



Data Collection Form

Information required for assessment and reporting purposes

Please complete and return this form to school by 13th September 2024

ONLY RETURN TO OFFICE IF THE INFORMATION IS DIFFERENT TO WHAT WE HAVE ON FILE

Privacy Collection Notice www.oakleigh.ps@education.vic.gov.au

SECTION 1 – STUDENT DETAILS			
Student ID:	<input type="text"/>	Year Level:	<input type="text"/>
Surname:	<input type="text"/>		
First Name:	<input type="text"/>	Second Name:	<input type="text"/>
Birth Date:	____ / ____ / ____ (dd-mm-yyyy)	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

SECTION 2 – PRIMARY FAMILY DETAILS	
ADULT A MOTHER / PARENT 1 / GUARDIAN 1 Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr Other: Surname: <input type="text"/> First Name: <input type="text"/> Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Mobile Number: _____ Email Address: _____	ADULT B FATHER / PARENT 2 / GUARDIAN 2 Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr Other: Surname: <input type="text"/> First Name: <input type="text"/> Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Mobile Number: _____ Email Address: _____

My child/ren currently in Year 3 – Year 6 2024 **will not** be attending Oakleigh Primary School in 2025. Please tick

Name of new school
 Interstate/Overseas?

Signature of Parent/Guardian:

THANK YOU FOR COMPLETING THIS FORM ***

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL BY FRIDAY 13TH SEPTEMBER 2024.