

LARA LAKE PRIMARY SCHOOL ENROLMENT REQUIREMENTS

Thank you for choosing to enrol your child at Lara Lake Primary School.

In our enrolment pack you will find all of the necessary forms we require. It is of great importance that all sections of the enrolment form are fully completed and returned to the Administration Office at a minimum of two days prior to commencement. Please be sure to include:

- Last school, Kinder or Day Care attended
- Confirmation of residential address
- A minimum of two local emergency contacts (not including parents/carers already listed)
- Medicare number
- All relevant medical history for child

Be sure to fill in all of the forms.

Once you have completed all forms, please submit your application to the general office – with your child's original birth certificate or passport and immunisation certificate. Photocopies of these will be made and the originals returned to you.

From 28 February 2018 only an Immunisation History Statement from the Australian Immunisation Register can be accepted as proof of immunisation status on school entry.

Documents produced by GPs or other immunisation providers are no longer acceptable as school entry immunisation status certificates. By law, primary schools are required to request and record information on the immunisation status of students prior to enrolment. Parents or guardians must provide an immunisation status certificate to the school regardless of whether the child is or is not immunised.

If you are enrolling a Prep child to commence in the following year's Prep intake, you will receive a confirmation letter of enrolment by the end of Term 3.

Please ask at the office if you are unsure of any details. We are happy to assist.

PRIVACY NOTICE

Lara Lake Primary School is collecting your personal information to establish that you reside within the school's enrolment zone. Your information will not be disclosed to any other organisation without your consent, or unless authorised or required by law. You can access your personal information held by the school by contacting 03-52821261 or lara.lake.ps@edumail.vic.gov.au.

If you choose not to provide some or all of the information asked for we may not be able to enrol your child at Lara Lake Primary School.



LARA LAKE PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:				Title: (Miss Ms Mr)	
First Given Name:					
Second Given Name:					
Preferred Name (if applicable):					
Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)	____ / ____ / ____	
Student Mobile Number:					

Primary Family Home Address:

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

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:				
Year Level		Home Group		Timetabling Group		House		Campus	
Student Email Address:									
Immunisation Certificate received?: (tick)			<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted				
Is there a Medical Alert for the student? (tick)			<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Does the student have a Disability ID Number? (tick)			<input type="checkbox"/> No		<input type="checkbox"/> Yes		Disability ID No.:		

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.

As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.


Adult A Details (Primary Carer):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
 In which country was Adult A born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖  Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

Adult B Details:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
 In which country was Adult B born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖  Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. 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

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

PRIMARY FAMILY CONTACT DETAILS

Adult A Contact Details:

Business Hours:

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

Adult B Contact Details:

Business Hours:

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

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

Primary Family Mailing Address:

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

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

Primary Family Doctor Details:

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

PRIMARY FAMILY EMERGENCY CONTACTS:

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

PRIMARY FAMILY BILLING ADDRESS:

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

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

OTHER PRIMARY FAMILY DETAILS

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

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

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

DEMOGRAPHIC DETAILS OF STUDENT

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

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.




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

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

Student's Religion:	
Will the student participate in Religious Instruction classes? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCHOOL DETAILS

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

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

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

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: ____/____/____


NEW STUDENT ENROLMENT PERMISSION

We give permission for the school to contact the previous school or kindergarten to gain any background information that may assist our child to settle quickly and happily into Lara Lake Primary School.

Signed..... 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 <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		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:	
Has an Asthma Management Plan been provided to School?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

Other Medical Conditions

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

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

STUDENT DOCTOR DETAILS

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

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

STUDENT EMERGENCY CONTACTS

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

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

TRAVEL DETAILS FOR SPECIAL SCHOOLS

How will the student travel to school? (tick)			
<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
First date of travel? (tick)	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
Is the student applying to travel on a school bus or for other travel assistance? (tick)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Type of travel assistance requested? (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
If by School Bus, please advise local bus stop if known:			
Landmark:	Map Type:	X ____	Y ____
Assisted Mobility (if applicable):			
If applicable, specify the student's mode of assisted mobility.		<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker
Comments relevant to travel:			
Office Use Only:			
Can the student Individual Learning Plan (ILP) include travel training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student attending their nearest school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student reside in Designated Transport Area (DTA) (if attending special school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on existing route (if applicable)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pick-up Point:	Map Ref:	Time AM:	
Set Down Point:	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: ____ / ____ / ____

The Lara Lake Primary School Code of Co-operation aims to encourage students to be independent, self disciplined and responsible members of the community in an environment which maximises opportunities for all.

At Lara Lake Primary School we are proud of the excellent relationships that students have with each other, and with their teachers. Building high quality relationships is an important part of the ethos of our school. In order to ensure that all students feel safe and supported at school, we have developed a Student Code of Co-Operation in consultation with the community that we believe supports students to work and play together and promotes positive interactions between students, parents and staff.

We have always been fortunate to have the support of parents when dealing with any discipline issues. With your assistance, we will endeavour to ensure that your child is treated fairly and consistently. We ask that you take a moment to read this document.

The Lara Lake Primary School Student Code of Co-operation aims to encourage students to be independent, self disciplined and responsible members of the community in an environment which maximises opportunities for all.

At Lara Lake Primary School, bullying is defined as actions that re-occur such as verbally, physically or emotionally abusing someone or displaying negative body language with the intention to exclude somebody. It is a deliberate attempt to make someone else feel unhappy.

Bullying - physical, verbal, emotional or cyber bullying and intimidation will not be tolerated at Lara Lake Primary School, and **all community members** have a responsibility to follow the correct procedures to identify, raise awareness of and eradicate such behaviour.

Teachers work with their students to establish shared classroom rules and values at the beginning of each year. These are communicated to parents and displayed within the classroom.

The Code of Co-operation is based upon the following principles:

All at Lara Lake Primary School

- a. Have the right to be safe
- b. Have the right to work and play without interference
- c. Will be encouraged to be polite, courteous and well mannered
- d. Will be encouraged to exhibit pride in their school
- e. Students are expected to interact and learn in an atmosphere of co-operation
- f. Parents have an obligation to support the school in its efforts to maintain a productive teaching and learning environment.
- g. Principal and staff have an obligation to implement the Code of Co-operation fairly and consistently.

Obligations

- a. Students are expected to interact and learn in an atmosphere of co-operation
- b. Parents have an obligation to support the school in its efforts to maintain a productive teaching and learning environment.
- c. The Principal and staff have an obligation to implement the Code of Co-operation fairly and consistently.

CYBERSAFETY

- a. Cyber bullying is generally carried out through an internet service such as email, chat room, discussion group or instant messaging. It can also include bullying through mobile phone technologies such as SMS.
- b. Cyber bullying may include teasing, spreading of rumours online, sending unwanted messages or defamation.
- c. It is a privilege to have access to Information Communication Technologies (ICT) at school and any form of cyber bullying will be taken seriously and will mean immediate withdrawal of such ICT resources for a time determined by the classroom teacher, ICT coordinator and Principal or Assistant Principal.
- d. Forms of cyber bullying may be a criminal offence. Serious matters relating to cyber bullying will be reported to parents and/or the police as appropriate.
- e. Parents and students will annually read and sign the school's Acceptable Use Policy for internet and email.
- f. Students who bully or who are bullied in any form will be offered support and /or counselling as appropriate.

There are six basic school rules:

- 1. We communicate effectively to the best of our ability in the classroom and throughout the school
- 2. We help each other to learn
- 3. We move carefully and safely around our environment
- 4. We treat fellow students, teachers and other adults with respect and consideration at all times
- 5. We engage in appropriate social behaviour e.g. no fighting, bullying or swearing
- 6. We resolve problems through formal/informal mediation.

In the yard children are expected to:

1. Follow directions the first time they are given
2. Play safely and sensibly at all times within designated areas
3. Take care of our school environment
4. Engage in appropriate social behaviour e.g. no fighting, bullying or swearing
5. Stay out of school buildings unless supervised by a teacher

Serious breaches of school rules will lead to the white slip process. (Refer Appendices F-1, F-2, F-3 & F-4). Any child receiving 3 white slips in one term will be placed on a Behaviour Contract (Refer Appendix G) at a meeting attended by the Principal or Assistant Principal and a parent. Where necessary, District Staff may be involved.

Suspension or expulsion will be invoked after all avenues have been explored and in accordance with DET guidelines, except in extreme circumstances.

Parent, please retain this copy for your own reference

CONTACTING THE SCHOOL

Education is a partnership between the school and the family. We value the conversations about each child's progress and the information that we receive that helps us to provide the best learning programs possible.

We do ask, however, that if you wish to speak to your child's teacher, you do so briefly before school or after school, or if you need to have a lengthier conversation, that you make an appointment with the teacher. The reason for this is that teachers are generally busy before school preparing for the day and often attend various meetings after school. It is therefore important to organise for a time that is mutually suitable.

If you wish to speak to the Principal or the Assistant Principal please make an appointment through the office. You will be notified of a convenient meeting time suitable for all parties.

Our office is a very busy place, so please ensure that the majority of messages for your child are arranged prior to the school day. If, however, there is an emergency and your child needs to be informed of any changes to collection arrangements, please ensure that the office is contacted as early as possible.

Your support is appreciated.

✂ _____



I have read the Student Code of Co-Operation and my child and I agree to work with the school to support its implementation.

Parent's Name: (Please Print)

Parent signature: Date.....

Child's Name: Grade:

Lara Lake uses online communication to keep our parent community informed, we ask that you regularly check the calendar to familiarise yourself with upcoming events. Our online communication is your information connection to the school and will keep you informed of all important dates. We use Compass for all communication. Compass has an APP that can be downloaded. The APP will allow you to view notifications from Compass.

Should your child be away through illness or a planned family holiday you can log onto COMPASS and mark them as absent with an explanation. Need to communicate with the teacher? Use the direct email link to the teacher and expect a response within 3 working days under most circumstances.

Parents are able to log on to their COMPASS portal to access reports. We recommend parents save the pdf report file to their own computer for access later. The school will not print and keep a copy.

To log-in to COMPASS go to our website and click on the Parent Portal link located on the top right of the website page. A username and password will be available from the school after your child has enrolled.

We also have a Website. The Website provides general school information, such as policies and school planning documents, the canteen menu and a host of other items related to your school.

The website:

- To find information about our school, visit our website at www.laralake.vic.edu.au

View online communication regularly on Compass:

- Information by date order – view upcoming excursions, incursions and general activities

Steve Durkin
Principal



I.D. Code: Grade: Date of Birth:
Child's Surname: Given Names:
Address: Phone No:
Father's Name: Business Phone No:
Mother's Name: Business Phone No:
Father's Mobile: Mother's Mobile:
Name of doctor to call in case of emergency:
Address: Phone No:
Name of Dentist: Phone No:
Address:
Are you a current member of an ambulance fund? Yes / No Medicare No.:
Name of relative or friend to contact in an emergency (if parents are unavailable)
Name: Phone No:
Address:

In the event of the School being unable to contact either the parents or doctor named above, I give consent to my child receiving care from a doctor or hospital nominated by the school.

Signed:
Date:

MEDICAL HISTORY – CONFIDENTIAL

Does the child suffer from any of the following? (Please provide Plan from Doctor and discuss requirements with Administration).

Anaphylaxis: Asthma: (Please complete information on the next page).

Epilepsy: Diabetes: Haemophilia: Allergies:

Anaphylaxis:

Have you provided an EpiPen: Yes / No Have you provided an Anaphylaxis Action Plan (attached to this sheet): Yes / No

Any other serious illness:

What treatment is he/she presently receiving?

Has he / she been immunised? Yes / No Does office have a copy of immunisation certificate? Yes / No

If glasses are worn, when were eyes last tested:

Other comments:

.....

SCHOOL ASTHMA MANAGEMENT

Please complete this section if your child suffers from asthma.

What are the student's usual symptoms of asthma? (please tick)

- ☐ Wheezing ☐ Tightness of chest ☐ Coughing ☐ Difficulty breathing
- ☐ Other (please describe)

What are the student's signs / symptoms of worsening asthma? (Please describe)

Is medication usually required at school? Yes / No (If yes, please provide the following information)

Medication	Dosage	How Often
.....
.....

Does the student need pre-exercise medication? Yes / No (If yes, please provide the following information)

Medication	Dosage	Under what circumstances? (e.g. cross country)
.....

Does the student require assistance / supervision from staff while taking medication? Yes / No (If yes, please provide the following information)

Other relevant information e.g. trigger factors, side effects from medication, etc.

EMERGENCY ACTION PLAN

VICTORIAN SCHOOLS ASTHMA POLICY FOR EMERGENCY TREATMENT OF AN ASTHMA ATTACK

(DEECD School Policy and Advisory Guide – Asthma Attacks: Treatment)

1. Sit the person upright, be calm and reassuring, do not leave them alone, and seek help if required. **Note:** Breathing is easier sitting rather than lying down.
2. Give medication: give 4 separate puffs into the spacer, shaking the puffer between each puff. (Shake the blue reliever puffer. Use a spacer if you have one)
3. Ensure student takes 4 breaths from the spacer after each puff.
4. Wait 4 minutes.
5. If there is no improvement, repeat step 2
6. If there is still no improvement call an ambulance (000). Tell the operator the person is having an asthma attack.
7. Keep giving 4 puffs, getting the student to take 4 breaths per puff, every 4 minutes while you wait for emergency assistance.
8. If asthma is relieved after administering the 4x4x4 procedure stop the treatment and observe the student. Notify the student's emergency contact person and record the incident.

Student's emergency treatment (if different from above)

Medication	Dosage (e.g. 2 puffs)	Method (e.g. puffer and spacer)	How Often (e.g. every 4 mins.)
.....

Additional Comments:

DECLARATION

In the event of an asthma attack at school, I agree to my child receiving the treatment described above. I also agree to pay all expenses incurred for any ambulance service or medical treatment deemed necessary.

Parent's/Guardian's Signature: Date



STUDENT'S NAME

DATE / /

Parents/Guardians are asked to fill in the required information and sign in the appropriate places. Please return this form to the office.

<p>1. STUDENT MEDICAL DETAILS – ALERT OFFICE TO CHANGES I understand it is my responsibility to inform the school of any medication/management plans for my child (e.g. Asthma, Anaphylaxis, Diabetes, Epilepsy, Attention Deficit Disorder, etc). I understand that if my child requires medication to be administered at school, I will be required to call at the school office to complete a Medicine Authority Form, stating specific information and that I give permission for school staff to administer the required medication.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. LOCAL VISITS, EXCURSIONS AND SPORTING EVENTS I give permission for my child to participate in any local visits, excursions or other school activities requiring my child to be taken from the Lara Lake Primary School premises. Children would be walking to these local events. I understand that this authority refers only to activities that are planned for the environs of Lara Lake Primary School. In the event of accident or illness to my child, I authorise the teacher in charge of the excursions to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>3. USE OF CLASS SETS / LIBRARY BOOKS In the event of my child damaging or losing a School text/library book, I will replace the book or reimburse the school for the required amount.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4. HEAD LICE CHECKS I give consent for my child to participate in the school's head lice inspection program. (Please note inspections will be organised, when necessary, using a staff member.) The Health Department requires that where a child has head lice, he or she should not return to school until appropriate treatment has commenced.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5. ONLINE POSTING AUTHORITY, SCHOOL PROMOTIONS AND PHOTOGRAPHS I give permission for my child's photograph and/or work to be published on the school's website, Facebook or other online portals; and also in school promotions, publications, the newspaper, etc.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6. MOVIES, DVDs, FILM CONTENT Occasionally DVD's / movies are shown to the students for educational purposes or special activities. I agree to allow my child to watch PG rated material at school.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>7. ATTENDANCE I acknowledge the importance of school attendance and the impact that absenteeism has on student achievement. I undertake to keep my child/children's absences from school to illness and emergency situations only.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>8. INTERNET – ACCEPTABLE USERS AGREEMENT I understand and will follow the guidelines outlined below. I understand that access to the internet is a privilege and that inappropriate use will result in the loss of the privilege. a. The primary focus will be educational b. Responsible, appropriate and respectful language shall be used at all times. c. Privacy – do not include personal information (e.g. Name and phone numbers) d. Users must take full responsibility for their own actions. When a user finds inappropriate material, they must immediately inform the supervising teacher.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9. SCHOOL DRESS CODE I agree to ensure that my child will follow the appropriate Dress Code as outlined in the School Policy, available on the website.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

ANY CHANGES TO THIS AGREEMENT: I understand that is my responsibility to inform the School in writing of any changes to these agreements.

SIGNED, LEGAL PARENT / GUARDIAN: _____ DATE: _____

Student Name: _____ (Please print