



Victoria Street, Kerang. 3579  
P.O. Box 19  
Phone: (03) 5450 3181  
Fax: (03) 5450 3508  
Email: [kerang.ps@education.vic.gov.au](mailto:kerang.ps@education.vic.gov.au)  
ABN: 16 182 014 694  
Principal: Brenton Taylor

## New Enrolment

Dear Parent/ Guardian,

Welcome to Kerang Primary School!!

To assist you in completing your child's enrolment, we have provided a tick box completion below. To ensure a smooth enrolment process please ensure you provide the following when returning your enrolment pack;

- Student Enrolment Form - signed
- Your child's birth certificate
- Immunisation record
- Privacy Declaration
- Headlice form
- Medical Information (for Local Excursions)
- Asthma management plan (if applicable)

If you have any other queries, please do not hesitate to contact the school on 5450 3181 or [kerang.ps@education.vic.gov.au](mailto:kerang.ps@education.vic.gov.au).

Kind regards,

Brenton Taylor

Principal  
Kerang Primary School



75 -79 Victoria Street, Kerang. 3579

P.O. Box 19

Phone: (03) 5450 3181

Fax: (03) 5450 3508

Mobile: 0408 548 987

Email [kerang.ps@education.vic.gov.au](mailto:kerang.ps@education.vic.gov.au)

ABN: 16 182 014 694

## PRIMARY SCHOOL PRIVACY NOTICE

### Information about the Enrolment Form.

#### Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Kerang Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Kerang Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Kerang Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Kerang Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Kerang Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Kerang Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

### Emergency Contacts

These are people that Kerang Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Kerang Primary School

### Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Kerang Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

### Religious Affiliation

If you want your child to receive religious instruction while at Kerang Primary School please complete this section. The Department of Education & Early Childhood Development needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Kerang Primary School.

### Immunisation status

This assists Kerang Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

### Visa status

This information is required to enable Kerang Primary School to process your child's enrolment.

### UPDATING YOUR CHILD'S RECORDS

Please let Kerang Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Kerang Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

### ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Kerang Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.



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ABN: 16 182 014 694

Principal: Brenton Taylor

## **Privacy Declaration – Term of Enrolment**

### **Preamble**

The school is required to discreetly collect and use information about and belonging to individuals as part of its normal mode of operation. This declaration is intended to provide permission for the release of personal information, achievements, works and images for the term of the student's enrolment, rather than on an annual basis.

The school displays and publishes personal information, achievements, works and images as part of

- keeping parents informed about matters related to their child's schooling
- looking after students' educational, social and health needs
- celebrating the efforts and achievements of students
- day-to-day administration
- satisfying the school's legal obligations, and
- allowing the school to discharge its duty of care.
- 

The school often displays and publishes personal information, achievements, works and images to celebrate achievement and to promote its programs and special activities. Occasionally, it grants permission to a third party to allow this activity to happen, such as the local newspaper.

### **The Declaration:**

*Please tick statements you agree with:*

### **I grant permission for Kerang Primary School to discreetly use personal information, achievements, works and images belonging to my child**

- for the purposes listed above, especially the celebration of achievement,
- for the production of school photographs,
- for publication in school and classroom newsletters,
- for publication in the press,
- for the production of school-related video films.
- for display in public places
- for publication on Kerang Primary School's Facebook/web page

This declaration covers the following students:

- 1.
- 2.
- 3.

Signed:.....Date:.....



# Student Enrolment Form

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

## Schools, please note:

It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ❖ (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated and published in such publications as the National Report on Schooling in Australia on behalf of Australian education ministers. No individual student or school is identifiable through the published information.

A copy of the School Enrolment Privacy Collection Statement must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the *Privacy and Data Protection Act 2014 (Vic)*. School Enrolment Privacy Collection Statements are located here

<https://www2.education.vic.gov.au/pal/privacy-information-sharing/policy>

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:

- **Student enrolment form – alternative family**
- **Student enrolment form – additional family**
- **Student medical condition**

go to:

<https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx>

For **conveyance application** forms (that parents need to complete) and for **school conveyance claim** forms go to the Student Transport site:

<https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

# KERANG PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2022

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"/>      | (fill in blank) |
|                                 | Female                        | <input type="checkbox"/>      |                 |
| Student Mobile Number:          |                               | Birth Date:<br>(dd-mm-yyyy)   | ___ / ___ / ___ |

### PRIMARY FAMILY HOME ADDRESS:

|                                    |                                                                                |
|------------------------------------|--------------------------------------------------------------------------------|
| No. & Street: or PO<br>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)<br>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):

## ADULT B DETAILS:

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

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

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

|                                                                                                                               |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Main language spoken at home:</b>                                                                                          | <b>Preferred language of notices:</b>                                                                                            |
| <b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)</b> | <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither |

# PRIMARY FAMILY CONTACT DETAILS

**ADULT A CONTACT DETAILS:****Business Hours:**

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

**ADULT B CONTACT DETAILS:****Business Hours:**

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

**After Hours:**

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

**After Hours:**

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

**PRIMARY FAMILY MAILING ADDRESS:**

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

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

**PRIMARY FAMILY DOCTOR DETAILS:**

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

**PRIMARY FAMILY EMERGENCY CONTACTS:**

|   | <b>Name</b> | <b>Relationship</b><br>(Neighbour, Relative, Friend or Other) | <b>Telephone Contact</b> | <b>Language Spoken</b><br>(If English Write "E") |
|---|-------------|---------------------------------------------------------------|--------------------------|--------------------------------------------------|
| 1 |             |                                                               |                          |                                                  |
| 2 |             |                                                               |                          |                                                  |
| 3 |             |                                                               |                          |                                                  |
| 4 |             |                                                               |                          |                                                  |

**PRIMARY FAMILY BILLING ADDRESS:**

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

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

**OTHER PRIMARY FAMILY DETAILS**

|                                                       |                                                                                                              |                                                                                                               |                                                                                                                 |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Relationship of Adult A to Student:</b> (tick one) | <input type="checkbox"/> Parent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Friend | <input type="checkbox"/> Step-Parent<br><input type="checkbox"/> Host Family<br><input type="checkbox"/> Self | <input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Other |
| <b>Relationship of Adult B to Student:</b> (tick one) | <input type="checkbox"/> Parent<br><input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Friend | <input type="checkbox"/> Step-Parent<br><input type="checkbox"/> Host Family<br><input type="checkbox"/> Self | <input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Other |

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

|                                                     |                                  |                                  |                                      |                                  |
|-----------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| <b>Send Correspondence addressed to:</b> (tick one) | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | <input type="checkbox"/> Both Adults | <input type="checkbox"/> Neither |
|-----------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|



# DEMOGRAPHIC DETAILS OF STUDENT

|                                                                                                                                                                             |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>❖ In which country was the student born?</b>                                                                                                                             |                                                                        |
| <input type="checkbox"/> Australia                                                                                                                                          | <input type="checkbox"/> Other (please specify): _____                 |
| <b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy)    ____ / ____ / ____                                                                      |                                                                        |
| <b>What is the Residential Status of the student? (tick)</b>                                                                                                                | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary  |
| <b>Basis of Australian Residency:</b>                                                                                                                                       |                                                                        |
| <input type="checkbox"/> Eligible for Australian Passport                                                                                                                   | <input type="checkbox"/> Holds Australian Passport                     |
| <input type="checkbox"/> Holds Permanent Residency Visa                                                                                                                     |                                                                        |
| <b>Visa Sub Class:</b>                                                                                                                                                      | <b>Visa Expiry Date:</b> (dd-mm-yyyy)    ____ / ____ / ____            |
| <b>Visa Statistical Code:</b> (Required for some sub-classes)                                                                                                               |                                                                        |
| <b>International Student ID</b> :(Not required for exchange students)                                                                                                       |                                                                        |
| <b>❖ Does the student speak a language other than English at home? (tick)</b><br>( 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): _____                   |
| <b>Does the student speak English? (tick)</b>                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| <b>❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>                                                                                          |                                                                        |
| <input type="checkbox"/> No                                                                                                                                                 | <input type="checkbox"/> Yes, Aboriginal                               |
| <input type="checkbox"/> Yes, Torres Strait Islander                                                                                                                        | <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander |
| <b>Is the student a young carer (providing support/care for other family member/s)? (tick one)</b>                                                                          |                                                                        |
| <input type="checkbox"/> No                                                                                                                                                 | <input type="checkbox"/> Yes                                           |
| <b>What is the student's living arrangements? (tick one):</b>                                                                                                               |                                                                        |
| <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 Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

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

|                                                  |                                     |                                                           |                                      |                                |
|--------------------------------------------------|-------------------------------------|-----------------------------------------------------------|--------------------------------------|--------------------------------|
| <b>Beginning of journey to school:</b>           | <b>Map Type</b>                     | <b>Melway / VicRoads / Country Fire Authority / Other</b> |                                      |                                |
| <b>Map Number</b>                                | <b>X Reference</b>                  | <b>Y Reference</b>                                        |                                      |                                |
| <b>Usual mode of transport to school: (tick)</b> |                                     |                                                           |                                      |                                |
| <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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.                                                                         |                                                                                                  |
| Please specify:                                                                                                                                                                                                                  |                                                                                                  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                  |
| 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 <b>No</b> , 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 Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

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

### 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

|                                                           |                                                                                                                                        |                                                                                                      |                                                           |                                           |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| <b>Is the student at risk?</b>                            | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                          |                                                           |                                           |
| <b>Is there an Access Alert for the student?</b> (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.) |                                                           |                                           |
| <b>Access Type:</b> (tick)                                | <input type="checkbox"/> Parenting Order                                                                                               | <input type="checkbox"/> Parenting Plan                                                              | <input type="checkbox"/> Intervention Order               | <input type="checkbox"/> Protection Order |
|                                                           | <input type="checkbox"/> Informal Carer Stat Dec                                                                                       | <input type="checkbox"/> DHHS Authorisation                                                          | <input type="checkbox"/> Witness Protection Program Order | <input type="checkbox"/> Other            |
| <b>Describe any Access Restriction:</b>                   |                                                                                                                                        |                                                                                                      |                                                           |                                           |
| <b>Is there an Activity Alert for the student?</b> (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

## 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)                                                                                                       |                                                          | If my child displays any of these symptoms please: (tick) |                                                          |
| <input type="checkbox"/> Cough                                                                                                                                                          |                                                          | Inform Doctor                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Difficulty Breathing                                                                                                                                           |                                                          | Inform Emergency Contact                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Wheeze                                                                                                                                                         |                                                          | Administer Medication                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Exhibits symptoms after exertion                                                                                                                               |                                                          | Other Medical Action                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tight Chest                                                                                                                                                    |                                                          | If yes, please specify:                                   |                                                          |
| 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 | 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:                                                                                                                                                                 |                                                          |                                                          |                                                          |
| 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.

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

## STUDENT EMERGENCY CONTACTS

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

|   | <b>Name</b> | <b>Relationship</b><br>(Neighbour, Relative, Friend or Other) | <b>Language Spoken</b><br>(If English Write "E") | <b>Telephone Contact</b> |
|---|-------------|---------------------------------------------------------------|--------------------------------------------------|--------------------------|
| 1 |             |                                                               |                                                  |                          |
| 2 |             |                                                               |                                                  |                          |

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

|                                                                                                                                                                                                                                                                                                                                                  |                                           |                                                 |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <b>How will the student travel to school? (tick)</b>                                                                                                                                                                                                                                                                                             |                                           |                                                 |                                                 |
| <input type="checkbox"/> Walk                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Bicycle          | <input type="checkbox"/> Train                  | <input type="checkbox"/> Tram                   |
| <input type="checkbox"/> School Bus                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Public Bus       | <input type="checkbox"/> Public Taxi            | <input type="checkbox"/> Driven by parent/carer |
| <b>First date of travel? (tick)</b>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Next school year | Alternate date: (dd-mm-yyyy) ____ / ____ / ____ |                                                 |
| <b>Is the student applying to travel on a school bus or for other travel assistance? (tick)</b>                                                                                                                                                                                                                                                  |                                           |                                                 |                                                 |
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                     |                                           | <input type="checkbox"/> No                     |                                                 |
| <b>Type of travel assistance requested?</b><br>(completion of additional form required)                                                                                                                                                                                                                                                          |                                           |                                                 |                                                 |
| <input type="checkbox"/> Access to School Bus                                                                                                                                                                                                                                                                                                    |                                           | <input type="checkbox"/> Conveyance Allowance   |                                                 |
| <b>If by School Bus, please advise local bus stop if known:</b>                                                                                                                                                                                                                                                                                  |                                           |                                                 |                                                 |
| Landmark:                                                                                                                                                                                                                                                                                                                                        | Map Type:                                 | X ____                                          | Y ____                                          |
| <b>Assisted Mobility (if applicable):</b>                                                                                                                                                                                                                                                                                                        |                                           |                                                 |                                                 |
| If applicable, specify the student's mode of assisted mobility.                                                                                                                                                                                                                                                                                  |                                           | <input type="checkbox"/> Wheelchair             | <input type="checkbox"/> Walker                 |
| <b>Comments relevant to travel:</b>                                                                                                                                                                                                                                                                                                              |                                           |                                                 |                                                 |
| <b>Office Use Only:</b>                                                                                                                                                                                                                                                                                                                          |                                           |                                                 |                                                 |
| <b>Can the student Individual Learning Plan (ILP) include travel training?</b>                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                     |                                                 |
| <b>Is the student attending their nearest school?</b>                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                     |                                                 |
| <b>Does the student reside in Designated Transport Area (DTA) (if attending special school)?</b>                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                     |                                                 |
| <b>Can the student be accommodated on existing route (if applicable)?</b>                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                     |                                                 |
| <b>Pick-up Point:</b>                                                                                                                                                                                                                                                                                                                            | Map Ref:                                  | Time AM:                                        |                                                 |
| <b>Set Down Point:</b>                                                                                                                                                                                                                                                                                                                           | Map Ref:                                  | Time PM:                                        |                                                 |
| NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school. |                                           |                                                 |                                                 |

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

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

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

# PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

**Defence Forces** Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

**Skilled office, sales and service staff:**

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

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



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

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

**Office assistants, sales assistants and other assistants:**

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

**Labourers and related workers**

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

**KERANG PRIMARY SCHOOL**

**CONSENT FORM—HEAD LICE INSPECTIONS  
FOR TERM ON ENROLMENT**

Throughout the year, the school will be arranging head lice inspections of students.

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

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

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

The inspection of students will be conducted by Nurse Debbie O’Brien.

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

In cases where head lice are found, the person inspecting the student will inform the student’s class teacher and the principal. The school will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices which do not place children’s health at risk.

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

Parent’s/Guardian’s Full Name: .....

Address: ..... Postcode: .....

Name(s) of Child/Children attending the school:

.....  
.....  
.....  
.....

I hereby give my consent for the above-named child/ren to participate in the school’s head lice inspection program for the term of their enrolment at Kerang Primary School.

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



## KERANG PRIMARY SCHOOL 2023 MEDICAL INFORMATION

Confidential Medical Information for Local School Excursions including Swimming.  
This information is to assist the school in case of any medical emergency with your child.  
All information held in confidence.

Child's Name .....

Date of Birth: .....Grade: .....

Parent's/Guardian's Full Name .....

Address: .....

Mobile Phone Number ..... Business Hours: .....

Email Address .....

Name and Phone Number of Family Doctor: .....

Medicare No: ..... Ambulance Subscriber: YES/NO Health Card: YES/NO

Medical/Hospital Insurance Fund: .....Contribution No: .....

Child's Health Card No.....

Please tick if your child suffers any of the following:

- |                                                          |                                          |                                    |                                                                          |
|----------------------------------------------------------|------------------------------------------|------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Fits of any type                | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine  | <input type="checkbox"/> Asthma – <b>PLAN</b>                            |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Dizzy spells    | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Bee Stings – Medication required? <b>Please</b> |
| <input type="checkbox"/> Allergies (Please specify)..... |                                          |                                    |                                                                          |
- supply**

Other .....

What special care is recommended? .....

**Please include any medication required by your child.**

**Tetanus Immunisation** – Year of last tetanus immunisation ..... (Tetanus immunisation is normally given at five years of age [as Triple Antigen of CDT] and at fifteen years of age [as ADT])

If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

### CONSENT TO MEDICAL ATTENTION

**Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:**

- **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 teacher in charge may judge to be reasonably necessary.**

Signature of Parent/Guardian ..... Date .....

**IT IS THE PARENT'S RESPONSIBILITY TO INFORM THE SCHOOL SHOULD  
THERE BE ANY CHANGES IN YOUR CHILD'S HEALTH.**

This form is for Local Excursions throughout the year.



# SCHOOL ASTHMA ACTION PLAN

SCHOOL LOGO (optional)

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthmas Policy: 2003.

Student's Name \_\_\_\_\_

Gender M  F  Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Form/Class \_\_\_\_\_

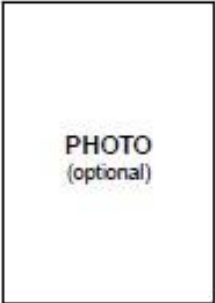
Emergency Contact (e.g. Parent/Carer) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B/H) \_\_\_\_\_ Mobile \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Ambulance Subscriber Y  N  Subscriber no. \_\_\_\_\_

Medicare No. \_\_\_\_\_



+

## USUAL ASTHMA ACTION PLAN

| Usual signs of child's asthma                                                                                                                                                                                                                                                            | Worsening signs of child's asthma                                                                                                                                                                                                                                                                               | What triggers the child's asthma?                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wheezing _____ <input type="checkbox"/><br>Tightness in chest _____ <input type="checkbox"/><br>Coughing _____ <input type="checkbox"/><br>Difficulty in breathing _____ <input type="checkbox"/><br>Difficulty speaking _____ <input type="checkbox"/><br>Other (please describe) _____ | Increased signs of:<br>Wheezing _____ <input type="checkbox"/><br>Tightness in chest _____ <input type="checkbox"/><br>Coughing _____ <input type="checkbox"/><br>Difficulty in breathing _____ <input type="checkbox"/><br>Difficulty speaking _____ <input type="checkbox"/><br>Other (please describe) _____ | Exercise _____ <input type="checkbox"/><br>Colds/Viruses _____ <input type="checkbox"/><br>Pollens _____ <input type="checkbox"/><br>Dust _____ <input type="checkbox"/><br>Other Triggers (please describe) _____ |

+

Does your child need assistance taking their medication? Y  N

| Asthma medication requirements usually taken at school:<br>(including preventers, symptom controllers, combination medication, medication before exercise) |                                              |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------|
| Name of Medication                                                                                                                                         | Method<br>(e.g. puffer & spacer, turbuhaler) | When, and how much? |
|                                                                                                                                                            |                                              |                     |
|                                                                                                                                                            |                                              |                     |

Is your child on regular preventer medication taken at home? Y  N



# SCHOOL ASTHMA ACTION PLAN



Australian Government  
Department of Health and Ageing

## Asthma First Aid Plan

Please tick (✓) preferred First Aid Plan:

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of Department of Education and Training's Victorian Government Schools' Reference Guide.

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs, through a spacer (spacer technique - 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that "**a student is having an asthma attack**".
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

If at any time the student's condition suddenly worsens, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack at school, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

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

Doctor's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Provider Number: \_\_\_\_\_

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management please contact: Asthma Victoria on (03) 9326 7088 or Toll Free 1800 645 130 or visit our web site [www.asthma.org.au](http://www.asthma.org.au)