

# ENROLMENT - FORM 2

# STUDENT INFORMATION

## CHECKLIST

We have provided a checklist for you to complete, to ensure that all required documents are included with this Enrolment - Student Information. Interviews will not be conducted if the Enrolment - Student Information is incomplete:

Yes No N/A

| Yes | No | N/A |  |
|-----|----|-----|--|
|     |    |     | 1. Birth Certificate (Part A - Student Information)                            |
|     |    |     | 2. Visa (Part A - Student Information)   |
|     |    |     | 3. Parent, Intervention or Court Orders (Part B - Communication Information)   |
|     |    |     | 4. Medical Action Plans (Part D - Health and Medical Information)              |
|     |    |     | 5. Immunisation Record (Part D - Health and Medical Information)               |
|     |    |     | 6. Health Care Card (Part D - Health and Medical Information)                  |
|     |    |     | 7. Current School reports x 2 (Part E - Curriculum and Learning Support)       |
|     |    |     | 8. NAPLAN results for Years 3,5,7,9 (Part E - Curriculum and Learning Support) |
|     |    |     | 9. Specialist support reports (Part E - Curriculum and Learning Support)       |
|     |    |     | 10. Student Transfer Advice  |

Please return the completed form and required documents to the Enrolment Officer prior to your interview at the applicable school:

**Murray Bridge**

Early Learning Centre to Year 12  
Via Post - PO Box 1460, Murray Bridge SA 5253  
In Person - 136a Adelaide Road, Murray Bridge SA 5253

**Salisbury East**

Reception to Year 12  
50 Fern Grove Boulevard, Salisbury East SA 5109

**Strathalbyn**

Early Learning Centre to Year 12  
Via Post - PO Box 642, Strathalbyn SA 5255  
In Person - 28 East Terrace, Strathalbyn SA 5255

## OFFICE USE ONLY

|                               |                         |
|-------------------------------|-------------------------|
| Student's Surname:            | Student's Given Name/s: |
| Year Level Sought:            | Year To Start:          |
| Interview Time:               | System Updated:         |
| Time: ..... am / pm Date: / / | Date: / /               |

## IMPORTANT NOTICE

This form must be read in conjunction with the Enrolment - Application and Enrolment - Student Information. This form contains important information on the terms and conditions of the Enrolment - Contract.

# STUDENT INFORMATION

Please answer all questions in the places provided. Please tick (✓) answers where necessary. If you need more space, please attach a sheet with your extended answers to this form and clearly indicate which question you are answering.

Answers to questions marked '\*' are collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia initiative.

| INTERPRETER  |                |                    |   |
|--|----------------|--------------------|---|
| If an interpreter is required for communication at the interview, please provide the details of an appropriate contact person.   |                |                    |   |
| Name:  |                | Phone:             |   |
| Relationship to the student:   |                |                    |   |
| PART A - STUDENT INFORMATION   |                |                    |   |
| 1.* Surname:   |                | 2.* Given name/s:  |   |
| 3. Preferred name:   |                | 4.* Date of birth: | Please provide the child's Birth Certificate or Passport/Visa . |
|  |                | / /                |   |
| 5.* Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F  | 6. Year level: | 7. Year starting   | 8. Previous school/kindergarten:                                |
| Residential address:   |                | Suburb:            | Postcode  |
| <input type="checkbox"/> Murray Bridge: Early Learning Centre to Year 12 – 136a Adelaide Road, Murray Bridge SA 5253<br><input type="checkbox"/> Salisbury East: Reception to Year 12 – 50 Fern Grove Boulevard, Salisbury East SA 5109<br><input type="checkbox"/> Strathalbyn: Early Learning Centre to Year 12 – 28 East Terrace, Strathalbyn SA 5255 |                |                    |   |
| PART B - COMMUNICATION INFORMATION   |                |                    |   |
| 9. Are there any Parenting Orders, Intervention Orders and or Court Orders relating to the guardianship, custody, residence, parental responsibility, care, control, welfare and or otherwise relevant to the education of this student?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |                |                    |   |
| Please supply copies stamped with the Seal of the Court. Any variations to these documents must be provided as soon as possible after they are made. These are treated in the strictest confidence by the School.  |                |                    |   |
| EMERGENCY CONTACT INFORMATION  |                |                    |   |
| 10. Please provide details of emergency contacts OTHER THAN the parents who can be contacted in the event of an emergency .  |                |                    |   |
| Name of emergency contact 1 (other than the parent):   |                | Phone:             | Relationship:   |
| Name of emergency contact 2 (other than the parent):   |                | Phone:             | Relationship:   |
| 11. Does this student live in or travel through a bushfire zone?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide information below for the emergency accomodation provider):   |                |                    |   |
| Contact name:  |                | Phone:             |   |
| Zone:  |                | Address:           |   |
| PART C - RELIGIOUS, CULTURAL AND COMMUNICATION INFORMATION   |                |                    |   |
| 12. Does the child support and affiliate with the religious beliefs of the parents?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  |                |                    |   |
| 13.* Child's country of birth:<br><input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)   |                |                    |   |
| 14. Is the child an Australian Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → Visa Class and Number: _____ → Date of arrival in Australia: / /   |                |                    |   |
| 15.* Is your child of Aboriginal or Torres Strait Islander origin?<br>(For persons of both Aboriginal and Torres Strait Islander origin, please tick both boxes)<br><input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander  |                |                    |   |

|   |   |
|---|---|
| 16. Does the child communicate effectively in English for their age?<br><input type="checkbox"/> Yes <input type="checkbox"/> No → Please answer a) and b) below. |   |
| 17 a) Is your child attending a language school?<br><input type="checkbox"/> No <input type="checkbox"/> Yes → Please detail which languages<br>.....             | 17 b) Does your child need assistance to enhance communication?<br><input type="checkbox"/> No <input type="checkbox"/> Yes ..... |

18.\* Does the child speak any languages other than English at home?  
 No  Yes → Please detail which languages .....

**PART D - HEALTH AND MEDICAL INFORMATION**

19. Does your child suffer from any of the following conditions? If so please tick and provide the School with details and an Action Plan completed by your Doctor together with this form:

|  |  |
|--|--|
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Food allergies  |
| <input type="checkbox"/> Allergy to bites / stings   | <input type="checkbox"/> Heart problems  |
| <input type="checkbox"/> Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder or Oppositional Defiant Disorder | <input type="checkbox"/> HIV, Hepatitis A, B, C and or other infectious diseases |
| <input type="checkbox"/> Blood pressure  | <input type="checkbox"/> Migraines   |
| <input type="checkbox"/> Convulsions, Epilepsy and seizures  | <input type="checkbox"/> Phobias   |
| <input type="checkbox"/> Dermatitis, Eczema or other skin conditions   | <input type="checkbox"/> Respiratory problems                                    |
| <input type="checkbox"/> Diabetes / Hypoglycaemia  | Please provide a copy of your child's immunisation records.                      |
| <input type="checkbox"/> Other conditions  | Please provide a copy of your Health Care Card (If applicable).                  |
| <input type="checkbox"/> Drug allergies  |  |

20. Does your child take any medication?  
 No  Yes (please detail below)

Medication to be taken at school:

|  |
|--|
|  |
|  |

Other medication unlikely to be taken at school:

|  |
|--|
|  |
|  |

21. Does your child have a Health Care Plan and / or Emergency Action Plan?  
 No  Yes (please detail below, and provide a copy of the plan)

|  |
|--|
|  |
|  |

|  |   |
|--|---|
| 22. Does your child have any <b>VISION</b> problems?<br><input type="checkbox"/> No <input type="checkbox"/> Yes → Please also answer questions a) to c) | 22 a) Have your child's eyes been tested?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below) |
|  |   |

|  |   |
|--|---|
| 22 b) Is there any past history of sight problems?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below) | 22 c) Does your child need any special consideration with respect to sight?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below) |
|  |   |

|   |   |
|---|---|
| 23. Does your child have any <b>HEARING</b> problems?<br><input type="checkbox"/> No <input type="checkbox"/> Yes → Please also answer questions a) to c) | 23 a) Have your child's ears been tested?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below) |
|   |   |

|  |   |
|--|---|
| 23 b) Is there any past history of hearing problems?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below) | 23 c) Does your child need any special consideration with respect to hearing?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (please detail below) |
|  |   |
| 24. Medicare Card Number:  | 25. Private Health Insurer:   |
| 26. Medical Centre:  | 27. Dentist Surgery   |
| 26. a) Address   | 27. a. Address  |
| 26. b) Phone Number  | 27. b. Phone Number   |
| 26. c) Doctors Name  | 27. c. Dentists Name  |

28. Ambulance Cover:  No  Yes

**PART E - CURRICULUM AND LEARNING SUPPORT**

29. Has your child ever received support from other specialists? e.g. tutor psychologist, psychiatrist, counsellor occupational therapist, speech pathologist, access assistant  
 No  Yes (please detail below)

| Specialist's Name: | Details: |
|--------------------|----------|
|                    |          |
|                    |          |
|                    |          |

30. Please tick any services that your child has ever received:

|   |   |
|---|---|
| <input type="checkbox"/> Autism Association               | <input type="checkbox"/> Novita Children's' Services              |
| <input type="checkbox"/> Community Health Services        | <input type="checkbox"/> Private Practitioners                    |
| <input type="checkbox"/> Cora Barclay                     | <input type="checkbox"/> Townsend School Visiting Teacher Service |
| <input type="checkbox"/> Disability SA                    | <input type="checkbox"/> Others (please specify)                  |
| <input type="checkbox"/> Down Syndrome Society            | .....   |
| <input type="checkbox"/> Families SA                      | .....   |
| <input type="checkbox"/> Gifted and Talented Council      | .....   |
| <input type="checkbox"/> Hospital Based Development Units | .....   |

31. Does your child have a diagnosed disability/or learning difficulty?  
 No  Yes (please detail below)

32. Will any external support providers be required to provide their services in the School?  
 No  Yes → Please provide details  
(e.g. the name of the provider, the number and duration of visits per week and facilities required.)

33. Has your child ever been placed on an adjusted curriculum or received learning support?  
 No  Yes → Please provide details:

**Please provide the following documentation at the time of completing this form:**  
 2 x School reports (current)  NAPLAN results for Years 3,5,7,9  Specialist support reports

**PART F - BEHAVIOURAL INFORMATION**

34. Has your child ever been expelled from any other school?

No  Yes → Please provide details:

35. Has your child ever been suspended from any other school?

No  Yes → Please provide details:

36. Has your child ever been on a behaviour management programme?

No  Yes → Please provide details:

37. Does your child require any special measures taken in relation to their behaviour and school activities?

No  Yes → Please provide details:

38. Has your child had any truancy concerns?

No  Yes → Please provide details:

**PART G - MOBILITY, ACCESS AND INDEPENDENCE INFORMATION**

39. Please tick the main mode of transport your child will use to get to and from school:

- Private Car  Walking  
 Bike  School Provided Bus (costs apply)  
 Government Bus → routes: .....

40. Does your child use any of the following movement aids?

- Wheelchair  Scooter  Callipers  Other: .....

41. Are there any mobility concerns that need to be addressed by the School?

No  Yes → Please provide details:

42. Does your child have any independence concerns, or issues separating from you easily?

No  Yes → Please provide details(including comforters):

43. Can your child manage personal care needs independently (toilet training, dressing, eating, day time sleeping, etc.)?

Yes  No → Please provide details:

**PART H - CLASS PLACEMENT / PROVISION**

39. If your child has a diagnosed disability:

- a. Are they currently placed in a special class?  No  Yes  
b. Are they currently placed in a special school?  No  Yes  
c. Are they eligible, according to DECD or Catholic Education Office,  
for a placement in a special class or a special school?  No  Yes

40. Does your child require any special provisions to be made by the School?

No  Yes → Please provide details:

## PART I - STUDENT DECLARATION (MIDDLE SCHOOL AND SENIOR SCHOOL STUDENTS ONLY)

The community of Tyndale Christian School recognises and affirms that each person is fearfully and wonderfully made by God, the Creator of all things, and is therefore deserving of being treated with respect and honour, not because of what they do or achieve, but because of who they are.

I declare that as a member of the Tyndale Christian School community (which includes all parents, staff, students, volunteers and guests) and understanding that as a Tyndale Christian School student I am a role model for other students, I will in all areas of school life:

- **Respect** and honour each member of the School and value their rights as members of the school community;
- Act with **integrity** in all areas of school life;
- **Serve** the School community with a willing heart; and
- Strive for **excellence** in all areas of school life.

I will demonstrate this commitment to contribute positively to the culture of the School by:

- Applying myself to my studies to the best of my ability;
- Behaving in a manner that upholds and enhances the reputation of the School within the school grounds, travelling to and from School, and when involved in excursions and other extra-curricular activities;
- Wearing the school uniform with pride;
- Caring for the school environment and all facilities; and
- Actively supporting and upholding the Christian Ethos, Vision and Mission of the School (see Enrolment - Important Information for more information on how the School defines 'active support').

|               |            |           |
|---------------|------------|-----------|
| Student Name: | Signature: | Date: / / |
|---------------|------------|-----------|

**Child Collection:** I/we authorise the following to collect my child from the Early Learning Centre:

I/we hereby authorise the nominee to be an emergency contact. Signed:

## PART J – EARLY LEARNING CENTRE AUTHORITY AND DECLARATION\*

\*Completion of Part J - Early Learning Centre Authority and Declaration is only required for those seeking enrolment in an Early Learning Centre.

**In relation to student (insert given name):**

### CHILD COLLECTION

I/we authorise the following to collect my child from the Early Learning Centre.

I/we hereby authorise the nominees to collect my child. Signed:

| Person 1               | Person 2               | Person 3               |
|------------------------|------------------------|------------------------|
| Surname:               | Surname:               | Surname:               |
| Given name/s:          | Given name/s:          | Given name/s:          |
| Contact Number:        | Contact Number:        | Contact Number:        |
| Relationship to Child: | Relationship to Child: | Relationship to Child: |

### NOMINATION OF CONSENT

In the event you or other parent/guardian are unavailable to give consent (including and not limited to excursions forms), I/we give authorisation to:

|         |              |                |                       |
|---------|--------------|----------------|-----------------------|
| Surname | Given name/s | Contact Number | Relationship to Child |
|         |              |                |                       |

I/we hereby authorise the nominee to provide consent. Signed:

### EMERGENCY CONTACT

If either parent/guardian is unable to be contacted in an emergency, I/we give permission for the following person to be contacted and give information about the circumstance:

|         |              |                |                       |
|---------|--------------|----------------|-----------------------|
| Surname | Given name/s | Contact Number | Relationship to Child |
|         |              |                |                       |

I/we hereby authorise the nominee to be an emergency contact. Signed:

**RELEASE OF INFORMATION**

I/we authorise the School to request and access information from present or past schools, special service providers (e.g. instrumental music teachers, sports coaches and officials), medical professionals and other professionals such as psychologists, speech therapists and occupational therapists. This information may take the form of verbal information or written reports, in paper or electronic form.

I/we understand that this information will be kept in safe storage but that it can be accessed by authorised staff from the School when needed for the benefit of my/our child.

I/we understand that this permission will remain in place until the child's enrolment at the School is ended or until I/we advise in writing that the consent is withdrawn.

**BUS TRAVEL AND EXCURSION**

I acknowledge that my child is using the Tyndale Christian School Bus Service, an operation that is run separate from the Tyndale Christian School – Early Learning Centre, and therefore adheres to its own Policies and Procedures.

I hereby authorise the Staff of the Early Learning Centre to sign my child into the care of the Tyndale Christian School Bus Service at end of the school day.

I/we give permission for my child to be involved in activities conducted on the school grounds. This is classified as an excursion within the school grounds (Tyndale Christian School). Please note, any excursion that requires leaving the school grounds will have a specific permission sought.

**MY FAMILY LOUNGE**

The Early Learning Centre Portal for viewing your child's portfolio and managing bookings.

I/we give permission for my child to be photographed for the purpose of general use within the ELC included: My Family Lounge and Newsletters  Yes  No

I/we understand that it is not permitted to share/download/circulate photos and images pertaining to the ELC through the use of Social Media and/or other electronic media. It is not permitted to download images obtained through the use of My Family Lounge.

Yes  No

**HEALTH AND MEDICAL TREATMENT**

I/we give permission for my child to be transported to hospital by a staff member in the event an ambulance is deemed unnecessary.

Yes  No

I/we give permission for my child to receive First Aid treatment by a qualified member of staff if deemed necessary during the event of a Medical Emergency/Incident.  Yes  No

I/we give permission for sunscreen and insect repellent to be applied to my child.  Yes  No

**DECLARATION BY PARENTS / GUARDIANS**

I / we, the undersigned, declare that the information contained in this Enrolment - Student Information, is to the best of my / our knowledge, complete and correct.

I / we affirm that as a parent / guardian with the Tyndale Christian School community, which includes all parents, staff, students, volunteers and guests.

I / we, the undersigned, have read and understood and agreed to the General Terms and Conditions of Enrolment and the Standard Collection Notice dealing with Privacy, provided in the Enrolment - Important Information

|                          |            |           |
|--------------------------|------------|-----------|
| <b>Father / Guardian</b> |            |           |
| Name:                    | Signature: | Date: / / |
| <b>Mother / Guardian</b> |            |           |
| Name:                    | Signature: | Date: / / |
| <b>Parent / Guardian</b> |            |           |
| Name:                    | Signature: | Date: / / |

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## PART K - AUTHORITY AND DECLARATION

In relation to student (insert given name):

### RELEASE AND PROVISION OF INFORMATION

I/we authorise the School to request and access information from present or past schools, special service providers (e.g. instrumental music teachers, sports coaches and officials), medical professionals and other professionals such as psychologists, speech therapists and occupational therapists. This information may take the form of verbal information or written reports, in paper or electronic form.

I/we understand that this information will be kept in safe storage but that it can be accessed by authorised staff from the School when needed for the benefit of my/our child.

I/we understand that this permission will remain in place until the child's enrolment at the School is ended or until I/we advise in writing that the consent is withdrawn.

Yes  No authority to request, access or provide information.

### HEALTH AND MEDICAL TREATMENT

I/we understand the School, in the event of our child suffering from sickness or injury, to take such action as it deems fit to obtain medical and/or hospital care and attention, including by ambulance when I cannot be contacted or when required by emergency, and we will indemnify the School against all costs, claims, actions and demands made against the School and its employees and agents.

I/we understand the School will review my child for health conditions, and I agree that in the best interests of my child and the safety of staff and students, re-entry at School will occur when my child is able to participate in school activities, and which may include the need to provide medical certification.

I/we understand the School provides a range of services including and not limited to counselling and family service coordinators, and I agree that in the best interest of my child that they participate in the provision of these services as required.

### PHOTOGRAPHY, FILMING AND AUDIO RECORDINGS

I/we understand that photographs, video, assignments and audio may be recorded, and allow these recordings to be used to celebrate and promote student participation and achievement in accordance with the School's privacy policy.

Yes  No - Web (e.g. Team App, eNews, Media Centre, Social Media Platforms, Website, Electronic Direct Mail, Community Portal, Family Lounge App).

Yes  No - Promotional Material (e.g. Course Booklets, Flyers, Posters, Brochures, local newspapers and radio).

Yes  No - School Publications (e.g. Year Book).

I/we understand the School will not publish images, video, assignments or audio of a student in the media, press or on the Internet of other than the School or affiliated sporting bodies websites without first seeking specific consent from a parent or caregiver.

### CUSTODY AND CARE

I/we understand that the School must be promptly notified in writing if my child is subject to a court order, so that appropriate duty of care can be exercised.

### DECLARATION BY PARENTS / GUARDIANS

I / we, the undersigned, declare that the information contained in this Enrolment - Student Information, is to the best of my / our knowledge, complete and correct.

I / we affirm that as a parent / guardian with the Tyndale Christian School community, which includes all parents, staff, students, volunteers and guests.

I / we, the undersigned, have read and understood and agreed to the General Terms and Conditions of Enrolment and the Standard Collection Notice dealing with Privacy, provided in the Enrolment - Important Information

#### Father / Guardian

|       |            |           |
|-------|------------|-----------|
| Name: | Signature: | Date: / / |
|-------|------------|-----------|

#### Mother / Guardian

|       |            |           |
|-------|------------|-----------|
| Name: | Signature: | Date: / / |
|-------|------------|-----------|

#### Parent / Guardian

|       |            |           |
|-------|------------|-----------|
| Name: | Signature: | Date: / / |
|-------|------------|-----------|

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## PART L - GRANDPARENTS INFORMATION

A event on the Tyndale Christian School calendar is Grandparents Day. This event provides the opportunity for our students to welcome their grandparnts to the School enjoy morning tea and visit their classrooms. Please complete the information, below if you would like an invitation to be sent for this very special occasion each year.

### Example

|                          |                       |                           |                  |
|--------------------------|-----------------------|---------------------------|------------------|
| Relationship:            | Grandmother           | Name: (Given and Surname) | Mrs Susan Sample |
| Street Address:          | 50 Sample Lane        |                           |                  |
| Suburb, State, Postcode: | Sample Downs          | SA                        | 5000             |
| Email                    | susansample@gmail.com |                           |                  |

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| Relationship:            |  | Name: (Given and Surname) |  |
| Street Address:          |  |                           |  |
| Suburb, State, Postcode: |  |                           |  |
| Email                    |  |                           |  |

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| Relationship:            |  | Name: (Given and Surname) |  |
| Street Address:          |  |                           |  |
| Suburb, State, Postcode: |  |                           |  |
| Email                    |  |                           |  |

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| Relationship:            |  | Name: (Given and Surname) |  |
| Street Address:          |  |                           |  |
| Suburb, State, Postcode: |  |                           |  |
| Email                    |  |                           |  |

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| Relationship:            |  | Name: (Given and Surname) |  |
| Street Address:          |  |                           |  |
| Suburb, State, Postcode: |  |                           |  |
| Email                    |  |                           |  |

## PART M - DATA COLLECTION FOR NATIONAL REPORTING

The following information along with questions 1, 2, 4, 5, 15, 17 and 19 of the Enrolment - Student Information, is collected as part of this School's ongoing commitment to the National Assessment Programme.

The Australian Government wishes to use the data provided to help it measure progress towards achieving the National Goals of School and all States have agreed to work towards the achievement. The information from each student will be linked with the benchmark Literacy and Numeracy Assessment result for that student. Year 3, 5, 7 and 9 students from SA Independent Schools will undertake the National Assessment Program- Literacy and Numeracy (NAPLAN) tests in May of each year.

The information will be kept securely in the School's record storage system and may be re-used when the students move into the next year of benchmark assessments.

The information from schools will be sent to the Association of Independent Schools of SA (AISSA). All data will then be sent to the NAPLAN Testing Agency in SA for collation. Aggregated information which does not identify individual parents or student will be forwarded to the Australian Curriculum Assessment and Reporting Authority (ACARA) for the purpose of National Reporting. Please note the privacy collection notices attached.

The websites: <http://www.acara.edu.au> and The National Assessment Programme (NAP) <http://www.nap.edu.au> contains more details and background material. The website of AISSA also has important background information: <http://www.ais.sa.edu.au>

What is the highest year of primary or secondary school the parents / guardians have completed? *(Mark one per person)*  
*(For persons who have never attended school, please mark 'Year 9 or equivalent or below')*

Father / Guardian:

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9, equivalent or below

Mother / Guardian:

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9, equivalent or below

What is the level of the highest qualification the parents / guardians have completed? *(Mark one per person)*

Father / Guardian:

Bachelor degree or equivalent

Advanced diploma / Diploma

Certificate I - IV (incl. trade cert.)

No non-school qualification

Mother / Guardian:

Bachelor degree or equivalent

Advanced diploma / Diploma

Certificate I - IV (incl. trade cert.)

No non-school qualification

Occupation group of the Father / Guardian: \_\_\_\_\_ Occupation group of the Mother / Guardian: \_\_\_\_\_

Select the appropriate parental occupation group from the list provided on the page opposite.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the space provided above.

Does the student or their mother/guardian or their father/guardian speak a language other than English at home?  
*(If more than one language, indicate the one spoken most.)*

Student:

No - English only

Yes - Please specify: \_\_\_\_\_

Father / Guardian:

No - English only

Yes - Please specify: \_\_\_\_\_

Mother / Guardian:

No - English only

Yes - Please specify: \_\_\_\_\_

Are you Aboriginal or Torres Strait Islander origin?  
*(For persons of both Aboriginal and Torres Strait Islander origin, please tick box boxes)*

Father/Guardian:

No

Aboriginal

Torres Strait Islander

Mother/Guardian:

No

Aboriginal

Torres Strait Islander

# LIST OF PARENTAL OCCUPATION GROUPS

## **GROUP 1: 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 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/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/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** (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)

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**SALISBURY EAST**  
50 Fern Grove Boulevard  
Salisbury East SA 5109  
phone 08 8282 5100  
salisburyeast@tyndale.sa.edu.au  
www.tyndale.sa.edu.au

**MURRAY BRIDGE**  
136a Adelaide Road  
PO Box 1460  
Murray Bridge SA 5253  
phone 08 8531 4600  
murraybridge@tyndale.sa.edu.au  
www.tyndale.sa.edu.au

**STRATHALBYN**  
28 East Terrace  
PO Box 642  
Strathalbyn SA 5255  
phone 08 8536 5400  
strathalbyn@tyndale.sa.edu.au  
www.tyndale.sa.edu.au