

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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.			
Please specify: □□□□□□□□			
 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
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OFFICE USE ONLY

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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<input type="checkbox"/> 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) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	If my child displays any of these symptoms please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
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: ____ / ____ / ____

Key Principles

Lara Lake Primary School has a goal of ensuring each student is safe, happy and achieving and that students behave in a way that allows others to feel the same way. The key rule for students to follow is to “treat others as you would like them to treat you.”

The community at Lara Lake Primary School:

- have the right to be and feel safe
- have the right to work and play without interference
- are encouraged to be polite, courteous and well-mannered
- are encouraged to exhibit pride in their school.

There are six basic school rules:

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

The Students will:

- Model positive behaviour to other students
- Comply with and model school values
- Behave in a safe and responsible manner
- Respect themselves, other members of the school community and the school environment
- Actively participate in school
- Not disrupt the learning of others and make the most of our educational opportunities

The Parents will:

- Trust the school and its processes
- Trust and support the outcomes of any investigations
- Keep healthy contact with the school when concerns arise
- Approach the staff with respect
- Model positive behaviour to your child
- Ensure your child attends school on time, every day the school is open for instruction
- Take an interest in your child's school and learning
- Work with the school to achieve the best outcomes for your child
- Communicate constructively with the school and use expected processes and protocols when raising concerns
- Support school staff to maintain a safe learning environment for all students
- Follow the school's complaints processes if there are concerns
- Treat all school leaders, staff, students, and other members of the school community with respect

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:

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 are updating our communication medium however we are currently using Sentral. Sentral has an APP that can be downloaded. The APP will allow you to access Sentral in much the same way that you access it via a desktop computer – only much more user friendly. The App will be operational in 2018.

We also have a Website and a Facebook Page. 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.

Facebook can be a wonderful tool to connect with our school community. We expect Facebook to be a positive, happy site. It is not the forum for expressing dissatisfaction. Facebook is purely set up to share and celebrate the good things going on in our school and to remind parents when vital information has been shared.

All parents receive Guidelines, Codes of Conduct and Instruction sheets to join Facebook. It is important these are followed.

The website:

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

View online communication regularly:

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

Subscribe to Facebook:

- Open up your browser
- Open an account by putting in your details (if you are a new user)
- Type the address: www.facebook.com/LaraLakePrimarySchool into your URL Address Bar
- Like our page and you are on!

We are very excited as Lara Lake Primary school takes another step in its continued development.

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 students 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