

ALBION PRIMARY SCHOOL

N.B. In order to complete enrolment, you need to provide proof of birthdate with a birth certificate, passport or ImmiCard and immunisation certificate (available from MediCare office or My Gov website). The school will make a copy of these documents. Please note that the school must enrol your child with the name on the official documents.

STUDENT ENROLMENT INFORMATION – 2022/23

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs, Mx, Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank)		
Student Mobile Number:		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS: (PLEASE NOTIFY THE SCHOOL IF YOUR ADDRESS CHANGES)

No. & Street: or PO Box details			
Suburb:			
State:		Postcode:	
Telephone Number		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:		Fax Number:	

OFFICE USE ONLY

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

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

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

ADULT A DETAILS (PRIMARY CARER):

Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
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?	<input type="checkbox"/> Australia <input type="checkbox"/> 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)	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)	
<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	
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)	
<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 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 <u>paid</u> work for the last 12 months, enter 'N'.	

ADULT B DETAILS:

Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
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?	<input type="checkbox"/> Australia <input type="checkbox"/> 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)	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)	
<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	
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)	
<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 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 <u>paid</u> work for the last 12 months, enter 'N'.	

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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)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

(PLEASE NOTIFY THE SCHOOL IMMEDIATELY IF ANY OF YOUR CONTACT DETAILS CHANGE)

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Please note:

Albion Primary School mainly uses SMS and email for communication with parents and for whole school information.

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	
Adult A's preferred method of contact: (tick one)	
<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile	
Working With Children Check Card (WWCC) Number (if applicable)	Expiry Date Card Type <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer

School policy states that any person who volunteers at the school requires a WWCC. The school requires a copy of the card.

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Please note:

Albion Primary School mainly uses SMS and email for communication with parents and for whole school information.

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	
Adult B's preferred method of contact: (tick one)	
<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile	
Working With Children Check Card (WWCC) Number (if applicable)	Expiry Date Card Type <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer

School policy states that any person who volunteers at the school requires a WWCC. The school requires a copy of the card.

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

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

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box		
Suburb:		
State:		Postcode:
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Other (Please Specify)

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive 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
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive 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

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> 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)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<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)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> 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.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	X Reference	Y Reference		
Usual mode of transport to school: (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

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

SCHOOL DETAILS

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

CONDITIONAL ENROLMENT DETAILS

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

Enrolment conditions
<ul style="list-style-type: none"> • •

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Parenting Order <input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Protection Order <input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		
OFFICE USE ONLY		
Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (PLEASE INFORM THE SCHOOL IF MEDICAL DETAILS CHANGE)

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS:

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

Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform 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:	
An Asthma Management Plan must be provided by the parent/guardian. Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <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? (tick)		<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: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

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

Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
If my child displays any of the symptoms above please: (tick)	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Does the student take medication? (tick) <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? (tick) <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: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Poison Rating	

STUDENT DOCTOR DETAILS

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

Doctor's Name:			
Individual or Group Practice: (tick)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Student Medicare Number:			

STUDENT EMERGENCY CONTACTS

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

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

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

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

Albion Primary School

Release of Kindergarten/Previous School Held Files

Dear Principal,

I / We _____ give my consent for
(Parent/ Guardian)

_____ Primary School/Kindergarten to release:
(previous school/Kindergarten)

- Student Services files (if appropriate) inclusive of assessments by the school guidance officer and / or speech therapist
- Files maintained by the 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/Kindergarten discussing
(previous school/Kindergarten)

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/Kindergarten, prior to me signing this consent, to inform them of my
(previous school/Kindergarten)

concerns.

Signed _____
(Parent/Guardian)

Print name of Parent / Guardian _____ Date _____

Albion Primary School

Parent/Guardian Recording Authorisation

Permission to cover 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 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.

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

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 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 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 Albion Primary School.

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

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 school year.

Child's name: _____ Class: _____ (Please Print)

Parent/Guardian name: _____ (Please Print)

Signed: _____ Date: _____

Student accident insurance, ambulance cover arrangements and private property brought to school

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 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.