

Form to Enrol in a Victorian Government School

ALBION PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION 2024 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. **A copy of your child's birth and childhood immunisation certificates are required to be supplied with this enrolment form.**

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 in one school. 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 ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

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

Which year are you seeking to enrol this student?						
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Intended start date:						
<input type="checkbox"/> Day 1, Term 1		<input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> _____ / _____ / _____				
Are you seeking to enrol the student at this school full-time? <input type="checkbox"/> Yes <i>(move to next section)</i> <input type="checkbox"/> No						
If No, how many days a week would the student be attending this school?						
If No, provide reason you are seeking part-time enrolment:						
If No, provide details for other schools:						
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Student's Permanent Residence

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

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

No. & Street Address:	
Suburb:	
State:	Postcode:
How often does this student live at this address?	
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)	
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:	

Student Living Arrangements

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

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

If the student is living in an informal care arrangement, please contact the school for an 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.

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

Student Demographics

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

❖ In which country was the student born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____		
If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)	____ / ____ / ____	
What is the student's residency status? *		
<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		
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)		

*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

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

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.

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

Has the student had a disability assessment before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>specify outcome</i>):
Has the student received individualised disability funding before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>please specify</i>):
Has any previous education provider prepared a documented plan to support the students additional learning needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>provide details</i>):
Does the student have additional needs in one of the following areas?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) Hearing: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) Vision: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) Speech/Language: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) Physical: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) Cognitive/Learning: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details) Social/Emotional: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)

Previous Education – Students Enrolling in Foundation for the First Time

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

* 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

Previous Education – Other

Has the student previously been enrolled at another school?	<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 (<i>move to next section</i>)
If Yes, name of last school attended:	
If Yes, location of last school attended: (suburb/town/state/country)	
If Yes, date of attendance: (dd-mm-yyyy)	_____ / _____ / _____ to _____ / _____ / _____
If Yes, year levels of previous education:	
If the student studied overseas, what age did the student first start school?	
What was the language of the student's previous education?	
Period of interruption to education: (months/years)	Is the student repeating a year level? <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY

Child's Name sighted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level:		Home Group:		House:	
Student Email Address:					
Australian residency confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sighted / provided		
Date of birth confirmed:	<input type="checkbox"/> Yes – Birth certificate <input type="checkbox"/> Yes – Doctor certificate <input type="checkbox"/> Yes - Other (details): <input type="checkbox"/> Not sighted/provided				
Immunisation History Statement provided	<input type="checkbox"/> Yes – certificate provided <input type="checkbox"/> Not sighted/not provided <input type="checkbox"/> Other (details):				
Does the student have a Disability ID number?	<input type="checkbox"/> Yes (please specify): _____			<input type="checkbox"/> No	
For Foundation students, has a Transition Learning and Development Statement been provided?	<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	

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

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:

Please note that the school's main method of communication is via email and SMS.

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

Student lives with Adult 1
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced
<input type="checkbox"/> Occasionally

Adult 1 Job Title:
Adult 1 Employer:

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

Adult 1's 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:

❖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 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below / no schooling

In which country was Adult 1 born?
<input type="checkbox"/> Australia
<input type="checkbox"/> Other <i>(please specify):</i> _____

❖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

❖Does Adult 1 speak a language other than English at home?
<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes (please specify): _____

❖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"> 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'.

Please indicate any additional languages spoken by Adult 1:
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No

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:

Please note that the school's main method of communication is via email and SMS.

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"/> Home phone	<input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact?	

Adult 2's 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 <i>(please specify):</i> _____
❖ 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
<input type="checkbox"/> Occasionally		

Adult 2 Job Title:
Adult 2 Employer:

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

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 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"> • 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. 	
<ul style="list-style-type: none"> • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

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

Correspondence Details

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

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.

Send any bills to: <i>(select one)</i>	<input type="checkbox"/> Adult 1	<input type="checkbox"/> Adult 2	<input type="checkbox"/> Another person / address* <i>(complete details below)</i>
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

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

Asthma

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

Medical Conditions

Does the student have an allergy? If yes, please provide the schools with a n ASCIA Action Plan for Allergies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, please specify:		
Symptoms:		
If the student displays any of the symptoms above, please:		
Inform parent/ emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Administer medication <input type="checkbox"/> Yes <input type="checkbox"/> No
Other medical action	<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?	Occupational therapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Speech pathology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Physiotherapy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Exercise physiology:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Behaviour support:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Other:	<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.

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?	
<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)

Is there an intervention order, parenting order or any other court order impacting the student?	
<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.**

Court Order or other access document type:	<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

Are there any activities (either organised by the school and/or third parties) that the student cannot participate in?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)

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

--

OFFICE USE ONLY

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

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?	
<input type="checkbox"/> Walking	<input type="checkbox"/> Bicycle/Scooter
<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Public Bus
<input type="checkbox"/> Taxi/Ride Share	<input type="checkbox"/> Train
<input type="checkbox"/> Other (please specify):	
If the student catches public transport to school, what station/stop does their journey commence:	

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.

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 (if applicable).**

Signature of Enrolling Adult 1: _____ Date: ___ / ___ / ___

Signature of Enrolling Adult 2 (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-declarationtemplate.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-makingresponsibilities-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:

Please note that the school's main method of communication is via email and SMS.

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

Student lives with Adult 3
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced
<input type="checkbox"/> Occasionally

Adult 3 Job Title:
Adult 3 Employer:

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

Adult 3's 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:

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

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

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

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

❖ What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.
• 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'.

Please indicate any additional languages spoken by Adult 3:
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No

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:

Please note that the school's main method of communication is via email and SMS.

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"/> Home phone	<input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact?	

Adult 4's 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 <i>(please specify)</i> : _____
❖ 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
<input type="checkbox"/> Occasionally		

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 11 or equivalent
<input type="checkbox"/> Year 10 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"> • 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'. 	

Insurance and Private Property

The Department of Education and Training does not provide personal accident insurance or ambulance cover for students. Parents and guardians of students, who do not have student accident insurance/ambulance cover, are responsible for paying the cost of medical treatment for injured students, including the cost of ambulance attendance or transport as well as any other transport costs.

Private property brought to school by students, staff or visitors is not insured and the Department does not accept any responsibility for any loss or damage. This can include mobile phones, calculators, toys, sporting equipment and cars parked on school premises. As the Department does not hold insurance for personal property brought to schools and has no capacity to pay for any loss or damage to such property, students and staff should be discouraged from bringing any unnecessary or particularly valuable items to school.

PRIVACY COLLECTION STATEMENT - Enrolment

Information for parents and carers

The Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all **parents and carers** so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's [School's Privacy Policy](#).

Our school's use of online tools (including apps and other software) to collect and manage information

Our school uses online tools, such as Compass Education School Management System and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement, student administration, and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

Student background information

The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. 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

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

Our school also requires this information to process your child's enrolment.

Updating your child's personal and health information

Please inform the school if, and when, there are any updates to any of the personal, visa or health information you provide on the enrolment form.

Accessing your child's records

Our school provides ordinary school communications and school reports to students and parents and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact the school and we can advise you how to do this.

Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information and student academic reports. Transferring this information assists the next school to provide the best possible education and support to students.

Albion Primary School Recording Authorisation

Permission for the duration of the student's schooling at Albion Primary School

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 Albion Primary School. Electronic recordings will be of school-based activities in which your child may take part.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose pertaining to the school at the discretion of Albion Primary School, including the school's social media, without acknowledgement and without being entitled to remuneration or compensation.

I understand that this authorisation lasts for the duration of my child's enrolment at Albion Primary School.

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

Student Name _____

Name of Parent/Guardian _____

Signature _____

Date _____

ACCEPTABLE USE AGREEMENT FOR STUDENTS

For digital technologies including the Internet and mobile storage devices

Acceptable Use Agreement

Albion Primary School believes that the acceptable use of all digital devices must be reflective of the school values. To this end, as part of the enrolment process, parents and carers sign the *Acceptable Use Agreement for Students for Digital Technologies*. Each year students from years 3-6 must also sign the acceptable use agreement. A copy of this appears below.

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 consider 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.
- ✓ Obtain 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 attempt 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.
- ✓ Investigate the terms and conditions (e.g. age restrictions, parental consent requirements) of websites/social media. If my understanding is unclear I will seek further explanation from a trusted adult.
- ✓ Only join spaces online with teacher or parent guidance and permission, having read the stated terms and conditions; completing the required registration processes with factual responses about my personal details.

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.

Speak to a trusted adult if:

- ✓ I am not sure what I should be doing on the Internet.
- ✓ If I see something that makes me feel uncomfortable, upset or if I need help.
- ✓ I know someone else is upset, uncomfortable or scared.
- ✓ If I see others participating in unsafe, inappropriate or hurtful online behaviours
- ✓ If I find myself in unsuitable locations. If this happens, I will click on the home or back button or turn off the screen.
- ✓ If I feel that the welfare of other students at the school is being threatened by online activities.

Consequences for inappropriate use of digital technologies

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-curricula 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

Incidents that occur digitally can be matched with real world crimes (see table below). It is important that students understand what these crimes are. We need to embed a culture of cyber safety and responsibility from an early age to ensure students are able to use technologies with care for themselves, others and digital property.

Digital crimes

Identity Theft
Hacking
Piracy
Spamming
Cyber bullying

Real world crimes

Fraud
Breaking and Entering
Theft
Vandalism
Bullying

Student Name _____

Student Signature _____

(for students in years 3 -6)

Parent Signature _____

Date _____

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission for the duration of my child'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.

Staff members 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 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 started.

I hereby give my consent for my child to have head lice inspections for the duration of their schooling at Albion Primary School.

Student name: _____

Parent's/guardian's/carer's full name: _____

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 for the duration of the 2024 school year

On occasion, teachers may take students outside of the school grounds to undertake educational activities in the local area. The purpose of this form is to obtain parent/carer consent for local excursions. This form does not provide consent for excursions that go beyond the local area. Parents will still need to sign specific permission notes for excursions requiring the catching of public transport or when schools hire buses for the transport of students.

Local excursions are excursions to locations within walking distance of the school and do not involve 'adventure' activities. Examples of local excursions could include a walk to familiarise children with the local neighbourhood, or a walk to the supermarket to buy the ingredients for a cooking activity.

Albion Primary School will not seek further consent from you before local excursions take place. However, we will provide advance notice to parents/carers of upcoming local excursions through the school E-News, SMS, email. For local excursions that occur on a recurring basis, Albion Primary School will notify parents/carers once only prior to the commencement of the recurring event.

Please keep the school informed of any changes to your contact details to ensure you receive these notifications.

First aid and Medical Attention

Where necessary, school staff will administer first aid. 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 and Training is liable in negligence (liability is not automatic).

Accident and ambulance cover

The Department of Education and Training does not provide student accident insurance or ambulance cover. Parents may wish to obtain this cover, depending on their health insurance arrangements and any other personal considerations.

I have read all of the above information in relation to local excursions. I understand that:

- to ensure the school has up-to-date health and contact information about my child, I need to inform the school if this information changes
- the school will notify me prior to a local excursion(s) taking place
- that this permission for local walking excursions is for the duration of the time my child is enrolled at Albion Primary School
- I may withdraw my consent for any/all local excursions at any time prior to the day of the excursion by contacting my child's classroom teacher.

I give permission for my child to participate in local excursions during the 2024 school year.

Student name: _____

(Please Print)

Parent/Guardian name: _____

(Please Print)

Signed: _____ Date: _____

RIDING/SCOOTING TO SCHOOL (if applicable)

Permission for the duration of my child's time at Albion Primary School

Albion Primary School encourages active travel to and from school. The school has bike and scooter racks for students to house their bikes during the school day. The school also has special lunchtime activities to support Walk or Wheel Wednesdays and Ride2School days. On these days, students can ride or scoot around an obstacle course set up on the oval at lunchtime.

This Agreement must be signed by the student and their parent/guardian if the student is to ride/scoot to and from school and participate in the above-mentioned days.

Liability for a student riding to and from school ultimately lies with their parents/guardians.

Parents/guardians, in consultation with their child, must **mark the safest possible route** their child can take utilising the combination of bike paths, bike lanes and footpaths **on the map over the page.**

Under the Victorian Road Rules, children aged 12 years and under are permitted to ride on the footpath, as can an adult supervising that child.

Whilst all reasonable care will be taken to ensure the security of bikes at school, the school does not take responsibility for any loss or damage to personal property.

Students in years Prep – Year 3 are only permitted to ride to school if accompanied by an adult.

Children in years 4 – 6 may ride without adult supervision.

An identification tag will be attached to your child's bike/scooter.

The student agrees:

1. To obey the road rules including wearing an approved bicycle helmet.
2. To ride/scoot on the quietest possible route to and from school marked out by parent/guardian on the accompanying map.
3. To ride/scoot on the footpath if appropriate.
4. To walk their bike/scooter when crossing the road.
5. To dismount at the perimeter of the school.
6. To walk the bike/scooter in the school grounds.
7. To bring a lock and lock the frame of the bike/scooter to the rack.
8. To keep bike/scooter in a well maintained and roadworthy condition.
9. No helmet means my bike/scooter will be confiscated until my parent comes to collect it.

I give permission for my child to ride/scoot to school and that my child understands they must follow the above rules. I have shown on the map the route my child will take to ride to and from school.

I give permission for my child to ride/scoot at lunchtime through the obstacle course on the oval on the special Walk and Wheel or Ride2School days, should they wish to do so.

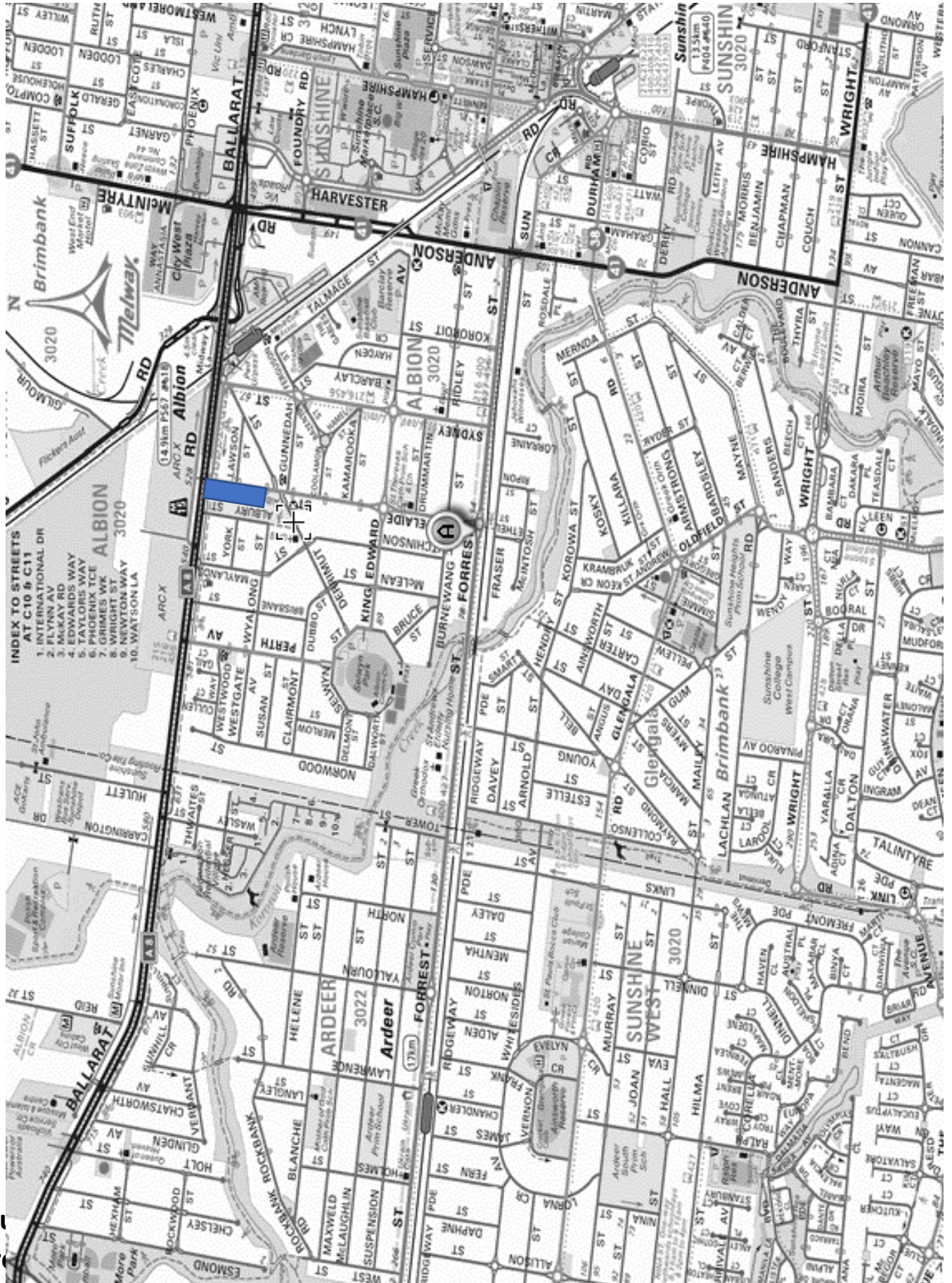
Student Name: _____

Signed: _____

Parent/Guardian Name: _____

Signed: _____

Date: _____



St
pr