attendant, Car rental desk staff street, Vendor, Telemarketer, Shelf stacker. Assistant / aide Trade's assistant, School / Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum / gallery attendant, Usher, Home helper, Salon assistant, Animal attendant. Labourers and related workers Defence Forces Other ranks below senior NCO not included above. Agriculture, horticulture, forestry, fishing, mining worker	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. <b>Skilled Office Staff</b> Secretary, Personal assistant, Desktop publishing operator, Switchboard operator. <b>Skilled Sales Staff</b> Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher. <b>Skilled Service Staff</b> 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.	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, Support managers and professionals. Health, Education, Law, Social Welfare, Engineering, Science, Computing Technician / Associate professional. Business / administration Recruitment / Employment /	Administrator. Other administrator School Principal, Faculty head / Dean, Library / Museum / Gallen 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
Farm overseer, Shearer, Wool / hide classer, Farm hand, Horse trainer, Nurseryman, Greenkeeper, Gardener, Tree surgeon, Forestry / logging worker, Miner, Seafarer / fishing hand. <b>Other worker</b> Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.		Industrial relations / Training officer. Marketing / Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office / project manager. <b>Defence Forces</b> Senior Non-Commissioned officer.	instructor, Air traffic controller.
	on all school enrolment forms. In South Australia this information	s education, qualifications and employ is used in determining each school's ed to funding levels and may be used	Index of Educational to allocate resources to school

ŀŀ to Page 5 - Student Personal Details.

Enrolling parent 1 (eg Birth, adoptive parent or guardian)	Enrolling parent 2 (eg Birth, adoptive parent or guardian)
Mr / Mrs / Ms / Other:	Mr / Mrs / Ms / Other:
Family Name:	Family Name:
Given Names:	Given Names:
Sex:	Sex:
Relationship to student:	Relationship to student:
Employment status:	Employment status:
Occupation:	Occupation:
What is the occupation group of parent? Please select the appropriate occupation group from the list on page 2.	What is the occupation group of parent? Please select the appropriate occupation group from the list on page 2.
<ul> <li>If the person is not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.</li> <li>If the person has not been in paid work in the last 12 months, enter 8 above.</li> </ul>	<ul> <li>If the person is not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.</li> <li>If the person has not been in paid work in the last 12 months, enter 8 above.</li> </ul>
Work Location:	Work Location:
Work Phone Number:	Work Phone Number:
Mobile Phone:	Mobile Phone:
Email:	Email:
What is the highest year of primary or secondary school the parent has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)	What is the highest year of primary or secondary school the parent has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)
Year 12 or equivalent	Year 12 or equivalent
Year 11 or equivalent	Year 11 or equivalent 3
Year 10 or equivalent Year 9 or equivalent, or below 1	Year 10 or equivalentImage: 2Year 9 or equivalent, or belowImage: 1
What is the level of the highest qualification the parent has completed?	What is the level of the highest qualification the parent has completed?
Bachelor degree or above	Bachelor degree or above
Advanced diploma / Diploma G	Advanced diploma / Diploma G
Certificate I to IV (including trade certificate) No non-school gualification 8	Certificate I to IV (including trade certificate) No non-school qualification 8
·	
In which country was the parent born?	In which country was the parent born?
If not born in Australia, what was the date the parent arrived in Australia?	If not born in Australia, what was the date the parent arrived in Australia?
DD MM YY	DD MM YY
<ul> <li>Does the parent speak a language other than English at home?</li> <li>No, English only</li> <li>Yes</li> </ul>	<ul> <li>Does the parent speak a language other In No, English only In Yes</li> <li>Yes</li> </ul>
If yes, what is the main language the parent speaks at home?	If yes, what is the main language the parent speaks at home?
Does the parent require an interpreter?	Does the parent require an interpreter?
Language for translation:	Language for translation:
What is the cultural background of the parent?	What is the cultural background of the parent?

## Other person 1 providing care to the student (if applicable)

	ppropriate authority to	o enrol the stude	ent (eg person in loco	or the student. If the school has established that a person o parentis), they should be recorded as an enrolling parent (page
Resides at the same addre	ess as the student?	Yes	No	Reports     Access     Correspondence
Mr / Mrs / Ms / Other				Sex: D Male D Female
Family Name:				
Given Names:				Phone Number:
Relationship to student:				Mobile Number:
Mailing Title:				
Address Line 1:				
Address Line 2:				
Address Line 3:				
Suburb / Locality:				Postcode:
Country (if not Australia):				
Email Address:				
	Other person	n 2 providi	ng care to the	e student (if applicable)
Resides at the same addre	-	<b>2 providi</b> U Yes	ng care to the	student (if applicable)     Reports    Access    Correspondence
	-	-	-	
Resides at the same addre	-	-	-	Reports     Access     Correspondence
Resides at the same addre Mr / Mrs / Ms / Other	-	-	-	Reports     Access     Correspondence
Resides at the same addre Mr / Mrs / Ms / Other Family Name:	-	-	-	Reports     Access     Correspondence     Sex:     Male     Female
Resides at the same addre Mr / Mrs / Ms / Other Family Name: Given Names:	-	-	-	Reports Access Correspondence  Sex: Male Female  Phone Number:
Resides at the same addre Mr / Mrs / Ms / Other Family Name: Given Names: Relationship to student:	-	-	-	Reports Access Correspondence  Sex: Male Female  Phone Number:
Resides at the same addre Mr / Mrs / Ms / Other Family Name: Given Names: Relationship to student: Mailing Title:	-	-	-	Reports Access Correspondence  Sex: Male Female  Phone Number:
Resides at the same addre Mr / Mrs / Ms / Other Family Name: Given Names: Relationship to student: Mailing Title: Address Line 1:	-	-	-	Reports Access Correspondence  Sex: Male Female  Phone Number:
Resides at the same addre Mr / Mrs / Ms / Other Family Name: Given Names: Relationship to student: Mailing Title: Address Line 1: Address Line 2:	-	-	-	Reports Access Correspondence  Sex: Male Female  Phone Number:
Resides at the same addre Mr / Mrs / Ms / Other Family Name: Given Names: Relationship to student: Mailing Title: Address Line 1: Address Line 2: Address Line 3:	-	-	-	Reports     Access     Correspondence     Sex:     Male     Female  Phone Number:  Mobile Number:

## Student Personal Details (provide proof of identity)

Family Name:					School Use Only
Given Names:					Proof of identity provided?
Preferred Name:					No Yes
Date of Birth:	DD MM YY	Sex: 🗆 Male 🗅 Fen	nale		Proof of residence provided?
sensitivities of identify all schools provide an about this student's s	ns require the capture of sto ying sex and gender for son i inclusive environment for a ex or gender identity, please tially, inclusively and accord	ne students. The departme all students. If you wish to e add them to the Commen	nt is committed to provide additional ts section (page 9	inclusion, and information	School No:
Has this student been their previous school	n approved for School Car ?	d Assistance at	🗆 No 🗖	Yes	Student ID:
	ustralian Aboriginal or Torre Australian Aboriginal or Torres	-	<ul><li>No</li><li>Yes, Austra</li><li>Yes, Torres</li></ul>	Ū.	Boll Class:
* In which country w	as the student born?	🗅 Australia 🛛 🔾	Other – please sp	pecifv below	FTE:
				,	Campus:
entered. Refer to visa	erseas with a date of arrival grant letter or visa entitleme ents are required to pay fee n Services	ent verification online (VEV	O) for visa details	and conditions	
International Education	n Services.				Permanent Resident:
If other, on what date	e did the student arrive in A	Australia?	DD N	1M YY	Origin:
Residence status of s	student: 🛛 Australian	n Citizen / Permanent Res	ident		
	Temporar	y Resident			Visa Sub-Class:
	Tourist Visit	sa Length of intended	enrolment (month	ns): MM	NESB:
Visa Sub-Class:		Visa grant date:	DD N	1M YY	EALD: Yes No
		g.a.n aator			IELP / NAP Transfer: Yes No
Passport Number:					
What is the student's	cultural background?				
Religion (optional):					
Does the school need	d to be aware of any cultur	ral and/or religious require	ements? Please	advise:	
* Does the student s	speak a language other the	an English at home?	No, English	nonly	Yes
Main language:			Other language	ge/s:	
Does the student atte	end an after-hours Ethnic s	school?	D No		□ Yes
If Yes, which school?	,		Which language	e is studied?	
Is the student in care	and subject to a custody		der the <i>Children</i> a	and Young Pe	ople (Safety) Act 2017 (SA)?
		heir local student support	service office has		d, and appropriate forms and meetings are
Does this student rec	ceive Youth Allowance?	D No	Yes		
Does this student rec	eive ABSTUDY?	No	Yes		
		School Enrolment Form	Version 3.2	July 2021	5

	Family contact details
Family Phone Number:	Family Mobile Phone:
Family Email Address:	
	Student address details (provide proof of residence)
Mailing* Address	
Name to be used for all correspondence:	eg Mr and Mrs Black, Ms B Green
Address Line 1:	
Address Line 2:	
Suburb / Locality:	Postcode:
Country (if not Australia):	Student Mobile Number:
Hundred (if applicable):	Section:         UHF:         -         MHz
Student's Email Address:	
Residential* Addre	<b>ESS</b> (must be the student's primary place of residence, not a commercial, postal or a mailing address)
Name to be used for all correspondence:	eg Mr and Mrs Black, Ms B Green

Address Line 1:		
Address Line 2:		
Suburb / Locality:		Postcode:
Country (if not Australia):		
Hundred (if applicable):	Section:	UHF: - MHz

\* If student under shared care arrangements, provide address details of where the child lives the majority of the school week.

If you have other addresses that need to be documented (B – Billing, H – Holiday, S – SACE Mail, T – Term), note in any other information / comments on page 9.

### Emergency Contacts (If enrolling parents cannot be contacted or unable to collect student) Note: Includes permission to provide overnight care

Priority 1							
Name:				Home Pho	one:		
Relationship:				Mobile Pho	one:		
				Work Phone:			Ext:
Priority 2							
Name:				Home Pho	one:		
Relationship:				Mobile Pho	one:		
				Work Phone:			Ext:
Priority 3					_		
Name:				Home Pho	one:		
Relationship:				Mobile Pho	one:		
				Work Phone:			Ext:
Priority 4							
Name:				Home Pho	one:		
Relationship:				Mobile Pho	one:		
				Work Phone:			Ext:
		Medical condit	ions an	d health suppo	ort for stude	ent	
Does your child have	e a diagnose					🗆 No	Yes
Does your child have If <b>Yes</b> , please tick th		d medical condition?				🗆 No	Yes
If <b>Yes</b> , please tick th Acquired B		d medical condition? onditions:	Gastrost	omy		I Oncology	
If <b>Yes</b> , please tick th Acquired E Asthma Cerebral F	ne relevant co Brain Injury Palsy	d medical condition? onditions: unditions unditions unditions undition?	Gastrost Hearing I Heart Co	omy Impaired / Ear health is ondition	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> </ul>	d Drinking Epilepsy
If <b>Yes</b> , please tick th Acquired E Asthma Cerebral F Continenc Cystic Fib	ne relevant cc Brain Injury Palsy se	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Con Medicati	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
If <b>Yes</b> , please tick th Acquired E Asthma Cerebral F Continenc	ne relevant cc Brain Injury Palsy se	d medical condition? onditions:   	Gastrost Hearing I Heart Co Joint Co	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
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If <b>Yes</b> , please tick th Acquired E Asthma Cerebral F Continenc Cystic Fib	ne relevant cc Brain Injury Palsy se	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Con Medicati	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
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If <b>Yes</b> , please tick th Acquired B Asthma Cerebral F Continenc Cystic Fibl Diabetes	ne relevant co Brain Injury Palsy re rosis	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Con Medicati	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
If <b>Yes</b> , please tick th Acquired B Asthma Cerebral F Continenc Cystic Fibl Diabetes	ne relevant co Brain Injury Palsy re rosis	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Con Medicati	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
If <b>Yes</b> , please tick th Acquired B Asthma Cerebral F Continenc Cystic Fibl Diabetes	ne relevant co Brain Injury Palsy re rosis	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Con Medicati	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
If <b>Yes</b> , please tick th Acquired B Asthma Cerebral F Continenc Cystic Fibl Diabetes	ne relevant co Brain Injury Palsy re rosis	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Con Medicati	omy Impaired / Ear health is ondition nditions on	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning
If <b>Yes</b> , please tick th Acquired B Asthma Cerebral F Continenc Cystic Fibl Diabetes If other, please spec	e relevant co Brain Injury Palsy rosis	d medical condition? onditions:	Gastrost Hearing I Heart Co Joint Co Medicati Mild Alle	omy Impaired / Ear health is onditions on rgy	ssues	<ul> <li>Oncology</li> <li>Oral Eating and</li> <li>Seizures and E</li> <li>Severe Allergy</li> <li>Transfer and P</li> </ul>	d Drinking pilepsy Anaphylaxis ositioning

(includi	Court orders ing parenting or interv	ention	orders	)			
Are there any current Court orders relating to this s	tudent?						
If Yes, a copy of the order must be provided for the	school's records.		No	Yes	i		
On what date was the court order issued?	DD MM YY						
Key details of court orders provided (School use o	only):						
	Siblings						
Full Name	Sex		Date of	birth	Attend	ls this so	hool?
	🗆 Male 🛛 Fema	e Di	D MN	1 YY	] 🗆 N	lo 🗖	Yes
	🗆 Male 🗆 Fema	e DI	D MN	1 YY		lo 🗖	Yes
	🗆 Male 🛛 Fema	e Di	D MN	1 YY		lo 🛛	Yes
	🗅 Male 🛛 Fema	e Di	D MN	I YY		lo 🛛	Yes
							Yes
	🗅 Male 🛛 Fema	e Di	D MN	1 YY		lo 🛛	100
Other	Male     Femal     Fe			1 YY			
Other Is the student currently attending a government sch	· preschools and school			1 YY			Yes
	preschools and school			1 YY	]		
Is the student currently attending a government sch	preschools and school				]		
Is the student currently attending a government sch If Yes, please specify the current Department for E	• preschools and schoon nool? ducation school: chool they are attending:	ols atte	ended		J 		
Is the student currently attending a government sch If Yes, please specify the current Department for E If No, please specify the current non-government s	• preschools and school nool? ducation school: chool they are attending: school? If so, please list the two	ols atte	ended		J 		
Is the student currently attending a government sch If Yes, please specify the current Department for E If No, please specify the current non-government s If No, have they previously attended a government	• preschools and school nool? ducation school: chool they are attending: school? If so, please list the two	ols atte	vernment		J 	lo C	
Is the student currently attending a government sch If Yes, please specify the current Department for E If No, please specify the current non-government s If No, have they previously attended a government	• preschools and school nool? ducation school: chool they are attending: school? If so, please list the two	ols atte	vernment : From	school atten	N	lo C	] Yes

## Any other information / comments

#### 

Data entry person: