# Albion Primary School

**Student Enrolment Information – 2017**

## Student Details

### Personal Details of Student

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>First Given Name</td>
<td></td>
</tr>
<tr>
<td>Second Given Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Name (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Title (Miss Ms Mr)</td>
<td></td>
</tr>
<tr>
<td>Sex (tick): Male</td>
<td>☐</td>
</tr>
<tr>
<td>Sex (tick): Female</td>
<td>☐</td>
</tr>
<tr>
<td>Birth Date (dd-mm-yyyy)</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Student Mobile Number:**

### Primary Family Home Address:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. &amp; Street: or PO</td>
<td></td>
</tr>
<tr>
<td>Box details</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Silent Number (tick)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
</tbody>
</table>

**Office Use Only**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name and Birth Date proof sighted (tick)</td>
<td>☐ Yes ☐ No  Enrolment Date:</td>
</tr>
<tr>
<td>Year Level</td>
<td>Home Group</td>
</tr>
<tr>
<td>Student Email Address:</td>
<td></td>
</tr>
<tr>
<td>Immunisation Certificate received? (tick)</td>
<td>☐ Complete ☐ Not sighted</td>
</tr>
<tr>
<td>Is there a Medical Alert for the student? (tick)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Does the student have a Disability ID Number? (tick)</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick)</td>
<td>☐ Yes ☐ No ☐ Pending</td>
</tr>
</tbody>
</table>

**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):

| Sex (tick): | □ Male | □ Female |
| Title: (Ms, Mrs, Mr, 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’. |

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

### ADULT B DETAILS:

| Sex (tick): | □ Male | □ Female |
| Title: (Ms, Mrs, Mr, 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’. |

| 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?**
  - □ Yes  □ No
- **Is Adult A usually home during business hours?**
  - □ Yes  □ No

**Work Telephone No:**

**Other Work Contact information:**

#### After Hours:
- **Is Adult A usually home AFTER business hours?**
  - □ Yes  □ No

**Home Telephone No:**

**Other After Hours Contact Information:**

- **Adult A's preferred method of contact:**
  - □ Mail  □ Email  □ Facsimile

**Email address:**

**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:**
  - □ Individual  □ Group
- **No. & Street or PO Box No.:**
- **Suburb:**
- **State:**
- **Postcode:**
- **Telephone Number**
- **Fax Number**
- **Current Ambulance Subscription:**
  - □ Yes  □ No
- **Medicare Number:**
### Primary Family Emergency Contacts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Telephone Contact</th>
<th>Language Spoken (If English Write “E”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Primary Family Billing Address:

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

<table>
<thead>
<tr>
<th>No. &amp; Street or PO Box</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)
- ☐ 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, Both Aboriginal & Torres Strait Islander

**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 Human Services and live in alternative care arrangements away from their parents. These DHS-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:**

<table>
<thead>
<tr>
<th>Map Type</th>
<th>Melway / VicRoads / Country Fire Authority / Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map Number</td>
<td>X Reference</td>
</tr>
</tbody>
</table>

**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:

**Student’s Religion:**

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

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

### 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 Guide’s Admission page for more information (http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx).

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the student at risk?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is there an Access Alert for the student?</strong> (tick)</td>
<td>Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)</td>
<td>No (If No, move to the immunisation / medical condition details questions.)</td>
</tr>
<tr>
<td><strong>Access Type</strong>: (tick)</td>
<td>Court Order</td>
<td>Family Law Order</td>
</tr>
<tr>
<td><strong>Describe any Access Restriction:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is there an Activity Alert for the student?</strong> (tick)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>If Yes, then describe the Activity Restriction:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY**

| 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: _____ / _____ / _______
# Student Medical Details

## Medical Condition Details:

<table>
<thead>
<tr>
<th>Does the student suffer from any of the following impairments? (tick)</th>
<th>Hearing:</th>
<th>Vision:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the student suffer from Asthma? (tick)</th>
<th>Mobility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No, please go to the Other Medical Conditions section</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

## Asthma Medical Condition Details:

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

<table>
<thead>
<tr>
<th>Please indicate if the student suffers from any of the following symptoms: (tick)</th>
<th>If my child displays any of these symptoms please: (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cough</td>
<td>Inform Doctor</td>
</tr>
<tr>
<td>□ Difficulty Breathing</td>
<td>Inform Emergency Contact</td>
</tr>
<tr>
<td>□ Wheeze</td>
<td>Administer Medication</td>
</tr>
<tr>
<td>□ Exhibits symptoms after exertion</td>
<td>Other Medical Action</td>
</tr>
<tr>
<td>□ Tight Chest</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Does the student have any other medical condition? (tick)</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Doctor’s Name:</th>
</tr>
</thead>
</table>

| Individual or Group Practice: (tick) | □ Individual  □ Group |

<table>
<thead>
<tr>
<th>No. &amp; Street or PO Box No.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suburb:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Fax Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Medicare Number:</th>
</tr>
</thead>
</table>

**STUDENT EMERGENCY CONTACTS**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (Neighbour, Relative, Friend or Other)</th>
<th>Language Spoken (If English Write “E”)</th>
<th>Telephone Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
- **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:
- **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** (laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)
Albion Primary School
Release of school held files

Dear Principal,

I / We ________________________________________ give my consent for
(Parent/Guardian)
__________________________________________ Primary School to release:
(previous school)
- Student Services files (if appropriate) inclusive of assessments by the school guidance officer and / or speech therapist
- Files maintained by the classroom teacher for the purpose of conducting an educational program, inclusive of copies of student reports

for my child __________________________________________.

I / We understand that these files will be sent by registered post, or hand delivered by the Principal or Principal’s nominee, to the Principal of:

Albion Primary School
Adelaide Street
Albion Vic 3020

I also consent to ____________________________ Primary School discussing (previous school)
aspects relating to my child’s education with the teaching staff of Albion Primary School 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 _____________________ Primary School, prior to me signing this consent, to inform them of my concerns.

Signed ___________________________________
(Parent/Guardian)

Print name of Parent / Guardian _____________________________ Date __________
Albion Primary School
Parent/Guardian Recording Authorisation

I, the parent/legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student for the duration of their schooling at this school.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Albion Primary School without acknowledgement and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the principal.

Name of Student
________________________________

Name of Parent/Guardian
________________________________

Contact Telephone Number
__________________________

Signature
________________________________
(Parent/Guardian)

Date / /
ACCEPTABLE USE AGREEMENT FOR STUDENTS
For digital technologies including the Internet and mobile storage devices for the duration of student’s schooling at Albion Primary School

When I use digital technologies I will demonstrate the school’s values. I agree to:

Respect
✓ Communicate politely and calmly and only in language that is acceptable in my school.
✓ Use the school’s resources appropriately and responsibly.
✓ Never send mean or bullying messages or pass them on, as this makes me part of the bullying.
✓ Follow the school and classroom rules relating to digital technologies.
✓ Not bring or download unauthorized programs, including games, to the school or run them on the school’s digital technologies.
✓ Not interfere in the work or data of another student.
✓ Not interfering with network systems and security.
✓ Only taking photos or recording sound or video at school when I have formal consent or it is part of an approved lesson.

Care
✓ Protect personal information by being aware that my full name, photo, birthdate, school name, address and phone number is personal information and not to be shared online.
✓ Never share friends’ full names, birthdates, school names, photos, addresses and phone numbers because this is their personal information.
✓ Carefully considering the content that I upload or post online; this is often viewed as a personal reflection of who I am
✓ Never send mean or bullying messages or pass them on, as this makes me part of the bullying.
✓ Not use actions online to be mean to others.
✓ Protect passwords and not share them with others.
✓ Never answer questions online that ask for information that I know is personal.
✓ Look after the digital technology equipment.
✓ Obtaining appropriate (written) consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them to online spaces.

Honesty
✓ Not copy someone else’s work or ideas from the internet and present them as my own.
✓ Not deliberately search for something rude or violent.
✓ Not attempting to log into the network with a user name or password of another student or staff member
✓ Only access digital technologies for the purpose of my learning as specified by my teachers.
✓ Investigating the terms and conditions (e.g. age restrictions, parental consent requirements). If my understanding is unclear I will seek further explanation from a trusted adult.
✓ Confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details
✓ Speak to a trusted adult if:
  o I am not sure what I should be doing on the Internet.
  o If I see something that makes me feel uncomfortable, upset or if I need help.
  o I know someone else is upset, uncomfortable or scared.
  o If I see others participating in unsafe, inappropriate or hurtful online behaviors
  o If I find myself in unsuitable locations. If this happens, I will click on the home or back button or turn off the screen and speak to an adult.
  o If I feel that the welfare of other students at the school is being threatened by online activities.

Learning
✓ Only access digital technologies for purposes specified by my teachers.
✓ Use my time effectively to make the most of my learning opportunities.
✓ Use digital technologies to help me with my learning.
✓ Follow instructions.

Achievement
✓ Always do my best in the work I have to do.
✓ Always look after the equipment.
This Acceptable Use Agreement applies when I am using any of the above digital technologies at school, at home, during school excursions, camps and extra-curricular activities. 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 if I do not behave appropriately. Such consequences include (in order of severity):

- Loss of time using digital technologies. This loss of time will be dependent on the severity or the inappropriate behaviour and the number of times the inappropriate behaviour has occurred.
  - One session
  - Half a day
  - Whole day
  - Two days
  - Parent informed

- Immediate contact with parent for parent meeting and loss of time using digital technologies
  - One week
  - Two weeks

- Limited use
  - Management plan
  - Contract

- No use of digital technologies

Student Name

__________________________________

Student Signature

__________________________________

(If in years 3 – 6)

Date

___________________________

Parent Signature

__________________________________

Date

__________________________________
CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student’s schooling at:
Albion Primary School

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

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

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

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

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

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

Person’s authorised by the school principal may also visually check your child’s hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child’s head during a visual check.

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

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

Name of child attending the school: .................................................................

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

Parent’s/guardian’s/carer’s full name: ..............................................................

Address:................................................................. Post code:..................

Signature of Parent/Guardian/carer: ............................... Date......................

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

Permission to cover the duration of the student’s schooling at Albion Primary School

On occasion, class teachers will take their class for a walk in the local area as part of the school program. Examples include a walk to familiarise children with the local neighbourhood, or a walk to the supermarket to buy the ingredients for a cooking activity.

To assist the staff with planning of activities and to reduce paperwork sent home, I recommend that all parents sign this local walks permission form to cover these occasions. Parents will still need to sign permission notes for excursions requiring the catching of public transport or the hiring of buses.

Matt Coughlan
(Principal)

I give permission for my child to participate in local walking excursions during the school year. In case of an accident or sudden illness during the excursion, I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to the child receiving medical or surgical treatment as may be deemed necessary.

Child’s name: _________________________ Class: ___________ (Please Print)

Parent/Guardian name: ________________________________ (Please Print)

Signed: ___________________________ Date: _____________