PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form.
Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Kingswood Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Kingswood Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is asked so staff can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Kingswood Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

The school requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the school. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Aaron Cox, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts
These are people that the school may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to the school.

Student Background Information
This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the school receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation Status
This assists the school in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

Visa Status
This information is required to enable the school to process your child's enrolment.

Updating Your Child's Records
When changes to your child's records occur, it is important that the school is notified. This will greatly assist us in times of an emergency.

Access To Your Child's Record Held By School
In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The school can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.

KINGSWOOD PRIMARY SCHOOL 2020

STUDENT ENROLMENT INFORMATION – 2020	Computer Generated Student ID:	

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		**Title:** (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ **Sex** (tick):	☐ Male ☐ Female	**Birth Date:** (dd-mm-yyyy)	_____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:			
State:		**Postcode:**	
Telephone Number		**Silent Number:** (tick)	☐ Yes ☐ No
Mobile Number:		**Fax Number:**	

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Child's Name and Birth Date proof sighted (tick)		☐ Yes	☐ No	**Enrolment Date:**					
Year Level		**Home Group**		**Timetabling Group**		**House**		**Campus**	
Student Email Address:									
Immunisation Certificate received?: (tick)		☐ Complete	☐ Not sighted						
Is there a Medical Alert for the student? (tick)		☐ Yes	☐ No						
Does the student have a Disability ID Number? (tick)		☐ No	☐ Yes	**Disability ID No.**:					
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		☐ Yes	☐ No	☐ Pending					

SIBLINGS DETAILS

List any other Sibling members attending this school:
NAME:
Please list siblings pre-school and younger to attend this school in the future:
NAME: **D.O.B.:** **Pre-School**

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

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

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

Main language spoken at home:	**Preferred language of notices:**
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	☐ Adult A ☐ Adult B ☐ Both ☐ Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	☐ Yes	☐ No
Is Adult A usually home during business hours? (tick)	☐ Yes	☐ No
Work Telephone No:		
Other Work Contact information:		

After Hours:

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

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	☐ Yes	☐ No
Is Adult B usually home during business hours? (tick)	☐ Yes	☐ No
Work Telephone No:		
Other Work Contact information:		

After Hours:

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

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		**Postcode:**	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		**Individual or Group Practice:** (tick)	☐ Individual ☐ Group
No. & Street or PO Box No.:			
Suburb:			
State:	**Postcode:**	**Telephone Number :**	
Do you have a Heathcare card or Pension card	☐ Yes ☐ No		
Current Ambulance Subscription: (tick)	☐ Yes ☐ No	**Medicare Number:**	

PRIMARY FAMILY EMERGENCY CONTACTS: other than students parents

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

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		**Postcode:**	
Billing Email	☐ Adult A ☐ Adult B	☐ Other (Please Specify)	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	☐ Parent ☐ Foster Parent ☐ Friend	☐ Step-Parent ☐ Host Family ☐ Self	☐ Adoptive Parent ☐ Relative ☐ Other
Relationship of Adult B to Student: (tick one)	☐ Parent ☐ Foster Parent ☐ Friend	☐ Step-Parent ☐ Host Family ☐ Self	☐ Adoptive Parent ☐ Relative ☐ Other

The student lives with the Primary Family: (tick one)				
☐ Always	☐ Mostly	☐ Balanced	☐ Occasionally	☐ Never

Send Correspondence addressed to: (tick one)	☐ Adult A	☐ Adult B	☐ Both Adults	☐ Neither

DEMOGRAPHIC DETAILS OF STUDENT

❖ **In which country was the student born?**		
☐ Australia	☐ Other (please specify):	_____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)		_____ / _____ / _____
What is the Residential Status of the student? (tick)	☐ Permanent	☐ Temporary
Basis of Australian Residency:		
☐ Eligible for Australian Passport	☐ Holds Australian Passport	
☐ Holds Permanent Residency Visa		
Visa Sub Class:	**Visa Expiry Date**: (dd-mm-yyyy)	_____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)		
International Student ID :(Not required for exchange students)		
❖ **Does the student speak a language other than English at home?** (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)		
☐ No, English only	☐ Yes (please specify):_____	
Does the student speak English? (tick)	☐ Yes	☐ No
❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one)		
☐ No	☐ Yes, Aboriginal	
☐ Yes, Torres Strait Islander	☐ Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? (tick one):		
☐ At home with TWO Parents/ Guardians	☐ State Arranged Out of Home Care # (See Note)	
☐ At home with ONE Parent/ Guardian	☐ Homeless Youth	
☐ Independent		

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Note: Special Schools – please go to section "Travel Details for Special Schools" to enter transport details.

Beginning of journey to school:	**Map Type**	Melway / VicRoads / Country Fire Authority / Other		
Map Number		**X Reference**		**Y Reference**
Usual mode of transport to school: (tick)				
☐ Walking	☐ School Bus	☐ Train	☐ Driven	☐ Taxi
☐ Bicycle	☐ Public Bus	☐ Tram	☐ Self Driven	☐ Other
If student drives themself to school:	Car Reg. No.		Distance to School in kilometres:	

Student's Religion:	

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

SCHOOL DETAILS

Date of first enrolment in an Australian School:	_____ / _____ / _____		
Name of previous School / Kindergarten:			
Name of Group at Kindergarten			
Years of previous education:		**What was the language of the student's previous education?**	
Does the student have a Victorian Student Number (VSN)?			
☐ Yes. Please specify: ☐☐☐☐☐☐☐☐☐☐	☐ Yes, but the VSN is unknown	☐ No. The student has never been issued a VSN.	
Years of interruption to education:		**Is the student repeating a year?** (tick)	☐ Yes ☐ No
Will the student be attending this school full time? (tick)		☐ Yes	☐ No
If **No**, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)			

Other school Name:		**Time fraction:**	0.	**Enrolled:**	☐ Yes ☐ No
Other school Name:		**Time fraction:**	0.	**Enrolled:**	☐ Yes ☐ No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information (http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx).

Enrolment conditions • •

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Has the documentation been provided and retained on school records?	☐ Yes	☐ No
Have the conditions been met to complete the enrolment?	☐ Yes	☐ No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?		☐ Yes	☐ No	
Is there an Access Alert for the student? (tick)		☐ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	☐ No (If No, move to the immunisation / medical condition details questions.)	
Access Type: (tick)	☐ Court Order	☐ Family Law Order	☐ Restraining Order	☐ Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick) If Yes, then describe the Activity Restriction:		☐ Yes	☐ No	

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Current custody document placed on student file?	☐ Yes	☐ No

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

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

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	*Hearing:*	☐ Yes	☐ No	*Vision*	☐ Yes	☐ No
	Speech:	☐ Yes	☐ No	*Mobility:*	☐ Yes	☐ No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					☐ Yes	☐ No

ASTHMA MEDICAL CONDITION DETAILS:

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

Please indicate if the student suffers from any of the following symptoms: (tick)	**If my child displays any of these symptoms please:** (tick)		
☐ Cough	Inform Doctor	☐ Yes	☐ No
☐ Difficulty Breathing	Inform Emergency Contact	☐ Yes	☐ No
☐ Wheeze	Administer Medication	☐ Yes	☐ No
☐ Exhibits symptoms after exertion	Other Medical Action	☐ Yes	☐ No
☐ Tight Chest	If yes, please specify:		

Has an Asthma Management Plan been provided to School?				☐ Yes	☐ No
Does the student take medication? (tick)	☐ Yes	☐ No	**Name of medication taken:**		
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)				☐ Preventative	☐ Response
Indicate the usual dosage of medication taken:			**Indicate how frequently the medication is taken:**		
Medication is usually administered by: (tick)	☐ Student	☐ Nurse	☐ Teacher	☐ Other	
Medication is stored: (tick)	☐ with Student	☐ with Nurse	☐ Fridge in Staff Room	☐ Elsewhere	
Dosage time	**Reminder required?** (tick)	☐ Yes	☐ No	**Poison Rating**	

OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

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

STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:			
Individual or Group Practice: (tick)		☐ Individual	☐ Group
No. & Street or PO Box No.:			
Suburb:			
State:		**Postcode:**	
Telephone Number		**Fax Number**	
Student Medicare Number:			

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

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

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

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

Signature of Parent/Guardian: _____Date: _____ / _____ / _____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

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

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

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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

KINGSWOOD
PRIMARY SCHOOL
DINGLEY VILLAGE

ENROLMENT CHECKLIST FOR PARENTS

Have you Provided a copy of the following documents?	✓
Birth Certificate	
Immunisation History Certificate	
Council Rates or Drivers Licence	
Passport/Visa (if applicable)	
Court Order/Family Law Order (if applicable)	
Asthma Management Plan (if applicable)	
Anaphylaxis Management Plan (if applicable)	

Please email the completed enrolment form to enrolments@kingswoodps.com.au along with your supporting documents.

It is a legal requirement to provide a copy of the **birth certificate** as well as a **school entry Immunisation History Certificate** on enrolment to primary school in Victoria.

You will automatically receive a history statement from Australian Childhood Immunisation Register (ACIR) after your child has completed the four-year-old vaccine. This history statement is used as the school entry immunisation status certificate.

If for some reason your child's immunisation records are incomplete or missing, you can obtain a copy from the Australian Childhood Immunisation Register (ACIR) via:

- Telephone 1800 653 809
- Medicare online account through myGov or the Express Plus Medicare mobile app

If your child has never been vaccinated or was vaccinated overseas, then contact your GP or local council immunisation service who will be able to assist you in obtaining a school entry immunisation status certificate.

Please note: The school is unable to complete your chld's enrolment until a copy of the Birth Certificate, Immunisation History Certificate and a proof of address has been received.

The school will advise you by email that we have received your completed enrolment form. Confirmation of Prep Enrolment is at the beginning of Term 3.

Kingswood Primary School Plaza Crescent Dingley Village 3172
Email kingswood.ps@edumail.vic.gov.au **Website** kingswood.vic.edu.au
Phone 03 9551 1727 **Facsimile** 9551 454