



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: Jack Wardell

## 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 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
- Headlice form
- Allergy, Anaphylaxis or Asthma Management plan/ Action 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,

Jack Wardell

Principal  
Kerang Primary School



**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 a Nurse.  
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:

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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:.....