



Enrolment application

School and Kindergarten

Note: items marked with an asterisk* are required for mandatory Government data collection.

STUDENT DETAILS	Surname			
	Given Names			
	Preferred Name			
	Date of Birth		<input type="checkbox"/> Copy of birth certificate attached (required)	
	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/> Prefer not to answer		
	Main language other than English spoken at home*	Does the student speak a language other than English at home? <i>(If more than one language is spoken at home, indicate the one that is spoken most often)</i> No, English mainly <input type="checkbox"/> Yes, Other mainly - please specify:		
	Indigenous status*	Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander		
	Country of Birth*	In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other – Country: _____ Year arrived in Australia : _____ Is the student an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details.		
	Visa*	Does your child or family currently have a humanitarian or refugee visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Victorian Student Number (VSN)	(Primary school only - leave blank if unknown) _ _ _ _ _		

REQUESTED START DATE FOR ENROLMENT					
PRIMARY SCHOOL	Proposed Class of Entry		Proposed Term		Proposed Year
FOR KINDERGARTEN <input type="checkbox"/> 3YO <input type="checkbox"/> 4YO	Preferred Group (Gnarri/Jerringup)		Preferred Day/s		Reason

CONCESSION CARD	Does your family hold any of the following cards? (please attach a copy) <input type="checkbox"/> Centrelink Health Care Card (HCC) <input type="checkbox"/> Veteran's Affairs Gold or White card <input type="checkbox"/> Pensioner Concession Card (PCC)
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SCHOOLING HISTORY <i>Has the student ever attended a Steiner School?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous school/s attended (include preschools, daycare)	Year Level	Calendar Year

SIBLING DETAILS <i>Please complete for all siblings regardless of what school they are enrolled in.</i>	Does the student have siblings at Freshwater Creek Steiner School? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Name	Age	Current school	Class	Waitlisted for FWCSS Yes/No	Proposed Class	Proposed Entry Year

FORMER STUDENTS IN THE FAMILY <i>Student's relatives who were former FWCSS students</i>	Name whilst at FWCSS	Dates attended FWCSS	Relationship to student

SPECIAL CIRCUMSTANCES <i>Please attach any supporting documentation.</i>	Please provide details of any special circumstances of the student that may need to be taken into account by the teacher including medical conditions; special gifts, talents, or needs; behavioural issues; psychological and/or other relevant test results.	
	The disclosure of all medical, behavioral, psychological and educational testing and information referring to a student seeking enrolment is a fundamental condition to the acceptance of that student for enrolment at FWCSS. This information is important in identifying the type and level of support required by the student to participate in all aspects of school life.	
	Has your child ever been referred to a speech therapist, occupational therapist or had any other kind of developmental assessment or attended Early Intervention? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
	Has another school or teacher ever suggested that your child may need an assessment for difficulties, special gifts and talents, or that they may need learning support? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
	Has a specialist, psychologist, psychiatrist or any child guidance clinic been consulted? <input type="checkbox"/> No <input type="checkbox"/> Yes What was the nature of your concerns? What were the outcomes or recommendations?	
	Do we have permission to speak to the teachers/professionals who have worked with your child? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	

MEDICAL HISTORY AND INFORMATION <i>Please give full details and attach paper if space is insufficient..</i>	Medical conditions, illnesses, accidents, traumatic, physical, mental or emotional experiences	Has the student had any serious medical condition or illness (including childhood illnesses e.g. german measles, measles, mumps, chicken pox, whooping cough etc) or accident in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:
		Has there been any traumatic, physical, mental or emotional experience for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:

	Immunisation status*	<p>All Victorian schools and kindergartens are required to keep a record of the immunisation status of children enrolled. Documentation must be in the form of an Immunisation History Statement from the Australian Immunisation Register.</p> <p>Has a copy of the child's <i>Immunisation History Statement</i> been supplied? <input type="checkbox"/> Yes</p> <p>Date of last tetanus injection: </p>												
<p>Does your child have any dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:</p>														
<p>Does your child have any allergies or medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:</p>														
<p>Severity of symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate - self managed with medication <input type="checkbox"/> Severe - possibility of an emergency arising</p>														
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DOCTOR'S INFORMATION	Doctor's Name:	Phone Number:												
MEDICARE NUMBER	<p>_____</p>	<p>Line Number: Valid to:</p>												

		PARENT 1/ GUARDIAN 1		PARENT 2/ GUARDIAN 2	
		(Primary Contact)			
FAMILY DETAILS	Relationship to student				
	Title (eg Mr, Ms)				
	Full name				
	Main language* other than English spoken at home <i>If more than one language is spoken, indicate the one that is spoken most often</i>	Does parent 1/guardian 1 speak a language other than English <i>at home</i> ? <input type="checkbox"/> No, English mainly <input type="checkbox"/> Other mainly - please specify: _____		Does parent 2/guardian 2 speak a language other than English <i>at home</i> ? <input type="checkbox"/> No, English mainly <input type="checkbox"/> Other mainly - please specify: _____	
	Country of birth of parent/guardian				
	Nationality of parent/guardian				
	Year arrived in Australia (if applic)				
	*Highest level of primary or secondary school completed <i>For persons who have never attended school, mark Not Applicable</i>	What is the highest year of primary or secondary school that parent 1/guardian 1 has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Not applicable		What is the highest year of primary or secondary school that parent 2/guardian 2 has completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Not applicable	
	*Highest qualification parents/guardians have completed <i>Please mark only one box for each person</i>	What is the level of the highest qualification parent 1/guardian 1 has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Not applicable		What is the level of the highest qualification parent 2 /guardian 2 has completed? <input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Not applicable	
	*Occupation of parents/guardians <i>If 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 <u>last occupation</u></i>	What is the occupation of the parent/guardian? Occupation description (e.g. Farmer/Doctor). _____ Please select the appropriate Parent Occupation Group from APPENDIX A Occupation Group Number _____		What is the occupation of the parent/guardian? Occupation description (e.g. Farmer/Doctor). _____ Please select the appropriate Parent Occupation Group from APPENDIX A Occupation Group _____	
	Address (Home)				
		P/code		P/code	
	Mailing Address if different to above				
		P/code		P/code	
	Phone numbers	Mobile		Mobile	
		Home		Home	
		Work		Work	
	Email address				

	Name of step-parent residing with parent (if any)	Mobile:	Mobile:
FAMILY RELATIONSHIPS	Applicant Lives With:		
	<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only <input type="checkbox"/> Shared Care <input type="checkbox"/> Guardian <input type="checkbox"/> Informal Kinship care <input type="checkbox"/> Formal Kindship care <input type="checkbox"/> Foster care <input type="checkbox"/> Permanent care <input type="checkbox"/> Residential Care <input type="checkbox"/> Other (please describe)		
	Where parents are separated or divorced, or both parents named above are not the biological parents of the student, please give details: (eg custody, step parents, guardianship arrangements)		
COURT ORDERS	Are there any court orders concerning the welfare, safety or parenting arrangements of your child? Please provide a copy of any relevant, current court order		
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Copies of Court Orders attached		
	In the case of separate parenting, please indicate who should receive general school/kinder correspondence including reports, information about events and the weekly community newsletter: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only		
	Is your child known to Child Protection? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Through sibling relationship Referring Agency : <input type="checkbox"/> Child Protection <input type="checkbox"/> Child and Family Services(family services referral and support team, Child FIRST/integrated family services/Services Connect case worker) <input type="checkbox"/> Maternal and Child Health nurse <input type="checkbox"/> Out-of-Home Care provider		
AUTHORITIES			
PRIMARY SCHOOL ONLY:	Alternative contacts should parents/guardians be unable to be contacted in the case of illness or an emergency. Please nominate two people who are authorised to collect and care for your child in your absence.		
EMERGENCY CONTACTS		EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
	Relationship to student		
	Full Name		
	Name by which known to child (e.g. Nan)		
	Suburb		
	Mobile Phone		
KINDERGARTEN ONLY:	In the event that your child is not collected from the Kindergarten and parents/guardians cannot be contacted, an "Authorised Nominee" will be contacted to collect your child. If your child has an accident, injury, trauma or illness and we cannot contact you, you may want your "Authorised Nominee" to be contacted and to be able to consent to medical treatment. You may add to or change your Authorised Nominee details at any time.		
AUTHORISED NOMINEES		AUTHORISED NOMINEE #1	Authorisation (please tick which apply)
	Full Name		<input type="checkbox"/> Authorised to collect the child from the Kindergarten. <input type="checkbox"/> Authorised to be notified in the event of an emergency if parents cannot be contacted. <input type="checkbox"/> Authorised to consent to Medical Treatment. <input type="checkbox"/> Authorised to give permission for the administration of medication. <input type="checkbox"/> Authorised to consent to transportation of the child by an ambulance service. Authorised to authorise an Educator to take the child outside of the premises.
	Address		
	Relationship to child		
	Mobile Phone		

KINDERGARTEN ONLY: AUTHORISED NOMINEES		AUTHORISED NOMINEE #2	Authorisation (please tick which apply)
	Full Name		<input type="checkbox"/> Authorised to collect the child from the Kindergarten.
	Address		<input type="checkbox"/> Authorised to be notified in the event of an emergency if parents cannot be contacted.
	Relationship to child		<input type="checkbox"/> Authorised to consent to Medical Treatment
	Mobile Phone		<input type="checkbox"/> Authorised to give permission for the administration of medication.
			<input type="checkbox"/> Authorised to consent to transportation of the child by an ambulance service.
			<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises.

PERMISSIONS	<p>Declaration and Consent to Emergency Medical Treatment</p> <p>I, _____ (please print full name), a person with lawful authority for the child referred to in this enrolment form:</p> <ul style="list-style-type: none"> - declare that the information in this enrolment form is true and correct and undertake to immediately inform Freshwater Creek Steiner School and Kindergarten (FWCSS) in the event of any change to this information; - agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service; - consent to the staff of FWCSS seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by FWCSS; - consent to the staff of FWCSS seeking medical treatment for the child from a medical practitioner, hospital or ambulance service and that I will reimburse any necessary expenses incurred by FWCSS. <p>Parent/Guardian signature _____ Date _____</p>
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	<p>First Aid</p> <p>I give consent for minor injuries incurred by my child to be treated with topical homeopathic remedies (eg Arnica).</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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	<p>Local Walks Authority</p> <p>During the course of your child's kinder and school life, they will have many wonderful opportunities to participate in regular excursions to the neighboring farms and to the Freshwater Creek Reserve (the 'Magic Woods'). This consent form must be signed for your child to join these excursions with their class. The venues are:</p> <ul style="list-style-type: none"> - Freshwater Creek Reserve, Dickins Rd, Freshwater Creek (<i>Primary School and Kindergarten</i>) - Mary Rose's Farm and Garden, 50 McIntyres Rd Freshwater Creek (<i>Primary School and Kindergarten</i>) - Andy's Farm, Ghazeepore Rd Freshwater Creek (immediate neighbor to school) (<i>Primary School only</i>) <p>The mode of travel is by foot and the adults responsible are the Class Teacher and volunteers class parents according to class size requirements. Sturdy walking shoes must be worn and other items are advised by the Class Teacher prior to walks. A detailed risk assessment is available on request from the School Administration Office.</p> <p><input type="checkbox"/> I give consent for my child to participate in local walks to the above locations, as organised by the Class Teacher.</p> <p><input type="checkbox"/> I do not give consent for my child to participate in local walks to the above locations.</p> <p>Parent/Guardian signature _____ Date _____</p>
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	<p>Student Photograph Authority</p> <p>For many years photography (both still and moving images) has contributed to the memory preservation of our school and of families in our community. On occasions photographs are also used for the press and other promotional purposes such as website, prospectus, and regular newsletters. We are, however, sensitive to the wishes and rights of parents who may not want their children to be photographed and who may have concerns about the uses of such images. Children will not be photographed when they are vulnerable – upset, hurt or in a state of undress. This authority may be updated at any time by contacting the School Administration Office.</p> <p><input type="checkbox"/> I give consent for my child to be photographed at school and/or school activities. I acknowledge that these photos may be used in print media, online (including Facebook) and for marketing purposes.</p> <p><input type="checkbox"/> I do not give consent for my child to be photographed at any time.</p> <p>A register is kept in the office of children who must not be photographed. All <i>reasonable</i> measures will be taken to ensure that no child on the register is photographed or videoed by a visitor to the school or while on an excursion outside of the school. Possible exceptions to this may be photographs taken by other parents at events such as festivals or school performances. In some circumstances it may be impossible for the teacher to prevent photographs and video taken by external media (which may also be accompanied by children's names).</p> <p>Parent/Guardian signature _____ Date _____</p>
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	<p>Head Lice Check</p> <p>In the event of an outbreak of head lice at school, do you consent to your child being checked for head lice by an authorised adult?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
	<p>Sharing of Details</p> <p>There are many opportunities for parents to be involved at FWCSS. Each class has a volunteer Class Carer, selected from parents in the class. The Class Carer assists the Class Teacher and FWCSS Parents and Friends Association to organise helpers and communicate general information. Usually, the Class Carer changes each year.</p> <p>I give permission for the following details to be shared with other parents in the school:</p> <p><input type="checkbox"/> Parent/Guardian 1 Email address <input type="checkbox"/> Parent/Guardian 1 Mobile phone number</p> <p><input type="checkbox"/> Parent/Guardian 2 Email address <input type="checkbox"/> Parent/Guardian 2 Mobile phone number</p>

SIGNATURE/S

It is preferred that BOTH parents/guardians sign this form, except in the case of an existing Parent Plan or Court order.

- I/We hereby apply to the Freshwater Creek Steiner School (FWCSS) for the enrolment of the above student.
- I/We understand that acceptance of this form by FWCSS **does not constitute admission of the student nor guarantee an interview or the offer of a place.**
- I/We understand that we will be required to agree to the terms of the *Privacy Policy, Enrolment Policy and Conditions of Entry, Fees Policy and Procedure* and the *Code of Behaviour for the School Community* at the time our child is offered a place at the School and that these conditions of entry can be updated from time to time.
- I/We declare that we support the FWCSS ethos and will abide by all FWCSS Rules, Policies, Procedures and Codes of Conduct (Parents can access relevant rules and policies via the School Website: www.fwcss.vic.edu.au. Printed copies may be requested from the Administration Office: info@fwcss.vic.edu.au)
- I/We hereby declare that the information provided by us is true and correct at the time of the application.
- In the case of only one signature below, I understand that unless a Court Order or Parenting Plan is in place to the contrary, the second parent may request access to the child’s school records and will hold authority to collect the child from the school grounds.

Signature of Parent 1/Guardian	Date	PLEASE PRINT NAME
Signature of Parent 2/Guardian	Date	PLEASE PRINT NAME

FINANCIAL CONTRACT

Parent/guardian signatories to the Enrolment Application Form will be jointly and severally liable for the payment of fees (unless FWCSS has entered into a written agreement with the parent/guardians to the contrary). In the case of one signature, the signing parent will be wholly responsible for the payment of fees.

- I/We have read, understand and agree to abide by the FWCSS Fees Policy.
- I/We understand that fees are payable in full or by a pre-arranged payment plan and fees that become overdue by more than one month, or students who leave the school with an outstanding amount will be referred to a Debt Collection agency.
- I/We understand that if the services of a Debt Collection Agency are engaged, I/we will be fully responsible for any costs associated in collection of the debt.
- I/We understand that if we are unable to meet our payment obligations, the enrolment may be terminated.
- I/We understand that if a payment plan for overdue accounts is not negotiated with the Business Manager then the enrolment may be terminated.
- Only the undersigned will have access to the Debtor Financial records.

Signature of Parent 1/Guardian 1	Date	PLEASE PRINT NAME
Signature of Parent 2/Guardian 2	Date	PLEASE PRINT NAME

SIGNED ON BEHALF OF FWCSS _____	Head of School	Date:
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**Enrolment and Fees Policies are available for viewing at www.fwcoss.vic.edu.au
or may be requested from the School Administration Office**

**Please return the completed Application for Enrolment
and copies of required documentation to**

Enrolments
52 McIntyres Rd
Freshwater Creek Vic 3217

or scan/photograph and email to: info@fwcss.vic.edu.au

- Birth Certificate (required)
- Immunisation History Statement (required)
(please note that a copy of your child's 'blue book' is not considered sufficient
evidence of immunisation)
- Copy of Health Care Card or other Concession Card (if applicable)
- Copies of Family Court Orders or Parenting Plans (if applicable)
- Educational and/or medical assessment reports where relevant
- Copies of any medical management plans (e.g. for allergies or asthma)

List of Parental Occupation Groups

Group 1:

Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals

Elected officials (mayor parliamentarian, alderperson, trade union secretary, board member)

Senior executives/general managers/department heads in industry, commerce, media or other large organisation

- **Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** (Commissioned Officer)

Qualified 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** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
- **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
- **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
- **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
- **ICT** (computer systems manager, designer, software and applications programmers)
- **Science** (all scientists)
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2:

Other business managers/professionals and associate professionals

Other business managers/professionals

- **Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
- **Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)
- **Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professional

- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
- **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
- **Defence Forces** (senior non-Commissioned Officers [NCO])
- **Other** (library assistant, museum/gallery technician, research assistant, proof reader)

Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

Tradespeople generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

Advanced/intermediate clerical, office, sales, carer and service staff

- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

Machine operators

- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

Sales office, hospitality staff and other assistants

- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Defence Forces ranks below senior NCO

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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

Group 8: Unemployed greater than 12 months

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Tour/ Copied info to HOS/Teacher		EAB Paid/Processed/Receipted	
HOS/Teacher interview		Financial Declaration signed	
Entered student information – School Pro		Handbook provided	
Set up debtor – School Pro		CSEF form supplied (Primary)	
Entered student information – KIMS		SCAS form supplied (Primary)	
Copy Court Orders/Parenting Plans if applicable		Fees paid upfront/discount applied	
Copy of educ/medical assessments if applicable		Aboriginal or Torres Strait Islander	
Copy of Birth Certificate		Siblings at FWCSS	
Copy of Immunisation History Statement		Name supplied to Class Carer	
Copy of HCC or other Concession Card		Parent employed at FWCSS	
Offer of Enrolment Letter sent		Newsletter	
Added to Seesaw			