

# Form to Enrol in a Victorian Government School

STUDENT ENROLMENT INFORMATION - 20 ____	OFFICE USE ONLY	CASES21 Student ID: _____
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The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

**This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.**

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

## STUDENT DETAILS

Surname:			
First Given Name:			
Second Given Name: <i>(if applicable)</i>			
Preferred First Name: <i>(if applicable)</i>			
❖ Gender:	Male	Female	Self-described: _____
Date of Birth: <i>(dd-mm-yyyy)</i>	Student Mobile Number: <i>(if applicable)</i>		

Which year are you seeking to enrol this student?													
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> Ungraded

Intended start date:	
<input type="checkbox"/> Day 1, Term 1	<input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> ____ / ____ / ____

Are you seeking to enrol the student at this school full-time? <input type="checkbox"/> Yes <i>(move to next section)</i> <input type="checkbox"/> No				
If No, how many days a week would the student be attending this school?				
If No, provide reason you are seeking part-time enrolment:				
If No, provide details for other schools:				
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>How often does this student live at this address?</b>	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
<b>If the student lives at another address during the school week, please provide further details including the address, who they reside with, and how many days a week the student lives there:</b>	

## Student Living Arrangements

<b>What are the student's living arrangements?</b>	
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent
<input type="checkbox"/> Homeless Youth	
<b>If the student has a Case Manager, please provide their contact details below:</b>	

\* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements), and living in residential care units.

# If the student is living in an informal care arrangement, please contact the school for a Informal Carer's Statutory Declaration, which must be completed.

## Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

<b>Does the student have any siblings at this school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

## Student Demographics

<b>Does the student speak English?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>❖ Does the student speak a language other than English at home?</b>		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
<b>Is the student a young carer (providing support/care for other family member/s)? *</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance or support to a family member with mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction

## Student Residency Status

<b>❖ In which country was the student born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
<b>If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)</b>	____ / ____ / ____	
<b>What is the student's residency status? *</b>		
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)	
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)	
<input type="checkbox"/> New Zealand citizen		
<b>Visa Sub Class:</b>	<b>Visa Expiry Date: (dd-mm-yyyy)</b>	____ / ____ / ____
<b>Visa Statistical Code: (Required for some sub-classes)</b>		

\*Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at [www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship](http://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship)

<b>Does the student hold a Bridging Visa?</b>	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
<b>If Yes, what was the student's previous visa?</b>		
<b>If Yes, what visa has the student applied for?</b>		

<b>International Student ID*: (Not required for exchange students)</b>
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\* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or via email ([international@education.vic.gov.au](mailto:international@education.vic.gov.au))

## Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

<b>Does the student have additional needs and require support for learning?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
<b>Please indicate any adjustments that may assist the student to participate at school:</b>	

<b>Has the student had a disability assessment before?</b>	No <input type="checkbox"/> Yes ( <i>specify outcome</i> ): _____
<b>Has the student received individualised disability funding before?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>please specify</i> ): _____
<b>Has any previous education provider prepared a documented plan to support the students additional learning needs?</b>	<input type="checkbox"/> No Yes ( <i>provide details</i> ): _____

<b>Does the student have additional needs in one of the following areas?</b>	<b>Hearing:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Vision:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Speech/Language:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Physical:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Cognitive/Learning:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____
	<b>Social/Emotional:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes ( <i>please specify</i> ): _____

## Previous Education – Students Enrolling in Foundation for the First Time

<b>Is the student attending a funded kindergarten program* in the year before Foundation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name of kindergarten or early childhood service:</b>	_____	

\* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is run by a qualified teacher. Funded kindergarten programs can be found at [www.education.vic.gov.au/findaservice](http://www.education.vic.gov.au/findaservice)

## Previous Education – Other

<b>Has the student previously been enrolled at another school?</b>	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas

<b>If Yes, name of last school attended:</b>	_____
<b>If Yes, location of last school attended:</b> ( <i>suburb/town/state/country</i> )	_____
<b>If Yes, date of attendance:</b> ( <i>dd-mm-yyyy</i> )	_____ / _____ / _____ to _____ / _____ / _____
<b>If Yes, year levels of previous education:</b>	_____

<b>If the student studied overseas, what age did the student first start school?</b>	_____
<b>What was the language of the student's previous education?</b>	_____

<b>Period of interruption to education:</b> ( <i>months/years</i> )	_____	<b>Is the student repeating a year level?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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# PARENT/CARER DETAILS

## Enrolling Adult 1

Surname:		Title:	
First Given Name:			
Gender:	Male	Female	Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 1 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 1 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student lives with Adult 1:		
Always	Mostly	Balanced (50%)
Occasionally		

Adult 1 Job Title:
Adult 1 Employer:

Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 1 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 1 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## Enrolling Adult 2

Surname:		Title:	
First Given Name:			
Gender:	Male	Female	Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 2 born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
❖ Does Adult 2 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student lives with Adult 2:		
Always	Mostly	Balanced (50%)
Occasionally	Never	

Adult 2 Job Title:
Adult 2 Employer:

Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling

❖ What is the level of the highest qualification that Adult 2 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	

❖ What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## Additional Parents/Carers

<b>Are there additional parents/carers in the student's life?</b> <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section)
<b>Name of Adult 3:</b>
<b>Name of Adult 4:</b>

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

## Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

Name	Relationship <i>(Neighbour, Relative, Friend or Other)</i>	Telephone Contact	Language Spoken <i>(Write E for English)</i>
1			
2			
3			
4			

## Correspondence Details

<b>Send correspondence addressed to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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## Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to [www.vic.gov.au/school-costs-and-fees](http://www.vic.gov.au/school-costs-and-fees).

<b>Send any bills to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Another person / address* <i>(complete details below)</i>	
<b>Name to be used for all billing correspondence:</b>	
<b>No. &amp; Street or PO Box</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Billing Email:</b>	

\*Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.



# STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/ carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

## Student Doctor

Doctor's Name:	
Medical Centre:	
Street Address:	
Suburb:	Postcode:
State:	Telephone Number:

## Asthma

Does the student have asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to next section)
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by:	<input type="checkbox"/> Student	<input type="checkbox"/> Adult	<input type="checkbox"/> Other: _____
Medication is to be stored:	<input type="checkbox"/> with Student	<input type="checkbox"/> with Staff	<input type="checkbox"/> Other: _____
Dosage time:	Reminder required?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Medical Conditions

Does the student have an allergy? If yes, please provide the schools with an <a href="#">ASCIA Action Plan for Allergies</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is the student at risk of anaphylaxis? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes to any of the above, please specify:

Symptoms:

If the student displays any of the symptoms above, please:

Inform emergency contact	<input type="checkbox"/> Yes	No	Administer medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other medical action	<input type="checkbox"/> Yes	No	If Yes, please specify: _____		

## Medication

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

## Allied Health Support

Has the student previously accessed support from an allied health professional?	<b>Occupational therapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Speech pathology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Physiotherapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Exercise physiology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Behaviour support:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Other:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

OFFICE USE ONLY			
Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

\* Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

# STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

## Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

<b>To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
<b>If Yes, please provide further detail:</b>	

## Court Orders and Other Care Arrangements (previously referred to as an Access Alert)

<b>Is there an intervention order, parenting order or any other court order impacting the student?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)

If Yes, then complete the following questions and **present a current copy of the document to the school.**

<b>Court Order or other access document type:</b>	Family Law Order / Parenting Order	Parenting Plan / Agreement	Intervention Order
	<input type="checkbox"/> Child Protection Order	DFFH Authorisation	<input type="checkbox"/> Other: _____
<b>Please provide further details of the Court Order or other access documents, and any other safety concerns:</b>			
<b>End Date (if applicable): (dd-mm-yyyy)</b>			

## Activity Restrictions and Considerations

<b>Are there any activities (either organised by the school and/or third parties) that the student cannot participate in?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
<b>If Yes, please provide further detail: (e.g. sport, excursions)</b>	

<b>OFFICE USE ONLY</b>	
<b>Current Court Order or other access document placed on student file?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT TRAVEL DETAILS

<b>How will the student primarily travel to and from school?</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
<b>If the student catches public transport to school, what station/stop does their journey commence:</b>				
<b>If the student drives themselves to school, what is their Car Registration Number:</b>				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

### Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

<b>Is the student applying for the Conveyance Allowance Program?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No ( <i>proceed to next question</i> )
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: <a href="http://www.education.vic.gov.au/pal/conveyance-allowance/policy">www.education.vic.gov.au/pal/conveyance-allowance/policy</a>	

### School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will incur a fare to travel. Your school can provide the applicable application form.

<b>Is the student applying for the School Bus Program?</b>	
<input type="checkbox"/> Yes (see text below)	<input type="checkbox"/> No ( <i>proceed to next question</i> )
Your school can provide the applicable application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's Policy and Advisory Library (PAL) here: <a href="http://www.education.vic.gov.au/pal/school-bus-program/policy">www.education.vic.gov.au/pal/school-bus-program/policy</a>	

### Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas (DTA). Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

<b>Is the student applying to travel on a school bus or other travel assistance?</b>	
<input type="checkbox"/> Yes (read below text)	<input type="checkbox"/> No
Your school can provide the applicable application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy refer to the Department's Policy and Advisory Library (PAL) here: <a href="http://www.education.vic.gov.au/pal/transport-students-disabilities/policy">www.education.vic.gov.au/pal/transport-students-disabilities/policy</a>	
<b>First date of travel?</b>	<input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____ / ____ / ____
<b>Type of travel assistance requested?</b>	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Conveyance Allowance
<b>If applicable, specify the student's mode of assisted mobility.</b>	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
<b>Comments relevant to travel:</b>	

**OFFICE USE ONLY**

**Can the student Individual Education Plan (IEP) include travel training?**

Yes

No

**Is the student attending their nearest school?**

Yes

No

**Does the student reside in Designated Transport Area (DTA) (if attending special school)?**

Yes

No

**Can the student be accommodated on an existing route (if applicable)?**

Yes

No

**Pick-up Point:**

Map Ref:

Time AM:

**Set Down Point:**

Map Ref:

Time PM:

## Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: [www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx)) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: [www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx](http://www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx).

## DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

### I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Enrolling Adult (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.**

Both parents/carers have completed and signed this form.

Parents/carers are completing separate forms (schools can provide additional forms on request).

One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.

One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.

There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.

Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) \_\_\_\_\_

If there are any court orders about the child, please provide copies of those orders to the school with this form.

### WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from [www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf](http://www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf)
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the [www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy](http://www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy) policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

# ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

**Tradespeople** generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)

# ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

## Enrolling Adult 3

Surname:		Title:	
First Given Name:			
Gender:	Male	Female	Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 3 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 3 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	

❖ Does Adult 3 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	

Please indicate any additional languages spoken by Adult 3:	

Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Student lives with Adult 3:		
Always	Mostly	Balanced(50%)
Occasionally	Never	

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖What is the highest year of primary or secondary school Adult 3 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling

❖What is the level of the highest qualification that Adult 3 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	

❖What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	



## Enrolling Adult 4

Surname:		Title:	
First Given Name:			
Gender:	Male	Female	Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 4 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 4 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 4's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Self	<input type="checkbox"/> Other: _____	

In which country was Adult 4 born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student lives with Adult 4:		
Always	Mostly	Balanced (50%)
Occasionally	Never	

Adult 4 Job Title:
Adult 4 Employer:

Is Adult 4 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 4 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling

❖ What is the level of the highest qualification that Adult 4 has completed?	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	

❖ What is the occupation group of Adult 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	



# HEAD LICE

## MANAGEMENT AGREEMENT BETWEEN SCHOOLS AND PARENTS/GUARDIANS/CARERS

Head lice continues to cause concern and frustration for some parents/guardians/carers, teachers and children. Head lice do not transmit infectious diseases – they are transmitted by having head to head contact with someone who has head lice. Whilst parents have the primary responsibility for the detection and treatment of head lice, the control and management of head lice infections is a shared responsibility amongst a number of agencies, including the Department of Education and Training; Department of Human Services; schools and parents. The Department of Education and Training is responsible for providing advice and support to schools regarding head lice management.

This agreement outlines the:

- Responsibilities of both the school and the parent/guardian/carer;
- Importance of an all inclusive health approach, to ensure an appropriate and efficient solution to the problem of head lice.

## CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's schooling at:

**Healesville Primary School**

Throughout your child's schooling, the school will be arranging head lice inspections of students.

Program goals include:

- Reduce the frustration and misinformation associated with head lice.
- Decrease the concerns regarding head lice within the school community
- Protect families from misusing potentially harmful insecticide treatments.
- Promote regular home based screening using a conditioner and comb method.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding any resulting stigma for the child.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

There are two options used by the volunteer parents to check your child's hair

1. Ordinary hair conditioner and a head lice comb or
2. 'Dry' checking without conditioner.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school will request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

**Signature of Principal**



**Name of child/ren attending the school:**.....

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

**Signature of Parent/Guardian/Carer:** ..... **Date**.....

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child

## Responsibilities

**Parent/Guardian/Carer** - responsibilities include:

- Regularly (preferably once a week) inspecting their child's hair to look for lice or lice eggs and regularly inspecting all household members and then treating them if necessary;
- Ensuring their child does not attend school with untreated head lice;
- Using safe treatment practices which do not place their child's health at risk (see the attached *Treating and Controlling Head Lice* pamphlet).
- Notifying the school if their child is affected and advising the school when the treatment has started via an email, phone call or a Dojo message.
- Notifying parents or carers of your child's friends so they too have the opportunity to detect and treat their children if necessary.

I have read and agree to the above responsibilities:

**Signature of parent/carer/guardian:** ..... **Date**.....

**School** - responsibilities include:

- Distributing policies and information on the detection, treatment and control of head lice to parents/guardians/carers and staff and having accessible clear protocols for the inspection program that the school implements;
- Developing a school policy on head lice which reinforces an accurate, consistent approach to the management of head lice infections, which is approved by the school council;
- Obtaining written parental consent to conduct head lice inspections, upon the enrolment of a student to cover the duration of their schooling at a particular school and to nominate a trained person/s to conduct the head lice inspections, who is approved by the Principal and school council;
- Encouraging those person's authorised by the school principal, e.g. teacher, to visually check a student's hair, i.e. with no physical contact with the child, if the presence of head lice is suspected;
- Encouraging parents/guardians/carers to continue to regularly (preferably once per week) check their child for head lice and providing a sympathetic attitude and practical advice to those parents experiencing difficulty with the control measures;
- Encouraging students to learn about head lice so as to help remove any stigma or 'bullying' associated with the issue;
- Being aware that the responsibility to exclude a child from a school rests with the principal or person in charge of the school and being aware that exclusion only refers to those children who have live head lice and does not refer to head lice eggs; and being aware of the recommendation that students should be excluded from school at the conclusion of the school day where the student should be provided with a note to take home to inform the parent that their child may have head lice.
- Being aware that there is no requirement in the *Health (Infectious Diseases) Regulations 2001* for a child treated for head lice to obtain a clearance certificate to be issued either by a general practitioner or a municipal council, on return to school.
- Where appropriate, and at the principal's discretion, providing an alert notice to the school community, when head lice has been detected in the school;
- Encouraging parents/guardians/carers to identify treatment used and the commencement date, via an *Action Taken form*.

Healesville Primary School is committed to managing head lice in a sensitive and confidential manner. We are committed to the above responsibilities.

# Student Wellbeing Support Program Consent Form



This consent form outlines information to assist you to make an informed decision about whether you consent to your child (or young person in your care) receiving Student Wellbeing Support during their enrolment at Healesville Primary School.

Please read this form carefully and contact Amelia Schiavello (Student Wellbeing Officer) if you have any questions.

## Purpose

The purpose of Healesville Primary School's Student Wellbeing Program is to support the emotional wellbeing and mental health of students by implementing a range of strategies and approaches delivered by a qualified social worker (Student Wellbeing Officer) to enhance the wellbeing of the broader school community.

This is achieved through:

- Individual one-on-one sessions
- Wellbeing assessments
- Group work
- Advocacy
- Liaison with teachers and other professionals
- Referrals to external specialised services
- Engagement with families

## Social Worker at Healesville Primary School:

Amelia Schiavello  
Bachelor of Social Work (Honours)  
2 View Street, Healesville VIC 3777  
(03) 5962 4053  
amelia.schiavello@education.vic.gov.au  
Mon-Fri 9.00AM-3.30PM

## Privacy Protection

Healesville Primary School values the privacy and confidentiality of every individual and is committed to protecting all personal and health information collected. In Victoria, the laws that set privacy requirements are Health Records Act 2001 and the Information Privacy Act 2000. These laws set out what we must do when we collect, use, handle and

destroy personal and health information when we provide a service, such as Student Wellbeing Support.

Our Student Wellbeing Officer may collect personal information about your child/young person in your care to:

- Provide for the educational, social and emotional wellbeing and health of students.
- Meet their duty of care obligations.
- Make reasonable adjustments for students with disabilities.
- Comply with occupational health and safety obligations.

On occasions, your child/young person in your care may discuss other members of your family or other individuals. As a result, the Student Wellbeing Officer may collect personal information about people other than your child/young person in your care.

## Sharing or Disclosing Personal Information

There may also be occasions where the Student Wellbeing Officer collects information about you or your child/young person in your care from other organisations such as other health professionals or other government agencies. We will seek your consent before doing so when we initiate the collection, however in some instances we may be directly provided with this information.

The social worker may also be required to share personal information collected about your child/young person in your care with the school principal or statutory bodies:

- If there is a risk to your child, other person or the public
- As permitted or required by law
- With consent

## Storage of Personal Information

The Student Wellbeing Officer will record and store relevant information about the circumstances of your child/young person in your care in a secured database only accessible by the Student Wellbeing Officer.

## Accessing Personal Information

In accordance with the Freedom of Information Act 1982, you can access or correct personal information held by Healesville Primary School by contacting the school directly:

Healesville Primary School  
2 View Street, Healesville VIC 3777  
(03) 5962 4053  
healesville.ps@education.vic.gov.au

## Withdrawal of Consent

You may withdraw your consent at any time by writing to the school. Withdrawing your consent means that your child will no longer be able to access

## Your Authority and Consent

I authorise and consent to a social worker providing services to my child.

**I confirm that I have read this Consent Form and understand:**

- How my child's personal information will be collected and managed by the social worker.
- That my consent will continue whilst my child is enrolled at Healesville Primary School.
- That I may withdraw my consent at any time.
- That if the social worker determines that the Student Wellbeing Service is no longer required for me or my child, it will cease.

Name of Student	
Student signature (optional)	
Date	___/___/_____
Name of Person 1	
Relationship to Student	
Signature of Person 1 providing consent	
Date	___/___/_____
Name of Person 2 (Optional)	
Relationship to child	
Signature	
Date	___/___/_____

If you are an **adult student** or you have been classified as a **mature minor** you may sign this form. For more information about who may sign this form see: **Decision Making Responsibilities for Students** (on SPAG).



## CYBERSAFETY USE AGREEMENT FOR YEAR P-2 STUDENTS

### Instructions for parents\*/caregivers/legal guardians. Please:

1. Read this document carefully. If there are any points you would like to discuss with the school, arrange to speak with the Principal as soon as possible
2. Review and discuss this document with your child
3. Both parent and student sign agreement (page 5) and **return to school.** **Please note that students will be unable to use ICT, until document is returned.**
4. Keep a copy of this document for future reference.

**\* The term 'parent' used throughout this document also refers to legal guardians and caregivers.**

### Important terms used in this document:

1. The abbreviation 'ICT' in this document refers to the term 'Information and Communication Technologies'
2. 'Cybersafety' refers to the safe use of the Internet and ICT equipment/devices, including mobile phones
3. 'School ICT' refers to the school's computer network, Internet access facilities, computers, laptops, chromebooks, tablets and other school ICT equipment/devices
4. The term 'ICT equipment/devices' used in this document, includes but is not limited to, computers (such as desktops, laptops and chromebooks), tablets (such as iPads) storage devices (such as USB and flash memory devices, CDs, DVDs, iPods, MP3 players), cameras (such as video, digital, webcams), all types of mobile phones, gaming consoles, video and audio players/receivers (such as portable CD and DVD players), and any other, similar, technologies as they come into use
5. 'Objectionable' in this agreement means material that deals with matters such as sex, cruelty, or violence in such a manner that it is likely to be injurious to the good of students or incompatible with a school environment.

## School profile statement

At Healesville Primary School we support the rights of all members of the school community to be provided with and engage in a safe, inclusive and supportive learning environment. This extends to the use of digital tools and online communities and is underpinned by our expectation of safe and responsible behaviour of all members of the school community.

At our school we:

- have a Student Engagement and Wellbeing Policy that states our school's values and expected standards of student behaviour, including actions and consequences for inappropriate online behaviour
- educate our students to be safe and responsible users of digital technologies, suggested proformas are attached.
- raise our students' awareness of issues such as online privacy, intellectual property and copyright.
- supervise and support students when using digital technologies within the classroom and establish clear protocols and procedures when working in online spaces.
- provide a filtered internet service but acknowledge that full protection from inappropriate content can never be guaranteed
- respond to issues or incidents that have the potential to impact on the wellbeing of our students including those reported through online services
- know that some online activities are illegal and as such we are required to report this to the appropriate authority
- support parents/guardians to understand safe and responsible use of digital technologies, potential issues and the strategies that they can implement at home to support their child; providing this Acceptable Use Agreement and current information from both the Department of Education and Training and Cybersmart:

Bullystoppers Interactive Learning Modules - parents

([www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx))  
Esafety- parents ( <https://www.esafety.gov.au/parents>)

At Healesville Primary School we aim to equip our students with the digital skills necessary for both secondary school and life. As such, we use Google Apps For Education (also known as G-Suite for Education) as part of our teaching and learning program, throughout the school. Google Apps For Education is a cloud based service provided by Google for educational purposes only.

## Services

Google Apps For Education provides students with access to online services, both at school and home, which includes the following online services:

Docs, Sheets and Slide: a web-based service that allow for the creation of documents, spreadsheets and presentations (similar to Microsoft Office)

Gmail: students will be allocated with their own @schools.vic.edu.au email address, which will be managed by Healesville Primary School.

Drive: an online drive for the students to store and share their work.

Sites: a personal website creator. Students will be able to make personal websites that will only be published on the local Healesville Primary School network.

Classroom: using Classroom, students can view assignments and submit work.

Further information is available at: <https://edu.google.com/>

What are the benefits of this service for students?

Teaches students to be 'digital citizens' through the use of an online system.

Provides access to digital tools for a range of classroom activities

Allows students to actively collaborate with their class on school work.

No more lost work! Google automatically saves the students work into their Google drive.

Enables students to access their classwork from different devices and different sites (i.e. school, home, laptops, iPads and smartphones).

Helps students to build working relationships with each other.

Promotes knowledge sharing.

Cyber safety is a priority for Healesville Primary School and we have selected Google Apps for Education as it provides a safe online environment without advertisements. We envision our use of Google Apps for Education will not only assist students with their learning, but also foster their digital citizenship skills.

### Privacy

To set up the Google Apps for Education account for your child, Google requires your child's Department of Education and Training username, first and last name, year level and school.

Student's data is stored in data centers located in the USA, Chile, Taiwan, Singapore, Ireland, Netherlands, Finland and Belgium.

Google Apps for Education terms and conditions and privacy information can be found at:

[https://gsuite.google.com/intl/en\\_in/terms/education\\_terms.html](https://gsuite.google.com/intl/en_in/terms/education_terms.html)

<https://google.com/edu/trust/index.html>



## Year P-2 Student Agreement

1. I will not use school ICT equipment until my parent/s and I have accepted the Cybersafety use agreement.
2. I can only use the computers and other ICT equipment for my schoolwork.
3. If I am unsure whether I am allowed to do something involving ICT, I will ask the teacher first.
4. I will only log on with my user name.
5. I will not tell anyone my password.
6. I can only go online or access the internet at school when a teacher gives me permission and an adult is present.
7. I understand that I must not, at any time, use the Internet, email, mobile phones or any ICT equipment to be mean, rude, offensive, or to bully, harass, or in any way harm anyone else connected to our school, or the school itself, even if it is meant as a 'joke'.
8. While at school, I will not:
  - a. attempt to search for things online I know are not acceptable at our school. This could include anything that is rude or violent or uses unacceptable language such as swearing.
  - b. make any attempt to get around, or bypass, security, monitoring and filtering that is in place at our school.
9. If I find anything mean or rude or things I know are not acceptable at our school on any ICT I will tell my teacher.
10. I understand that I must comply with copyright laws when I download or use any files such as images, music, videos, games or programs. If I don't know how to do this I will ask the teacher.
11. I will respect all school ICT and will treat all ICT equipment/devices with care. This includes:
  - a. following all school cybersafety rules, and not joining in if other students choose to be irresponsible with ICT
  - b. reporting any breakages/damage to a staff member.
12. I understand that if I break these rules, the school may need to inform my parents and may restrict my access to ICT devices. In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair/replacement costs.

## Parent / Guardian Agreement

As the parent or guardian of this student, I have read the CYBERSAFETY USE AGREEMENT FOR YEAR P-2 STUDENTS and discussed it with my child. I understand that technology is provided for educational purposes in keeping with the academic goals of Healesville Primary School, and that student use, for any other purpose, is inappropriate.

I understand that if my child breaches these conditions, the consequences could include suspension of computer privileges and/or disciplinary action and I will be notified. If my child damages school equipment through misuse, **I may be charged the cost of replacement or repair.**

I recognise that whilst filtering software keeps most unwanted sites from computers logged into the school network, that it is impossible for the school to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on or through the school network. I understand that children's computer activities at home should be supervised. I will support the school by encouraging Cybersafe behaviours.

I hereby give permission for my child to use technology resources at Healesville Primary School including access to school managed G Suite for Education.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Student signature \_\_\_\_\_

Teacher signature \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_



## Student Photo and Local Excursion Permission Form

Dear Parent/Guardian,

Healesville Primary School has its own website and Facebook page on the internet. The address for the website is [www.hps.vic.edu.au](http://www.hps.vic.edu.au). The address for the Facebook page is <http://www.facebook.com/pages/Healesville-Primary-School>. The main purpose of these webpages is to improve communication between our school, our parents, and the community. There may be times when we would like to put pictures with your child or share class work that your student has done, on the internet. Our school policy requires written parent permission before a student's picture or class work can be posted on the internet.

**This permission will remain in effect until otherwise notified by parent/guardian. Contact the school office any time if you wish to revoke your permission. Please complete the following information and return to the school office or classroom teacher.**

Student (s) Full Name:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### Student Photo use:

I give permission for Healesville Primary School to (please tick):

- Post a picture which includes my child on the school website, Facebook page, class Dojo, and local paper (full names are not posted with picture)
- Post school work/projects/art created by my child on school website or Facebook page, class Dojo, and local paper
- Post my child's first name only on a list of awards/recognitions, etc.
- I give permission for my child to watch PG movies at school. Parents will be notified before the movie is shown.
- I give permission for my child to have access to student wellbeing support staff, School Chaplain, Student Wellbeing Officer, where necessary. You will be informed of any contact.

**Local Excursions:** I give permission for my child/ren as listed above to attend excursion, sporting events and special events within the Healesville area where students will walk to the venue. Parents will be notified of each excursion.

*I authorise the staff member in charge of the excursion to consent, where it is impracticable to communicate with me for (students listed above) to receiving such medical or surgical treatment as may be deemed necessary and I will cover all costs related to my child's care. If your child will require medication during the excursion, please complete a medication form prior to the excursion date.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

These permissions will remain current during your child's attendance at Healesville Primary School.