



MELTON WEST PRIMARY SCHOOL, 5036  
P.O. Box 1493 Melton 3337  
2 Rathdowne Circuit, MELTON  
PHONE: (03) 9743 5818  
Email: [melton.west.ps@education.vic.gov.au](mailto:melton.west.ps@education.vic.gov.au)

## Enrolment Information

The following information is required to ensure that your child is fully enrolled at school:

1. **Enrolment Form:** A fully completed and signed 'Enrolment Form' must be returned to the school office.  
**Note:** In the absence of a current court order, each parent of a child has equal parental responsibility and details for both parents must be completed.
2. **Proof of Age:** Official Documents: **Birth Certificate, Passport, Citizenship Document, Australia Visa Document or Immicard.** Unofficial Documents: **Note from GP attesting to child's age with GPs stamp and/or Medicare Card** indicating that your child turns 5 years of age by the 30<sup>th</sup> April in the year that they will commence school.
3. **School Entry Immunisation Certificate:**
  - The Australian Childhood Immunisation Register (ACIR) will automatically send you an Immunisation History Statement once your child has completed their 4-year-old vaccines.
  - The Immunisation History Statement should state 'This child has received all vaccines required by 5 years of age' at the bottom of the page (sample of excepted documentation see over).
  - If so, this document becomes the 'School Entry Immunisation Certificate'.
  - Take your Medicare card to a Medicare Office and request a print out of your child's Immunisation History Statement.
  - Sighting of the stamped immunisation booklet or documents produced by GPs or other immunization providers are not sufficient evidence to meet this requirement.
4. **Student Consent Forms:** All Student Consent Forms are located at the end of the Enrolment Form. The '**Consent Forms**' (ie. Local Excursion, Media, Head Lice Checks and PG Movies) must be completed and signed by the parent/guardian as part of the enrolment process. A Photography Filming and Recording Annual Consnet Form is also included and only to be returned if you DO NOT consent.
5. **Overseas Students:** Parents of children who were born overseas must provide a copy of the passport bearing the child's name. The school will photocopy the passport to record visa classification numbers.

## Privacy Collection Notice

Information for students, parents and carers

The Department of Education (the department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](#) (SEHQ) and the [Early Childhood Intervention Service](#) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being

provided to the school and that they understand their details may be disclosed by the department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.

- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the department to allocate appropriate resources to schools. The department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.
- **Immunisation status** – This assists schools to manage health risks and legal obligations. The department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](#) (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools' Privacy Policy](#)

# Form to Enrol in a Victorian Government School

MELTON WEST PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION - 20 \_\_\_\_

OFFICE USE ONLY

CASES21 Student ID:

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: (if applicable)	
Preferred First Name: (if applicable)	
♦ Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described:
Date of Birth: (dd-mm-yyyy)	Student Mobile Number: (if applicable)

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: (dd-mm-yyyy) ____ / ____ / ____	

Are you seeking to enrol the student at this school full-time?		<input type="checkbox"/> Yes (move to next section) <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 <sup>#</sup>	<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.

<sup>#</sup> 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 (move to next section)
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	<b>Name</b>	<b>Current Year Level</b>	<b>Reside at same residential address as the student</b>
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>		

**International Student ID\*: (Not required for exchange students)**

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

<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 (please specify): _____
	<b>Vision:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Speech/Language:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Physical:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Cognitive/Learning:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Social/Emotional:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____

## 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
<input type="checkbox"/> No (move to next section)		
<b>If Yes, name of last school attended:</b> _____		
<b>If Yes, location of last school attended:</b> (suburb/town/state/country) _____		
<b>If Yes, date of attendance:</b> (dd-mm-yyyy) _____ / _____ / _____ 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> (months/years) _____	<b>Is the student repeating a year level?</b>	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

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<b>Child's Name sighted:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Enrolment Date:</b>	
<b>Year Level:</b>	<b>Home Group:</b>	<b>Timetabling Group:</b>	<b>House:</b>	<b>Campus:</b>	
<b>Student Email Address:</b>					
<b>Australian residency confirmed:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sighted / provided	
<b>Date of birth confirmed:</b>		<input type="checkbox"/> Yes – Birth certificate	<input type="checkbox"/> Yes – Doctor certificate	<input type="checkbox"/> Yes - Other	<input type="checkbox"/> Not sighted / provided
<b>Does the student have a Disability ID number?</b>		<input type="checkbox"/> Yes (please specify): _____			<input type="checkbox"/> No

<b>For Foundation students, has a Transition Learning and Development Statement been provided?</b>	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carer	<input type="checkbox"/> Pending	<input type="checkbox"/> No
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**Does the student have a Victorian Student Number (VSN)?**

<input type="checkbox"/> Yes, please specify: _____	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No, the student has never been issued a VSN
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**OFFICE USE ONLY - ADDITIONAL NOTES**

**Additional notes regarding the student's enrolment:** (e.g. note if student information or documentation is missing and yet to be provided to the school)



# PARENT/CARER DETAILS

## Enrolling Adult 1

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> 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: (Email shall be used for communication that cannot be sent via phone)	
<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:
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally

Adult 1 Job Title:
Adult 1 Employer:

Is Adult 1 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 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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 2 Job Title:
Adult 2 Employer:

Is Adult 2 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 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 paid work for the last 12 months, enter 'N'.</li> </ul>	

## Additional Parents/Carers

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

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 (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (Write E for English)
1			
2			
3			
4			

## Correspondence Details

Send correspondence addressed to: (select one)	<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).

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

\*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

<b>Doctor's Name:</b>	
<b>Medical Centre:</b>	
<b>Street Address:</b>	
<b>Suburb:</b>	<b>Postcode:</b>
<b>State:</b>	<b>Telephone Number:</b>

### Asthma

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

### Medical Conditions

<b>Does the student have an allergy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the schools with an <a href="#">ASCIA Action Plan for Allergies</a> .	
<b>Is the student at risk of anaphylaxis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> .	
<b>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.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to <u>any of the above</u> , please specify:	
<b>Symptoms:</b>	
<b>If the student displays any of the symptoms above, please:</b>	
<b>Inform emergency contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Administer medication</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other medical action</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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)
If Yes, please provide further detail:	

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

## 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)
If Yes, please provide further detail: (e.g. sport, excursions)	

<b>OFFICE USE ONLY</b>	
Current Court Order or other access document placed on student file? <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 (proceed to next question)
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 (proceed to next question)
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**

<b>Can the student Individual Education Plan (IEP) include travel training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the student attending their nearest school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does the student reside in Designated Transport Area (DTA) (if attending special school)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Can the student be accommodated on an existing route (if applicable)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Pick-up Point:</b>	Map Ref:	Time AM:
<b>Set Down Point:</b>	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:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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
<b>Adult 3's preferred method of contact:</b> <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): _____	
<b>❖ Does Adult 3 speak a language other than English at home?</b> <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:	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly <input type="checkbox"/> Balanced(50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> 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	

  

<b>❖ What is the highest year of primary or secondary school Adult 3 has completed?</b> <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	
<b>❖ What is the level of the highest qualification that Adult 3 has completed?</b> <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	
<b>❖ What is the occupation group of Adult 3?</b> Please select the appropriate current parental occupation group from the attached list at the end of the document.	
• 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.	
• If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.	



## Enrolling Adult 4

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> 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:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> 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>	



**The following consent is given for your student while he/she remains at Melton West PS.  
Should you wish to revoke them at any time you must notify the school in writing please.**

#### **Local Excursion Permission Form**

From time to time teaching staff take the class on a local excursion outside the school grounds to further their experience in all aspects of the curriculum. These excursions are always on foot. Children are properly supervised at all times and every possible care is taken to ensure their safety and welfare.  
Please sign below. This consent will serve as permission only where no transport or cost is involved

I give permission for my child, ..... to participate in local excursions outside the school grounds. I authorise the teacher in charge, where it is impractical to communicate with me, to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent / Guardian signature: ..... Date: .....

#### **Media - Photographs / Videos**

From time to time we have special events at the school that are recorded by media. To enable your child to be photographed or videoed, which may result in them having their photo published in the paper, or the video clip appearing on television, we need parent consent. At all times only the child's Christian name would be used to identify them.  
Please sign below.

I give permission for my child, ..... to have his/her photo taken, or to appear in a video and his/her name to be published in the media.

Parent / Guardian signature: ..... Date: .....

#### **Head Lice Inspection - Consent**

Throughout the year, the school will be arranging head lice inspections of students. The management of head lice infestation works best when all children are involved in our screening program. The inspection of students will be conducted by a trained Inspection Officer. In cases where head lice are found, the person inspecting the student will inform the Principal. The school will contact parents. Please note that the law requires that were a child has head lice, that child should not return to school until appropriate treatment has commenced.  
Please sign below.

I give permission for my child, ..... to participate in the school's head lice inspection program.

Parent / Guardian signature: ..... Date: .....

#### **Movies Shown at School**

From time to time teachers would like to show a Movie / DVD to their class. These movies are often rated PG. If you have no objection to your child viewing a PG rated movie under the supervision of a teacher please sign below.

I give permission for my child, ..... to have view PG rated movies at school.

Parent / Guardian signature: ..... Date: .....

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

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

Parent / Guardian signature: ..... Date: .....

## Consent to release information from previous school

The Principal  
Melton West Primary School

Dear Principal,

I, ..... (name of parent) give my consent for

..... (previous school) to release:

- (i) Student Services files - if appropriate (inclusive of assessments by the school guidance officer and speech therapist) and
- (ii) Files maintained by the classroom teacher for the purpose of conducting an educational program, inclusive of copies of student reports.

For my child, ..... I understand that these files will be sent by registered post, or hand delivered by the Principal's nominee, to the Principal of:

Melton West Primary School  
P.O. Box 1493  
2 Rathdowne Circuit  
Melton 3337

I also consent to Principal / teacher at ..... (name of previous school) discussing aspects relating to my child's education with the teaching staff from Melton West PS and understand that the purpose of these discussions would be to help plan an educational program for my child. I undertake that if I have any concerns regarding the release of this information, or its contents, I will contact ..... (name of previous school) prior to me signing this consent, to inform them of my concerns.

Parent / Guardian signature: ..... Date: .....

Dear Principal (School Use)

.....

Please forward appropriate records relating to ..... (name of child).

Please do not hesitate to contact us if you have any comment or questions.

Signed: ..... (MWPS Assistant Principal)

**Melton West P.S.**  
**P.O. Box 1493**  
**Melton 3337**  
**Phone 9743 5818**

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## Consent to release information from Pre-school

We believe education is built upon a strong partnership, therefore, to ensure your child makes a smooth and happy transition from pre-school to school it is vital for us to know as much relevant information about your child as possible.

In order to help us with our planning for your child's individual needs we seek your written permission to meet with your child's pre-school teacher to discuss issues relating to schooling. Please sign the form below to give your permission.

I, ..... (parent / guardian) give permission for my child's pre-school teacher at ..... (name of pre-school) to discuss any relevant issues with the teacher from Melton West Primary School in order to make the transition from pre-school to primary school as smooth as possible for my child, .....

Parent/Guardian signature: ..... Date: .....

## Melton West Primary School: ICT Acceptable Use Agreement for the Internet and Digital Technologies

**The second page of this document must be signed for students to use the Internet and Digital Technologies at Melton West Primary School. For the full ICT Acceptable Use Policy, please visit this URL:**

**<http://meltonwestps.vic.edu.au/our-school/#policies>**

At Melton West Primary School, we support the right of all members of the school community to access safe and inclusive learning environments, including digital and online spaces. This form outlines the school's roles and responsibilities in supporting safe digital learning, as well as the expected behaviours we have of our students when using digital or online spaces.

### **Part A – School support for the safe and responsible use of digital technologies**

Melton West Primary School uses the Internet and digital technologies as teaching and learning tools. We see the Internet and digital technologies as valuable resources, but acknowledge they must be used responsibly.

Your child has been asked to agree to use the Internet and digital technologies responsibly at school. Parents/carers should be aware that the nature of the Internet is such that full protection from inappropriate content can never be guaranteed.

At **Melton West Primary School** we:

- have a Student Engagement and Inclusion Policy that outlines our school's values and expected student behaviour, including online behaviours
- have programs in place to educate our students to be safe and responsible users of digital technologies (e.g. eSmart Schools Framework)
- educate our students about digital issues such as online privacy, intellectual property and copyright
- supervise and support students using digital technologies in the classroom
- use clear protocols and procedures to protect students working in online spaces. This includes reviewing the safety and appropriateness of online tools and communities, removing offensive content at earliest opportunity, and other measures;
  - see: Duty of Care and Supervision  
([www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx))
- provide a filtered internet service to block inappropriate content (we acknowledge, however, that full protection from inappropriate content cannot be guaranteed)
- use online sites and digital tools that support students' learning
- address issues or incidents that have the potential to impact on the wellbeing of our students
- refer suspected illegal online acts to the relevant Law Enforcement authority for investigation
- support parents and guardians to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both the *Department of Education & Training* and The Children's eSafety Commission:
  - Bullystoppers Parent Interactive Learning Modules  
([www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx))
  - iParent | Office of the Children's eSafety Commissioner  
([www.esafety.gov.au/education-resources/iparent](http://www.esafety.gov.au/education-resources/iparent)).

If you have further queries or concerns in regard to this document, the Internet or digital technologies at Melton West Primary School, please do not hesitate to contact a member of the Principal class, at the school.

## Part B – Student Agreement

When I use digital technology I **communicate respectfully** by:

- always thinking and checking that what I write or post is polite and respectful
- being kind to my friends and classmates and thinking about how the things I do or say online might make them feel
- not sending mean or bullying messages or forwarding them to other people
- creating and presenting my own work, and if I copy something from online, letting my audience know by sharing the website link to acknowledge the creator.

When I use digital technologies I **protect personal information** by being aware that my full name, photo, birthday, address and phone number is personal information and is not to be shared online. This means I:

- protect my friends' information in the same way
- protect my passwords and don't share them with anyone except my parents or guardians
- only ever join spaces with my parents or teacher's guidance and permission
- never answer questions online that ask for my personal information
- know not to post three or more pieces of identifiable information about myself.

When I use digital technologies I **respect myself and others** by thinking about what I share online. This means I:

- stop to think about what I post or share online
- use spaces or sites that are appropriate, and if I am not sure I ask a trusted adult for help
- protect my friends' full names, birthdays, school names, addresses and phone numbers because this is their personal information
- speak to a trusted adult if I see something that makes me feel upset or if I need help
- speak to a trusted adult if someone is unkind to me or if I know someone else is upset
- don't deliberately search for something rude or violent
- turn off or close the screen if I see something I don't like and tell a trusted adult
- am careful with the equipment I use.

At Melton West Primary School we/I have:

- discussed ways to be a safe, responsible and ethical user of digital technologies
- presented my ideas around the ways that I can be a smart, safe, responsible and ethical user of digital technologies.

I will use this knowledge at school and everywhere I use digital technologies.

*Please note that Melton West Primary School does not encourage students to bring mobile phones or handheld devices to school and requires that, if it is necessary to bring them, they are handed to the office staff on arrival at school.*

**I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within this agreement. I understand that there are actions and consequences established within the school's Student Engagement Policy if I do not behave appropriately.**

Student Name \_\_\_\_\_ Year Level \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2024

## Melton West Primary School Digital Backpack

As well as different physical tools that your child needs for their learning at school, there are also digital tools that help them in their learning. Many of these are accessed online and require your permission for us to establish accounts for your child.

To allow us to set up these essential tools for your child, **please sign each of the boxes below**. While every class may not use all tools, signing and returning this form will allow the teacher to select those most appropriate to the task at the time. If you need any further information about the tools listed, please visit our website or speak to your child's teacher.

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_



### Grades P-6—1-1 iPad Pilot Program Agreement

At Melton West Primary School, we provide a safe and supportive learning environment for all students to achieve their highest potential as responsible and active digital citizens. We do this through providing authentic learning experiences where students connect and collaborate with local and global communities as they explore their passions, with high expectations of students as individual learners and thinkers.

To support and enhance learning each child will be provided with a school-purchased iPad at no cost to families. As each iPad has been paid for by the school, the iPad will remain on schoolgrounds and cannot be taken home.

If you have any queries about the 1-1 iPad Pilot Program, please feel free to contact the Grade Team Leader or Digital Pedagogies School Leader.

I give consent for my child, listed above, to participate in the 1-1 iPad Pilot Program and receive their own iPad for purposeful learning tasks at school for the duration of the pilot.

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



**Wushka** is a cloud-based digital reading program, which offers over 1000 levelled books to support students learning to read. **Wushka** can be accessed on any device, making it perfect for school and home reading. The program also provides teachers with real-time data, so intervention can be provided where needed.

The information required to set up a **Wushka** account for students is their full name, year level and class name. Students will also be supplied with a username and password.

I give consent for my child, listed above, to use **Wushka** for purposeful learning tasks at school and home.

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





**Mathletics** is an online e-learning platform that gives our school access to a worldwide Maths community of over 3 million students. Teachers assign Maths tasks for each student based on the learning taking place in class or individual learning goals. **Mathletics** also offers 'Live Mathletics' where students challenge other students around the world to develop rapid recall of number facts.

The information required to set up a **Mathletics** account for students is their full name, year level and class name. Students will also be supplied with a username and password.

**I give consent for my child, listed above, to use *Mathletics* for purposeful learning activities at school.**

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



**ClassDojo** is a communication app for the classroom. It connects teachers, parents and students who use it to share photos of learning and messages during the school day. **ClassDojo** also allows teachers to track students' negative behaviours easily and efficiently. Students are awarded 'bubble points' when they display behaviours that are consistent with the school's values, which parents can view once they are connected to their child's class.

The information required to enroll students in **ClassDojo** is their full name, year level and class name. Parents and guardians will be provided with an invitation to connect to their child's class on **ClassDojo**. Students will also have the option to connect to **ClassDojo** with further permission from their parent or guardian.

**I give consent for my child to be enrolled on *ClassDojo* and have their work samples published.**

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



Google's **G Suite for Education** includes *Gmail*, *Drive*, *Classroom*, *Calendar* and a variety of other digital resources designed for educational purposes. Students can collaborate with others and access their work from any Internet-enabled device at home or school. **G Suite for Education** provides users with closed access to these resources, ensuring that students can only communicate and share documents with teachers and other students within the school.

The information required to set up a **G Suite for Education** account for students is their full name, year level and class name. Students will also be supplied with a username and password.

**I give consent for my child to use *G Suite for Education* for purposeful learning activities at school.**

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