

**Mount Clear Primary School**

Your child’s Birth Certificate and up to date Immunisation Certificate can be photo-copied by the office staff and is a legal requirement for your child’s successful enrolment at Mount Clear Primary School

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT ENROLMENT INFORMATION 2023 | Computer Generated Student ID: |  |  |  |  |  |  |  |

# Student Details

## Personal Details of Student

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname**:** | |  | | | | Title: (Miss Ms, Mrs, Mx, Mr) | |  | |
| First Given Name: | | | |  | | | | | |
| Second Given Name: | | | |  | | | | | |
| Preferred Name (if applicable): | | | |  | | | | | |
| ❖Gender | 🞎 Male 🞎 Female | | | | 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill in blank) | | | | |
| Student Mobile Number: | | |  | | | | Birth Date: (dd-mm-yyyy) | | \_\_\_ / \_\_\_ / \_\_\_ |

### Primary Family Home Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. & Street: or PO Box details |  | | | |
| Suburb: |  | | | |
| State: |  | Postcode: |  | |
| Telephone Number: |  | Silent Number: (tick) | 🞎 Yes | 🞎 No |
| Mobile Number: |  | Fax Number: |  | |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name and Birth Date proof sighted (tick) | | | | | 🞎 Yes | | 🞎 No | | | Enrolment Date: |  | | |
| Year Level |  | Home Group |  | Timetabling Group | |  | | House | |  | | Campus |  |
| Student Email Address: | | | | |  | | | | | | | | |
| Immunisation Certificate received?: (tick) | | | | | 🞎 Complete | | | | 🞎 Not sighted | | | | |
| Is there a Medical Alert for the student? (tick) | | | | | 🞎 Yes | | 🞎 No | | | | | | |
| Does the student have a Disability ID Number? (tick) | | | | | 🞎 No | | 🞎 Yes | | | Disability ID No.: |  | | |
| Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick)  For prep students only | | | | | 🞎 Yes | | 🞎 No | | | 🞎 Pending | | | |

# Family Details

|  |
| --- |
| List any other family members attending this school: |
|  |

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## Primary Family Details

NOTE: The ‘PRIMARY’ Family is: “the family or parent the student mostly lives with”. Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

### Adult A Details (Primary Carer):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender : | 🞎 Male | | 🞎 Female 🞎\_\_\_\_\_\_\_\_\_\_\_ fill in blank | | | | | |
| Title: (Ms, Mrs, Mr, Mx, Dr etc) | | | |  | | | | |
| Legal Surname: | |  | | | | | | |
| Legal First Name: | |  | | | | | | |
| What is Adult A’s occupation? | | | |  | | | | |
| Who is Adult A’s employer? | | | |  | | | | |
| In which country was Adult A born? | | | | | | | | |
| 🞎 **Australia** | 🞎 Other (please specify): | | | | |  | | |
| ❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) | | | | | | | | |
| * No, English only * Yes (please specify): | | | | | | | | |
| Please indicate any additional languages spoken by Adult A: | | | | |  | | | |
| Is an interpreter required? (tick) | | | | | 🞎 Yes | | 🞎 No | |
| ❖What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) | | | | | | | | |
| 🞎 Year 12 or equivalent | | | | | | | | |
| 🞎 Year 11 or equivalent | | | | | | | | |
| 🞎 Year 10 or equivalent | | | | | | | | |
| 🞎 Year 9 or equivalent or below | | | | | | | | |
| ❖What is the level of the *highest* qualification the Adult A has completed? (tick one) | | | | | | | | |
| 🞎 Bachelor degree or above | | | | | | | | |
| 🞎 Advanced diploma / Diploma | | | | | | | | |
| 🞎 Certificate I to IV (including trade certificate) | | | | | | | | |
| 🞎 No non-school qualification | | | | | | | | |
| ❖What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.   * 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 occupation group list. | | | | | | | | |
| * If the person has not been in paid work for the last 12 months, enter ‘N’. | | | | | | | |  |

### Adult B Details:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender: | 🞎 Male | | 🞎 Female 🞎\_\_\_\_\_\_\_\_\_\_\_ fill in blank | | | | | |
| Title: (Ms, Mrs, Mr, Mx, Dr etc) | | | |  | | | | |
| Legal Surname: | |  | | | | | | |
| Legal First Name: | |  | | | | | | |
| What is Adult B’s occupation? | | | |  | | | | |
| Who is Adult B’s employer? | | | |  | | | | |
| In which country was Adult B born? | | | | | | | | |
| 🞎 **Australia** | 🞎 Other (please specify): | | | | |  | | |
| ❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) | | | | | | | | |
| * No, English only * Yes (please specify): | | | | | | | | |
| Please indicate any additional languages spoken by Adult B: | | | | |  | | | |
| Is an interpreter required? (tick) | | | | | 🞎 Yes | | 🞎 No | |
| ❖What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.) | | | | | | | | |
| 🞎 Year 12 or equivalent | | | | | | | | |
| 🞎 Year 11 or equivalent | | | | | | | | |
| 🞎 Year 10 or equivalent | | | | | | | | |
| 🞎 Year 9 or equivalent or below | | | | | | | | |
| ❖ What is the level of the *highest* qualification the Adult B has completed? (tick one) | | | | | | | | |
| 🞎 Bachelor degree or above | | | | | | | | |
| 🞎 Advanced diploma / Diploma | | | | | | | | |
| 🞎 Certificate I to IV (including trade certificate) | | | | | | | | |
| 🞎 No non-school qualification | | | | | | | | |
| ❖What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.   * 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 occupation group list. | | | | | | | | |
| * If the person has not been in paid work for the last 12 months, enter ‘N’. | | | | | | | |  |

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Main language spoken at home: |  | Preferred language of notices: | | |  | |
| Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick) | | 🞎 Adult A | 🞎 Adult B | 🞎 Both | | 🞎 Neither |

## Primary Family Contact Details

### Adult A Contact Details:

###### Business Hours:

|  |  |  |  |
| --- | --- | --- | --- |
| Can we contact Adult A at work? (tick) | | 🞎 Yes | 🞎 No |
| Is Adult A usually home during business hours? (tick) | | 🞎 Yes | 🞎 No |
| Work Telephone No: |  | | |
| Other Work Contact information: |  | | |

###### After Hours:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is Adult A usually home AFTER business hours? (tick) | | | | | | 🞎 Yes | | | 🞎 No |
| Home Telephone No: | | |  | | | | | | |
| Other After Hours Contact Information: | | |  | | | | | | |
| Mobile No: | | |  | | | | | | |
| SMS Notifications: | | | | | 🞎 Yes | | | 🞎 No | |
| Adult A’s preferred method of contact: (tick one)  (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) | | | | | | | | | |
| 🞎 Mail | 🞎 Email | | | 🞎 Phone | | | 🞎 Facsimile | | |
| Email address: | |  | | | | | | | |
| Email Notifications: | | | | | 🞎 Yes | | | 🞎 No | |
| Fax Number: | |  | | | | | | | |

### Adult B Contact Details:

###### Business Hours:

|  |  |  |  |
| --- | --- | --- | --- |
| Can we contact Adult B at work? (tick) | | 🞎 Yes | 🞎 No |
| Is Adult B usually home during business hours? (tick) | | 🞎 Yes | 🞎 No |
| Work Telephone No: |  | | |
| Other Work Contact information: |  | | |

###### After Hours:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is Adult B usually home AFTER business hours? (tick) | | | | | | 🞎 Yes | | 🞎 No | | |
| Home Telephone No: | | |  | | | | | | | |
| Other After Hours Contact Information: | | |  | | | | | | | |
| Mobile No: | | |  | | | | | | | |
| SMS Notifications: | | | | | | 🞎 Yes | | | | 🞎 No |
| Adult B’s preferred method of contact: (tick one)  (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) | | | | | | | | | | |
| 🞎 Mail | 🞎 Email | | | 🞎 Phone | | | 🞎 Facsimile | | | |
| Email address: | |  | | | | | | | | |
| Email Notifications: | | | | | 🞎 Yes | | | | 🞎 No | |
| Fax Number: | |  | | | | | | | | |

### Primary Family Mailing Address:

Write “As Above” if the same as Family Home Address

|  |  |  |  |
| --- | --- | --- | --- |
| No. & Street or PO Box |  | | |
| Suburb: |  | | |
| State: |  | Postcode: |  |

### Primary Family Doctor Details:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor’s Name |  | | | | Individual or Group Practice: (tick) | | | | | 🞎 Individual | 🞎 Group |
| No. & Street or PO Box No.: | |  | | | | | | | | | |
| Suburb: | |  | | | | | | | | | |
| State: | |  | | | | | Postcode: | |  | | |
| Telephone Number | |  | | | | | Fax Number | |  | | |
| Current Ambulance Subscription: (tick) | | | 🞎 Yes | 🞎 No | | Medicare Number: | |  | | | |

## Primary Family Emergency Contacts:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relationship | Telephone Contact | Language Spoken |
|  |  | (Neighbour, Relative, Friend or Other) |  | (If English Write “E”) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

## Primary Family Billing Address:

Write “As Above” if the same as Family Home Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. & Street or PO Box |  | | | |
| Suburb: |  | | | |
| State: |  | | Postcode: |  |
| Billing Email | 🞎 Adult A  🞎 Adult B | 🞎 Other (Please Specify) | | |

## Other Primary Family Details

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship of Adult A to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |
| Relationship of Adult B to Student: (tick one) | 🞎 Parent | 🞎 Step-Parent | 🞎 Adoptive Parent |
| 🞎 Foster Parent | 🞎 Host Family | 🞎 Relative |
| 🞎 Friend | 🞎 Self | 🞎 Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The student lives with the Primary Family: (tick one) | | | | |
| 🞎 Always | 🞎 Mostly | 🞎 Balanced | 🞎 Occasionally | 🞎 Never |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Send Correspondence addressed to: (tick one) | 🞎 Adult A | 🞎 Adult B | 🞎 Both Adults | 🞎 Neither |

## Demographic Details of Student

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ❖ In which country was the student born? | | | | | | | | | | | | |
| 🞎 Australia | | 🞎 Other (please specify): | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) | | | | | | | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | | | |
| What is the Residential Status of the student? (tick) | | | | | | | 🞎 Permanent | | 🞎 Temporary | | | |
| Basis of Australian Residency: | | | | | | | | | | | | |
| 🞎 Eligible for Australian Passport | | | | | 🞎 Holds Australian Passport | | | | | | | |
| 🞎 Holds Permanent Residency Visa | | | | | | | | | | | | |
| Visa Sub Class: |  | | | Visa Expiry Date: (dd-mm-yyyy) | | | | | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | |
| Visa Statistical Code: (Required for some sub-classes) | | | |  | | | | | | | | |
| International Student ID :(Not required for exchange students) | | | | | |  | | | | | | |
| ❖ Does the student speak a language other than English at home? (tick)  ( If more than one language is spoken at home, indicate the one that is spoken most often) | | | | | | | | | | | | |
| 🞎 No, English only | | | 🞎 Yes (please specify): | | | | | | | | | |
| Does the student speak English? (tick) | | | | | | | | | | | 🞎 Yes | 🞎 No |
| ❖Is the student of Aboriginal or Torres Strait Islander origin? (tick one) | | | | | | | | | | | | |
| 🞎 No | | | | | 🞎 Yes, Aboriginal | | | | | | | |
| 🞎 Yes, Torres Strait Islander | | | | | 🞎 Yes, Both Aboriginal & Torres Strait Islander | | | | | | | |
|  | | | | |  | | | | | | | |
| Is the student a young carer (providing support/care for other family member/s)? (tick one) | | | | | | | | | | | | |
| 🞎 No | | | | | 🞎 Yes | | | | | | | |
| What is the student’s living arrangements? (tick one): | | | | | | | | | | | | |
| 🞎 At home with TWO Parents/ Guardians | | | | | 🞎 State Arranged Out of Home Care # (See Note) | | | | | | | |
| 🞎 At home with ONE Parent/ Guardian | | | | | 🞎 Homeless Youth | | | | | | | |
| 🞎 Independent | | | | |  | | | | | | | |

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Beginning of journey to school: | | | Map Type | | | | | Melway / VicRoads / Country Fire Authority / Other | | | | | | |
| Map Number |  | | | | X Reference | | | |  | | Y Reference | |  | |
| Usual mode of transport to school: (tick) | | | | | | | | | | | | | | |
| 🞎 Walking | | 🞎 School Bus | | | | 🞎 Train | | | | 🞎 Driven | | 🞎 Taxi | | |
| 🞎 Bicycle | | 🞎 Public Bus | | | | 🞎 Tram | | | | 🞎 Self Driven | | 🞎 Other | | |
| If student drives themself to school: | | | | Car Reg. No. | | |  | | | Distance to School in kilometres: | | | |  |

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## School Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of first enrolment in an Australian School: | | | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ | | | | | | | | | |
| Name of previous School: | |  | | | | | | | | | | | |
| Years of previous education: | |  | | What was the language of the student’s previous education? | | | | |  | | | | |
| Does the student have a Victorian Student Number (VSN)? | | | | | | | | | | | | | |
| * Yes.   Please specify:  🞎🞎🞎🞎🞎🞎🞎🞎🞎 | | | * Yes, but the VSN is unknown | | | | | 🞎 No. The student has never been issued a VSN. | | | | | |
| Years of interruption to education: | | |  | | Is the student repeating a year? (tick) | | | 🞎 Yes | | | | 🞎 No | |
| Will the student be attending this school full time? (tick) | | | | | | | | 🞎 Yes | | | | 🞎 No | |
| If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week) | | | | | | | | | | | |  | |
| Other school Name: |  | | | | | Time fraction: | 0. | | | Enrolled: | 🞎 Yes | | 🞎 No |
| Other school Name: |  | | | | | Time fraction: | 0. | | | Enrolled: | 🞎 Yes | | 🞎 No |

## Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

|  |
| --- |
| Enrolment conditions |

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| --- | --- | --- |
| Has the documentation been provided and retained on school records? | 🞎 Yes | 🞎 No |
| Have the conditions been met to complete the enrolment? | 🞎 Yes | 🞎 No |

## Student Access or Activity Restrictions Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the student at risk? | | 🞎 Yes | | 🞎 No | |
| Is there an Access Alert for the student? (tick) | | 🞎 Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | | 🞎 No (If No, move to the immunisation / medical condition details questions.) | |
| Access Type: (tick) | 🞎 Parenting Order | 🞎 Parenting Plan | 🞎 Intervention Order | | 🞎 Protection Order |
|  | 🞎 Informal Carer Stat Dec | 🞎 DHHS Authorisation | 🞎 Witness Protection Program Order | | 🞎 Other |
| Describe any Access Restriction: | |  | | | |
| Is there an Activity Alert for the student? (tick) | | 🞎 Yes | | 🞎 No | |
| If Yes, then describe the Activity Restriction: | |  | | | |

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|  |  |  |
| --- | --- | --- |
| Current custody document placed on student file? | 🞎 Yes | 🞎 No |

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

* consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
* administer such first aid as the Principal or staff member may judge to be reasonably necessary.

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

**CONSENT FORM — HEAD LICE INSPECTIONS**

Throughout each year, the school may arrange head lice inspections of students.

The management of head lice infestation 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 stigmatisation.

Before any inspections are conducted staff 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 physically search through each student’s hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student’s class teacher, principal and parent.

Please note that the school policy requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

I hereby give my consent for my child, for the term of their enrolment, to participate in the school’s head lice inspection program.

*(Please tick)*

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

## Student Medical Details

### Medical Condition Details:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the student suffer from any of the following impairments? (tick) | Hearing: | 🞎 Yes | 🞎 No | Vision | | 🞎 Yes | 🞎 No |
| Speech: | 🞎 Yes | 🞎 No | Mobility: | | 🞎 Yes | 🞎 No |
| Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section | | | | | 🞎 Yes | | 🞎 No |

### Asthma Medical Condition Details:

Answer the following questions ONLY if the student suffers from any asthma medical conditions.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate if the student suffers from any of the following symptoms: (tick) | | | | | | | | | If my child displays any of these symptoms please: (tick) | | | | | | | | | | | | | |
| 🞎 Cough | | | | | | | | | Inform Doctor | | | | | | | | | | 🞎 Yes | | | 🞎 No |
| 🞎 Difficulty Breathing | | | | | | | | | Inform Emergency Contact | | | | | | | | | | 🞎 Yes | | | 🞎 No |
| 🞎 Wheeze | | | | | | | | | Administer Medication | | | | | | | | | | 🞎 Yes | | | 🞎 No |
| 🞎 Exhibits symptoms after exertion | | | | | | | | | Other Medical Action | | | | | | | | | | 🞎 Yes | | | 🞎 No |
| 🞎 Tight Chest | | | | | | | | | If yes, please specify: | | | | | | | | | |  | | | |
| Has an Asthma Management Plan been provided to School? | | | | | | | | | | | | | | | | | | | 🞎 Yes | | | 🞎 No |
| Does the student take medication? (tick) | | | | | 🞎 Yes | 🞎 No | | | | Name of medication taken: | | | | | | |  | | | | | |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | | | | | | | | | | | | | | 🞎 Preventative | | | | | | | 🞎 Response | |
| Indicate the usual dosage of medication taken: | | |  | | | | | | | Indicate how frequently the medication is taken: | | | | | |  | | | | | | |
| Medication is usually administered by: (tick) | | | | | | 🞎 Student | | | | | | 🞎 Nurse | | | 🞎 Teacher | | | | | 🞎 Other | | |
| Medication is stored: (tick) | | | | 🞎 with Student | | | | 🞎 with Nurse | | | | | 🞎 Fridge in Staff Room | | | | | | | 🞎 Elsewhere | | |
| Dosage time |  | Reminder required? (tick) | | | | | 🞎 Yes | | | | 🞎 No | | Poison Rating | | | | |  | | | | |

### Other Medical Conditions

(More copies of the other medical condition forms are available on request from the school.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does the student have any other medical condition? (tick) | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes | 🞎 No |
| If yes, please specify: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Symptoms: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| If my child displays any of the symptoms above please: (tick) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform Doctor | | | | | | 🞎 Yes | | 🞎 No | | | | | Inform Emergency Contact | | | | | | | | | | 🞎 Yes | | 🞎 No |
| Administer Medication | | | | | | 🞎 Yes | | 🞎 No | | | | | Other Medical Action | | | | | | | | | | 🞎 Yes | | 🞎 No |
|  | | | | | | | | | | | | | If yes, please specify: | | | | | | |  | | | | | |
| Does the student take medication? (tick) | | | | | | | 🞎 Yes | | 🞎 No | | | | Name of medication taken: | | | | | | | |  | | | | |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) | | | | | | | | | | | | | | | | | | 🞎 Preventative | | | | | | 🞎 Response | |
| Indicate the usual dosage of medication taken: | | | | |  | | | | | | | | Indicate how frequently the medication is taken: | | | | | | | | | | |  | |
| Medication is usually administered by: (tick) | | | | | | | | | | 🞎 Student | | | | | 🞎 Nurse | | | | 🞎 Teacher | | | 🞎 Other | | | |
| Medication is stored: (tick) | | | | 🞎 with Student | | | | | | | | 🞎with Nurse | | | | 🞎 Fridge in Staff Room | | | | | | 🞎 Elsewhere | | | |
| Dosage time |  | Reminder required? (tick) | | | | | | | | | 🞎 Yes | | | 🞎 No | | | Poison Rating | | | | |  | | | |

## Student Doctor Details

The following details should only be provided if this student has a Doctor and/or Medicare number different to the Primary Family.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor’s Name: |  | | | |
| Individual or Group Practice: (tick) | | | 🞎 Individual | 🞎 Group |
| No. & Street or PO Box No.: |  | | | |
| Suburb: |  | | | |
| State: |  | Postcode: |  | |
| Telephone Number |  | Fax Number |  | |
| Student Medicare Number: |  | | | |

## Student Emergency Contacts

This section should ONLY be filled out if THIS student has emergency contacts other than the Prime Family Emergency Contacts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Relationship | Language Spoken | Telephone Contact |
|  |  | (Neighbour, Relative, Friend or Other) | (If English Write “E”) |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

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.

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

# Parental Occupation Group Codes

The codes outlined below are to be used when providing family occupation details for enrolled students. 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, proof reader, 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 Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women 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 / child care 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



**Photographing, Filming and Recording students at Mount Clear Primary School**

**Annual Consent Form and Collection Notice**

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase particular learning programs, document a student’s learning journey/camps/excursions/sports events etc, communicate with our parents and school community in newsletters etc.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events eg concerts, sports events etc do so in a respectful and safe manner and that any photos, video or recordings (“images” of students) are not publicly posted eg to a social media account without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school on 5330 1844 and/or mount.clear.ps@edumail.vic.gov.au.

**A. Use or disclosure within the school community**

**Unless you tell us otherwise below**, images of your child may be used by our school within the school community, as described below.

Photographs, video or recordings of students may be used within the school community in any of the following ways:

• in the school’s communication, learning and teaching tools for example, emails, classroom blogs or apps that can only be accessed by students, parents/carers or school staff with passwords eg Compass, Class Dojo etc

• for display in school classrooms, on noticeboards etc

• to support student’s health and wellbeing (eg photographs of pencil grip to assist in OT assessments)

**B. Use or disclosure in publications/locations that are publicly accessible**

**Unless you tell us otherwise below**, photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

• on the school’s website including in the school newsletter which is publicly available on the website

Your child may be identified by first name only in these images (or not named at all).

We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes, including the use of the image on the school website.

**Privacy**

Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of ‘personal information’ under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child’s personal information. The school is part of the Department of Education and Training (the Department). The Department values the privacy of every person and must comply with the Privacy and Data Protection Act 2014 (Vic) when collecting and managing all personal information. For further information see Schools’ Privacy Policy (<http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>)

**Ownership and Reproduction**

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

**Opt Out**

Mount Clear Primary School understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child apart from circumstances where the school is not required to seek consent – see our Photographing, Filming and Recording Students Policy.

**If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, you do not need to take any further action.**

However, if you have decided that you do not want images of your child to be collected or used by our school, please complete the form below and return it to your child’s classroom teacher. Please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

I have read this form and I do not consent to Mount Clear Primary School using photos, video or recordings of my child (named below) to appear in the following ways:

☐ Use within the school community eg in the school’s communication, learning and teaching tools, on display around the school etc If you simply sign it and return it, you DO give permission

☐ Use in publications/locations that are publicly accessible eg on the school’s website, in the school newsletter

If you tick the boxes, you are removing permission for the box or boxes that you tick.

Note:

• You may choose to opt out of both or only one type of use.

• It may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

• Further information is available in the Mount Clear Primary School’s Photographing, Filming and Recording Students Policy

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Name of parent/carer** |  |
| **Signature** |  |
| **Date** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |

SCHOOLS’ PRIVACY POLICY

The Department of Education and Training (which includes all Victorian government schools, central and regional offices) values the privacy of every person and is committed to protecting information that schools collect.

All staff including contractors, service providers and volunteers of the Department, and this Victorian government school (**our school**), must comply with Victorian privacy law and this policy.

In Victorian government schools the management of ‘personal information’ and ‘health information’ is governed by the *Privacy and Data Protection Act 2014* (Vic) and *Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**).

This policy explains how our school collects and manages personal and health information, consistent with Victorian privacy law.

## Current version of this policy

This policy will be regularly reviewed and updated to take account of new laws and technology and the changing school environment when required. Please ensure you have the current version of this policy.

## Definitions

**Personal information** is information or opinion, whether true or not, about a person whose identity is apparent, or can reasonably be ascertained, from the information or opinion – that is recorded in any form. For example, a person's name, address, phone number and date of birth (age). De-identified information about students can also be personal information.

**Health information** is information or opinion about a person’s physical, mental or psychological health or disability, that is also personal information – whether in writing or not. This includes information or opinion about a person’s health status and medical history, immunisation status and allergies, as well as counselling records.

**Sensitive information** is information or opinion about a set of specific characteristics, including a person’s racial or ethnic origin, political opinions or affiliations, religious beliefs or affiliations, philosophical beliefs, sexual orientation or practices; or criminal record. It also includes health information.

## What information do we collect?

Our school collects the following type of information:

* information about students and their families, provided by students, their families and others
* information about job applicants, staff, volunteers and visitors; provided by job applicants, staff members, volunteers, visitors and others.

## How do we collect this information?

Our school collects information in a number of ways, including:

* in person and over the phone: from students and their families, staff, volunteers, visitors, job applicants and others
* from electronic and paper documentation: including job applications, emails, invoices, enrolment forms, letters to our school, consent forms (for example: enrolment, excursion, Student Support Services consent forms), our school’s website or school-controlled social media
* through online tools: such as apps and other software used by our school
* through any CCTV cameras located at our school.

**Collection notices**

When our school collects information about you, our school takes reasonable steps to advise you of how the information will be handled. This includes the purpose of the collection, and how to access, update and correct information held about you. For information about students and their families, a collection notice is provided to parents (or students who are mature minors) upon enrolment.

**Unsolicited information about you**

Our school may receive information about you that we have taken no active steps to collect. If permitted or required by law, our school may keep records of this information. If not, we will destroy or de-identify the information when practicable, lawful and reasonable to do so.

## Why do we collect this information?

**Primary purposes of collecting information about students and their families**

Our school collects information about students and their families when necessary to:

* educate students
* support students’ social and emotional wellbeing, and health
* fulfil legal requirements, including to:
  + take reasonable steps to reduce the risk of reasonably foreseeable harm to students, staff and visitors   
    (duty of care)
  + make reasonable adjustments for students with disabilities (anti‑discrimination law)
  + provide a safe and secure workplace (occupational health and safety law)
* enable our school to:
  + communicate with parents about students’ schooling matters and celebrate the efforts and achievements of students
  + maintain the good order and management of our school
* enable the Department to:
  + ensure the effective management, resourcing and administration of our school
  + fulfil statutory functions and duties
  + plan, fund, monitor, regulate and evaluate the Department’s policies, services and functions
  + comply with reporting requirements
  + investigate incidents in schools and/or respond to any legal claims against the Department, including any of its schools.

**Primary purposes of collecting information about others**

Our school collects information about staff, volunteers and job applicants:

* to assess applicants’ suitability for employment or volunteering
* to administer employment or volunteer placement
* for insurance purposes, including public liability and WorkCover
* to fulfil various legal obligations, including employment and contractual obligations, occupational health and safety law and to investigate incidents
* to respond to legal claims against our school/the Department.

## When do we use or disclose information?

Our school uses or discloses information consistent with Victorian privacy law, as follows:

1. for a **primary purpose** – as defined above
2. for a related **secondary purpose** that is reasonably to be expected – for example, to enable the school council to fulfil its objectives, functions and powers
3. with **notice and/or consent** – including consent provided on enrolment and other forms
4. when **necessary to lessen or prevent a serious threat** to:

* a person’s life, health, safety or welfare
* the public’s health, safety or welfare

1. when **required or authorised by law** – including as a result of our duty of care, anti-discrimination law, occupational health and safety law, reporting obligations to agencies such as Department of Health and Human Services and complying with tribunal or court orders, subpoenas or Victoria Police warrants
2. to investigate or report **unlawful activity**, or when reasonably necessary for a specified **law enforcement** purpose, including the prevention or investigation of a criminal offence or seriously improper conduct, by or on behalf of a law enforcement agency
3. for Department **research or school statistics** purposes
4. to establish or respond to a **legal claim**.

A unique identifier (a CASES21 code) is assigned to each student to enable the school to carry out its functions effectively.

## Student transfers between Victorian government schools

When a student has been accepted at, and is transferring to, another Victorian government school, our school transfers information about the student to that school. This may include copies of the student’s school records, including any health information.

This enables the next school to continue to provide for the education of the student, to support the student’s social and emotional wellbeing and health, and to fulfil legal requirements.

## NAPLAN results

NAPLAN is the national assessment for students in years 3, 5, 7 and 9, in reading, writing, language and numeracy.

When a student transfers to another Victorian government school, their NAPLAN results are able to be transferred to that next school.

Additionally, a student’s NAPLAN results are able to be provided to the student’s previous Victorian government school to enable that school to evaluate their education program.

## Responding to complaints

On occasion our school, and the Department’s central and regional offices, receive complaints from parents and others. Our school and/or the Department’s central or regional offices will use and disclose information as considered appropriate to respond to these complaints (including responding to complaints made to external organisations or agencies).

## Accessing your information

All individuals, or their authorised representative(s), have a right to access, update and correct information that our school holds about them.

## Access to student information

Our school only provides school reports and ordinary school communications to parents who have a legal right to that information. Requests for access to other student information must be made by making a Freedom of Information (FOI) application through the Department’s Freedom of Information Unit (see below).

In some circumstances, an authorised representative may not be entitled to information about the student. These circumstances include when granting access would not be in the student’s best interests or would breach our duty of care to the student, would be contrary to a mature minor student’s wishes or would unreasonably impact on the privacy of another person.

## Access to staff information

School staff may first seek access to their personnel file by contacting the principal. If direct access is not granted, the staff member may request access through the Department's Freedom of Information Unit.

## Storing and securing information

Our school takes reasonable steps to protect information from misuse and loss, and from unauthorised access, modification and disclosure. Our school stores all paper and electronic records securely, consistent with the Department’s records management policy and information security standards. All school records are disposed of, or transferred to the State Archives (Public Record Office Victoria), as required by the relevant Public Record Office Standard.

When using software and contracted service providers to manage information, our school assesses these according to the appropriate departmental processes. One example of this is that staff passwords for school systems are strong and updated on a regular basis, consistent with the Department’s password policy.

## Updating your information

We endeavour to ensure that information about students, their families and staff is accurate, complete and up to date. To update your information, please contact our school’s general office.

## FOI and Privacy

To make a FOI application contact:

**Freedom of Information Unit**  
Department of Education and Training  
2 Treasury Place, East Melbourne VIC 3002  
(03) 9637 3961  
[foi@edumail.vic.gov.au](mailto:foi@edumail.vic.gov.au)

If you have a query or complaint about privacy, please contact:

**Knowledge, Privacy and Records Branch**  
Department of Education and Training  
2 Treasury Place, East Melbourne VIC 3002

(03) 8688 7967  
[privacy@edumail.vic.gov.au](mailto:privacy@edumail.vic.gov.au)