

Department of Education

TASMANIAN eSCHOOL



Southern Campus

Elmsleigh Road Derwent Park 7009 TAS
 PO Box 171 Rosny Park 7018 TAS
 Ph (03) 6282 8181

Email: Tasmanian.eSchool@education.tas.gov.au

Northern Campus

215 George Town Road Rocherlea 7248 TAS
 PO Box 22 Mowbray Heights 7248
 Ph (03) 6323 8999 Fax (03) 6323 8900

Reason for Registration/Enrolment Form

STUDENT'S NAME		
Legal surname or family name	Legal first given name	• If any of the Evidence of Identity documents are in a different family name or first and second name, you must complete a <i>Student Change of Name Application Form</i> .
<input type="text"/>	<input type="text"/>	

Please tick the reason for this student's enrolment or registration and give details where required. (See over for criteria details)

REGISTRATION AT THE TASMANIAN eSCHOOL

Please attach any supporting information to this form, for example medical certificates, letters of recommendation etc.

Registered students remain enrolled full time with their 'base' school and access Tasmanian eSchool teachers and programs on a fee-for-service basis. Base school: <input type="text"/>	<input type="checkbox"/> Pregnancy Doctor's certificate indicating due date required.
<input type="checkbox"/> Medical - Psychological Registrations under this criterion require supporting documentation and are approved by the General Manager, Learning Services. Please see over for more details (No. 2)	<input type="checkbox"/> Medical (Other) Registrations under this criterion require supporting documentation and are approved by the General Manager, Learning Services. Please see over for more details (No. 3)
<input type="checkbox"/> Travel Please complete details below: Expected date of departure: <input type="text"/> / <input type="text"/> / <input type="text"/> Expected date of return: <input type="text"/> / <input type="text"/> / <input type="text"/> Address outside Tasmania: (if known) <input type="text"/> <input type="text"/> Phone: <input type="text"/>	

School Initiated Registration (for registrations that do not meet above criteria)
 Please see over for more details (No. 5)

ENROLMENT AT THE TASMANIAN eSCHOOL (See over for minimum distances)

Isolation Distance from nearest school: Distance from nearest school bus stop:
 Comments:

AUTHORISING SIGNATURES

Parent's Signature: <input type="text"/>	Date: <input type="text"/>
Principal's Signature: (student's base school) <input type="text"/>	Date: <input type="text"/>
Head of Campus Signature: (Tasmanian eSchool) <input type="text"/>	Date: <input type="text"/>

LEARNING SERVICES AND TASMANIAN eSCHOOL APPROVALS

General Manager Approved Not Approved
 Comments:
 General Manager's Signature: Date:
Tasmanian eSchool Head of Campus Approved Not approved Signature:
 Comments:

REGISTRATION CRITERIA – Registered students (full-time/part-time) Note: Registered students remain enrolled full time with their 'base' school and access Tasmanian eSchool teachers and programs on a fee-for-service basis.

1. PREGNANCY REGISTRATION

A student who is pregnant, with written medical advice. Such enrolments may be extended into the post-natal period.

2. MEDICAL - PSYCHOLOGICAL REGISTRATION

Medical/Psychological Registered students remain enrolled full time with their 'base' school and access Tasmanian eSchool teachers and programs on a fee-for-service basis.

Students can only be registered under this criterion if they have an assessment/report from a School Psychologist, other Psychologist or Psychiatrist. Approval of the Learning Services General Manager is also required.

3. MEDICAL (OTHER) REGISTRATION

(a) A student who has written medical advice that attendance at school is inadvisable.

(b) A student who has a disability or need for special support.

NB: Medical enrolments must be approved by the appropriate General Manager.

4. TRAVEL REGISTRATION

A student for whom constant travel away from home is necessary, making enrolment at a local school difficult, or where a local school is not accessible. This refers to the children of itinerant workers and the children of Tasmanian residents who are living in inaccessible areas outside the state for work reasons. Students who are involved in travel for recreational purposes for a minimum of two terms can also be enrolled.

5. SCHOOL INITIATED REGISTRATION

School Initiated Registered students remain enrolled full time with their 'base' school and access Tasmanian eSchool teachers and programs on a fee-for-service basis according to need.

A Memorandum of Understanding (M.O.U.) detailing responsibilities of all parties is signed at the time the student commences at the Tasmanian eSchool.

ENROLMENT CRITERIA – Enrolled students (full-time/part-time)

ISOLATION

(a) CRITERION	Distance between home and nearest appropriate government school(s)		Distance between home and available transport service(s) to nearest appropriate government school(s)
1	45 kms or more		any distance
2	12 kms or more	and	4 kms or more
3	6 kms or more	and	6 kms or more

(Note: These criteria are based on those used by the Commonwealth to determine eligibility for Assistance to Isolated Children. The distances used by the Commonwealth have been discounted by 20 per cent to allow for the longer travel times on Tasmanian roads.)

(b) A student isolated because the road is impassable.

(c) A very young student for whom a certain daily bus journey is regarded as too long.

Personal Information Protection Statement

Personal information is collected from you for the purpose of obtaining and verifying student related details. It is used by the Department of Education for the planning, provision and reporting of educational programs as authorised by the Education Act 1994 and related State and Commonwealth Acts and Regulations. Failure to provide this information may result in the Tasmanian eSchool being unable to provide some services. Your personal information will be used for the primary purpose for which it is collected. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Head of Campus, Tasmanian eSchool. You can obtain a copy of the department's Personal Information Protection Policy from the commencement of the Act on request to the Tasmanian eSchool or at <http://www.education.tas.gov.au/deis/policies/policy.htm>

Application for REGISTRATION / ENROLMENT

Department of Education

STUDENT DETAILS

Family Name

First Given Name

Other Given Names

Preferred Given Name

Gender: Male Female Date of Birth (dd/mm/yyyy)

In which country was the student born?
 Australia Other (please specify)

Does the student speak a language other than English at home?
 No (English only) Yes (please specify)

Year Level of intended enrolment (Grade) Is the student independent? See "Information for Parents" on the website. Yes

Previous school attended

STUDENT RESIDENTIAL ADDRESS

Street Number and Name

Suburb

Postcode State

Country

STUDENT CONTACTS (where applicable)

Order* Silent# Home phone

Work phone

Mobile phone

Email address (use both lines if necessary)

* Order: Number the first column of boxes in order of contact preference (1 to 4) where applicable. (eg: if the student's mobile phone is the preferred contact, mark the Order box with "1".)
 # Silent: Tick the corresponding Silent Number box if applicable.

INDIGENOUS STATUS

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Torres Strait Islander

Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander

INTERNATIONAL STUDENT

Is the student an Australian or New Zealand citizen?
 If no, provide Visa No.

Yes No (add Visa No.)

EVIDENCE OF IDENTITY

For students under 18 – one type of identity document is required.

Type of document provided

Document reference number

For students over 18 – three types of identity documents are required.

Type of document provided

Document reference number

DETAILS OF ENROLMENT

Year of enrolment Commencement date if not start of school year

OFFICE USE ONLY

Sighted by

Date

SIBLING DETAILS

Full Name of any sibling currently or previously enrolled in a Department of Education school.

Sibling Date of Birth (dd/mm/yyyy)

Sibling's school attended

Application for REGISTRATION / ENROLMENT – Medical and Other

DOCTOR OR CLINIC INFORMATION

Doctor or Clinic Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VACCINATIONS INFORMATION

Has your child been vaccinated?

<input type="checkbox"/>	Yes – Evidence provided	<input type="checkbox"/>	No – Conscientious Objection. Stat. Declaration required. See your school
--------------------------	-------------------------	--------------------------	---

Usual vaccinations up to 5 years of age (tick those given)

<input type="checkbox"/>	Hepatitis B Vaccine (HEB)	<input type="checkbox"/>	Measles, Mumps & Rubella (MMR)
<input type="checkbox"/>	Combined Diphtheria Tetanus Pertussis (DTP)	<input type="checkbox"/>	Meningococcal Group C (MEN)
<input type="checkbox"/>	Poliomyelitis Oral or Injectable (OPV)	<input type="checkbox"/>	Varicella (Chickenpox) (VZV)
<input type="checkbox"/>	Haemophilus Influenzae Type B (HIB)	<input type="checkbox"/>	Pneumococcal (PCV)

Additional vaccinations (tick those given)

<input type="checkbox"/>	Diphtheria and Tetanus (CDT)	<input type="checkbox"/>	Human Papilloma Virus
<input type="checkbox"/>	Influenza (FLU)	<input type="checkbox"/>	Rotavirus

CONSENT FOR MINOR EXCURSION PARTICIPATION

(See details in the **Enrolment Application – Information for Parents and Guardians**)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

CONSENT TO PUBLICATIONS

(See the Personal Information Protection details in the **Enrolment Application – Information for Parents and Guardians.**)

Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and enable parents and others to be informed about the school's work. Since photographs on websites are available to the whole world, Department of Education guidelines aim to ensure students' safety by requiring staff not to link students' names to their photographs. If you later wish to withdraw consent, please inform the school in writing.

- I give consent for **photographs** that include the student to be published in school or senior secondary school print publications, such as the yearbook and newsletter, school or senior secondary schools social media/internet sites and in other electronic publications.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----
- I give consent for **photographs** that include the student to be published in other Department of Education publications, such as social media/websites, reports and brochures.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----
- I give consent for samples of **work by the student** to be published in school or senior secondary school print publications such as year books and newsletters, school or senior secondary schools social media/internet sites and in other electronic publications.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----
- Consent to the media** – I give consent for the student to be photographed, filmed or interviewed, and their given name and surname to be published by **newspapers, radio and television** in stories about education and school activities. The media may also publish the name of the school or college the student attends.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

AUTHORISING SIGNATURE

Which best describes you?

<input type="checkbox"/>	Enrolling parent or guardian
<input type="checkbox"/>	Independent / adult student self-enrolling

To sign this form you must be either an independent or adult student or the enrolling parent as detailed in the *"Information for Parents and Guardians"*. Enrolment is not complete until you have provided evidence of the student's date of birth and identity, and any other evidence requested, and the school or college accepts the enrolment.

Signature: I certify that the information provided in this form is correct

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of signature (dd/mm/yyyy)

		/				/								
--	--	---	--	--	--	---	--	--	--	--	--	--	--	--

MEDICAL CONDITION INFORMATION

Does the student have any medical conditions you think we should know about?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes – please give details
--------------------------	----	--------------------------	---------------------------

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please attach additional details if required

ALLERGY / ANAPHYLAXIS INFORMATION

Does this student have an allergy? Yes No

He/she is allergic to

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Has the allergy involved hospitalisation? Yes No

Can it be life threatening? Yes No

Has the allergy been called anaphylaxis? Yes No

Has the student been prescribed an EpiPen? Yes No

MOBILITY INFORMATION

Does the student have mobility issues?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes – please give details
--------------------------	----	--------------------------	---------------------------

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Does the student use a wheelchair or other mobility aid?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes – please give details
--------------------------	----	--------------------------	---------------------------

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EDUCATION DETAILS FOR ENROLLING PARENT (1)

The Dept of Education is required to collect the following information on behalf of the Australian Government (see **Information for Parents and Guardians**).

Occupation Group Number (1, 2, 3, 4 or 8)

Highest year of primary or secondary school completed (tick box)

- Year 12 or equivalent Year 10 or equivalent
 Year 11 or equivalent Year 9 or equivalent or below

Level of highest qualification completed (tick box)

- Bachelor degree or above Certificate I – IV (inc. trade certificate)
 Advanced Diploma/Diploma No non-school qualification

EDUCATION DETAILS FOR OTHER CONTACT (2)

The Dept of Education is required to collect the following information on behalf of the Australian Government (see **Information for Parents and Guardians**).

Occupation Group Number (1, 2, 3, 4 or 8)

Highest year of primary or secondary school completed (tick box)

- Year 12 or equivalent Year 10 or equivalent
 Year 11 or equivalent Year 9 or equivalent or below

Level of highest qualification completed (tick box)

- Bachelor degree or above Certificate I – IV (inc. trade certificate)
 Advanced Diploma/Diploma No non-school qualification

DETAILS OF OTHER CONTACT (3)

Relationship to this student (eg Grandmother)

Family Name

Given Names

Preferred Name – optional Title

Gender M F Date of Birth (dd/mm/yyyy)

Preferred priority for contacting in emergency (eg. 1, 2, 3, 4)

Residential Address – Street Number and Name

Suburb State

Country Postcode

Mail Address – if not the same as Residential Address

Suburb State

Country Postcode

Mail Label (eg Mr and Mrs D Smith)

Order Silent Home phone

Work phone

Mobile phone

Email address

DETAILS OF OTHER CONTACT (4)

Relationship to this student (eg Aunt or Uncle)

Family Name

Given Names

Preferred Name – optional Title

Gender M F Date of Birth (dd/mm/yyyy)

Preferred priority for contacting in emergency (eg. 1, 2, 3, 4)

Tick if this person wishes to receive communication separately

Residential Address – Street Number and Name

Suburb State

Mail Address – if not the same as Residential Address

Suburb State

Country Postcode

Mail Label (eg Mr and Mrs D Smith)

Order Silent Home phone

Work phone

Mobile phone

Email address

