

# Form to Enrol in a Victorian Government School

[Enter school name here]

Student Enrolment Information – 2024	OFFICE USE ONLY	CASES21 Student ID:	
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The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of students.

**This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.**

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

## STUDENT DETAILS

Surname:	
First Given Name:	
Second Given Name: <i>(if applicable)</i>	
Preferred First Name: <i>(if applicable)</i>	
❖ Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____
Date of Birth: <i>(dd-mm-yyyy)</i>	____ / ____ / ____             Student Mobile Number: <i>(if applicable)</i>

Which year are you seeking to enrol this student?
<input type="checkbox"/> Foundation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Ungraded

Intended start date:
<input type="checkbox"/> Day 1, Term 1 <input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> ____ / ____ / ____

Are you seeking to enrol the student at this school full-time?	<input type="checkbox"/> Yes <i>(move to next section)</i> <input type="checkbox"/> No
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If No, how many days a week would the student be attending this school?	
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If No, provide reason you are seeking part-time enrolment:

If No, provide details for other schools:			
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other school name:	Days / week:	Has enrolment been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

<b>No. &amp; Street Address:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>How often does this student live at this address?</b>	
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
<b>If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:</b>	

## Student Living Arrangements

<b>What are the student's living arrangements?</b>	
<input type="checkbox"/> Student lives with parents/carers together at the same residence	<input type="checkbox"/> Student lives with each parent/carer at different times
<input type="checkbox"/> Student lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care*
<input type="checkbox"/> Informal care arrangement#	<input type="checkbox"/> Student is independent
<input type="checkbox"/> Homeless	
<b>If the student has a Case Manager, please provide their contact details below:</b>	

\* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

# If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

## Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care and permanent care.

<b>Does the student have any siblings at this school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the student
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

## Student Demographics

<b>Does the student speak English?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>❖ Does the student speak a language other than English at home?</b>		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify the main language spoken at home): _____		
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</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)? *</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

## Student Residency Status

<b>❖ In which country was the student born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____	
<b>If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy)</b>	____ / ____ / ____	
<b>What is the student's residency status? *</b>		
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)	
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)	
<input type="checkbox"/> New Zealand citizen		
<b>Visa Sub Class:</b>	<b>Visa Expiry Date: (dd-mm-yyyy)</b>	____ / ____ / ____
<b>Visa Statistical Code: (Required for some sub-classes)</b>		

\* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at [www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship](http://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship)

<b>Does the student hold a Bridging Visa?</b>	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
<b>If Yes, what was the student's previous visa?</b>		
<b>If Yes, what visa has the student applied for?</b>		

<b>International Student ID*: (Not required for exchange students)</b>
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\* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email ([international@education.vic.gov.au](mailto:international@education.vic.gov.au)).

## Students with Additional Learning and Support Needs

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

<b>Does the student have additional needs and require support for learning?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to the next section)
<b>Please indicate any adjustments that may assist the student to participate at school:</b>	

<b>Has the student had a disability assessment before?</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (specify outcome): _____
<b>Has the student received individualised disability funding before?</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (please specify): _____
<b>Has any previous education provider prepared a documented plan to support the student's additional learning needs?</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes (provide details): _____

<b>Does the student have additional needs in any of the following areas?</b>	<b>Hearing:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Vision:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Speech/Language:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Physical:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Cognitive/Learning:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____
	<b>Social/Emotional:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify): _____

## Previous Education – Students Enrolling in Foundation for the First Time

<b>Is the student attending a funded kindergarten program* in the year before Foundation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name of kindergarten or early childhood service:</b>	_____	

\* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is delivered by a qualified teacher. Funded kindergarten programs can be found at [www.education.vic.gov.au/findaservice](http://www.education.vic.gov.au/findaservice)

## Previous Education – Other

<b>Has the student previously been enrolled at another school?</b>	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas <input type="checkbox"/> No (move to next section)

<b>If Yes, name of last school attended:</b>	_____
<b>If Yes, location of last school attended:</b> (suburb/town/state/country)	_____
<b>If Yes, date of attendance: (dd-mm-yyyy)</b>	_____ / _____ / _____ to _____ / _____ / _____
<b>If Yes, year levels of previous education:</b>	_____

<b>If the student studied overseas, what age did the student first start school?</b>	_____
<b>What was the language of the student's previous education?</b>	_____

<b>Period of interruption to education:</b> (months/years)	_____	<b>Is the student repeating a year level?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Child's Name sighted:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:
Year level:	Home Group:	Timetabling Group:	House:	Campus:
Student Email Address:				
Australian residency confirmed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sighted / provided
Date of birth confirmed:		<input type="checkbox"/> Yes – Birth certificate	<input type="checkbox"/> Yes – Doctor certificate	<input type="checkbox"/> Yes - Other / <input type="checkbox"/> Not sighted / provided
Does the student have a Disability ID number?		<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No		

For Foundation students, has a Transition Learning and Development Statement been provided?	<input type="checkbox"/> Yes, via Insight Assessment Platform	<input type="checkbox"/> Yes, direct from teacher/parent/carer	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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<b>Does the student have a Victorian Student Number (VSN)?</b>
<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

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Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)

# PARENT/CARER DETAILS

## Enrolling Adult 1

Surname:		Title:	
First Given Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 1 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 1 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 1:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 1:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally		

Adult 1 Job Title:
Adult 1 Employer:

Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school that Adult 1 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 1 has completed?	
<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 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## Enrolling Adult 2

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 2 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 2 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 2:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 2:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 2 Job Title:
Adult 2 Employer:

Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ What is the highest year of primary or secondary school Adult 2 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 2 has completed?	
<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 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## Additional Parents/Carers

<b>Are there additional parents/carers in the student's life?</b> <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section)
<b>Name of Adult 3:</b>
<b>Name of Adult 4:</b>

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 16-17. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

## Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

Name	Relationship <i>(Neighbour, Relative, Friend or Other)</i>	Telephone Contact	Language Spoken <i>(Write E for English)</i>
1			
2			
3			
4			

## Correspondence Details

<b>Send correspondence addressed to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither
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## Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to [www.vic.gov.au/school-costs-and-fees](http://www.vic.gov.au/school-costs-and-fees).

<b>Send bills to:</b> <i>(select one)</i> <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Another person / address* (complete details below)	
<b>Name to be used for all billing correspondence:</b>	
<b>No. &amp; Street or PO Box</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Billing Email:</b>	

\* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 16-17.



## STUDENT MEDICAL DETAILS

The Department of Education and Victorian Government Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

### Student Doctor

Doctor's Name:	
Medical Centre:	
Street Address:	
Suburb:	Postcode:
State:	Telephone Number:

### Asthma

Does the student have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(move to next section)</i>	
Has a current Asthma Management Plan been provided to School? If No, please provide an Asthma Management Plan to the School <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication? <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? <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: <input type="checkbox"/> Student <input type="checkbox"/> Adult <input type="checkbox"/> Other: _____	
Medication is to be stored: <input type="checkbox"/> with Student <input type="checkbox"/> with Staff <input type="checkbox"/> Other: _____	
Dosage time:	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Medical Conditions

Does the student have an allergy? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Allergies</a> . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the student at risk of anaphylaxis? If yes, please provide the school with an <a href="#">ASCIA Action Plan for Anaphylaxis</a> . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school. <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes to any of the above, please specify:

Symptoms:
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If the student displays any of the symptoms above, please:

**Inform emergency contact**  Yes  No **Administer medication**  Yes  No

**Other medical action**  Yes  No *If Yes, please specify: \_\_\_\_\_*

## Medication

Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

## Allied Health Support

Has the student previously accessed support from an allied health professional?	<b>Occupational therapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Speech pathology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Physiotherapy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Exercise physiology:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Behaviour support:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<b>Other:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify): _____

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Immunisation Certificate received:	<input type="checkbox"/> Yes – Up to date	<input type="checkbox"/> Yes – Not up to date	<input type="checkbox"/> Not sighted / provided
Are there any Notice/s on the Immunisation History Statement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student have asthma, allergies or anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student need to take medication during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Have the required medical forms been provided to the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A – no medical conditions

\*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

# STUDENT SAFETY, ACCESS, AND SPECIAL CIRCUMSTANCES

## Student Risk

The Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This form gives you the opportunity to provide information that will help facilitate the student's transition to school. This may include preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student. The actions taken in response to the information you provide will help ensure the safety of this student, other students and staff.

<b>To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>
<b>If Yes, please provide further detail:</b>	

## Court Orders and Other Care Arrangements *(previously referred to as an Access Alert)*

<b>Is there an intervention order, parenting order or any other court order impacting the student?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>

If Yes, then complete the following questions and **present a current copy of the document to the school.**

<b>Court Order or other access document type:</b>	<input type="checkbox"/> Family Law Order / Parenting Order	<input type="checkbox"/> Parenting Plan / Agreement	<input type="checkbox"/> Intervention Order
	<input type="checkbox"/> Child Protection Order	<input type="checkbox"/> DFFH Authorisation	<input type="checkbox"/> Other: _____
<b>Please provide further details of the Court Order or other access documents, and any other safety concerns:</b>			
<b>End Date</b> (if applicable): <i>(dd-mm-yyyy)</i>			

## Activity Restrictions and Considerations

<b>Are there any activities (organised by the school and/or third parties) that the student cannot participate in?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to the next section)</i>
<b>If Yes, please provide further detail:</b> (e.g. sport, excursions)	

<b>OFFICE USE ONLY</b>	
<b>Current Court Order or other access document placed on student file?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT TRAVEL DETAILS

<b>How will the student primarily travel to and from school?</b>				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven by parent/carer	<input type="checkbox"/> Taxi / Ride Share
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self-Driven	<input type="checkbox"/> Other: _____
<b>If the student catches public transport to school, what station/stop does their journey commence:</b>				
<b>If the student drives themselves to school, what is their Car Registration Number:</b>				

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

### Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

<b>Is the student applying for the Conveyance Allowance Program?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No ( <i>proceed to next question</i> )
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: <a href="http://www.education.vic.gov.au/pal/conveyance-allowance/policy">www.education.vic.gov.au/pal/conveyance-allowance/policy</a>	

### School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will pay a fare to travel. Your school can provide the relevant application form.

<b>Is the student applying for the School Bus Program?</b>	
<input type="checkbox"/> Yes (see text below)	<input type="checkbox"/> No ( <i>proceed to next question</i> )
Your school can provide the relevant application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's PAL here: <a href="http://www.education.vic.gov.au/pal/school-bus-program/policy">www.education.vic.gov.au/pal/school-bus-program/policy</a>	

### Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas. Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

<b>Is the student applying to travel on a school bus or other travel assistance?</b>	
<input type="checkbox"/> Yes (read below text)	<input type="checkbox"/> No
Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here: <a href="http://www.education.vic.gov.au/pal/transport-students-disabilities/policy">www.education.vic.gov.au/pal/transport-students-disabilities/policy</a>	
<b>First date of travel?</b>	<input type="checkbox"/> Next school year <input type="checkbox"/> Alternate date: (dd-mm-yyyy) ____ / ____ / ____
<b>Type of travel assistance requested?</b>	
<input type="checkbox"/> Access to School Bus	<input type="checkbox"/> Conveyance Allowance
<b>If applicable, specify the student's mode of assisted mobility.</b>	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
<b>Comments relevant to travel:</b>	

**OFFICE USE ONLY**

Can the student Individual Education Plan 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 (if attending special school)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the student be accommodated on an 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: _____

**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.

PARENT NAME: ..... SIGNATURE: .....

CHILD'S NAME: ..... GRADE OR YEAR LEVEL: .....

**Privacy Statement**

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: [www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx)) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: [www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx](http://www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx)

## DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

**I/We confirm that:**

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Enrolling Adult (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.**

- Both parents/carers have completed and signed this form.
- Parents/carers are completing separate forms (schools can provide additional forms on request).
- One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) \_\_\_\_\_

If there are any court orders about the child, please provide copies of those orders to the school with this form.

## WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from [www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf](http://www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf)
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the [www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy](http://www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy) policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

# ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

**Tradespeople** generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)

# ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

## Enrolling Adult 3

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 3 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 3 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Student lives with Adult 3:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	

Adult 3 Job Title:
Adult 3 Employer:

Is Adult 3 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

What is the highest year of primary or secondary school Adult 3 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling

In which country was Adult 3 born?
<input type="checkbox"/> Australia
<input type="checkbox"/> Other <i>(please specify)</i> : _____

What is the level of the highest qualification that Adult 3 has completed?
<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

Does Adult 3 speak a language other than English at home?
<input type="checkbox"/> No, English only
<input type="checkbox"/> Yes <i>(please specify)</i> : _____

What is the occupation group of Adult 3? Please select the appropriate current parental occupation group from the attached list at the end of the document.
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>

Please indicate any additional languages spoken by Adult 3:		
Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## Enrolling Adult 4

Surname:		Title:
First Given Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Self-described: _____		

No. & Street Address:	
Suburb:	
State:	Postcode:
Preferred language of notices:	
Mobile:	Work Phone:
Home Phone:	Email:

Can we contact Adult 4 during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult 4 usually home during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult 4's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact?		

Relationship to student:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Step 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: _____	

In which country was Adult 4 born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
❖ Does Adult 4 speak a language other than English at home?	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify): _____	
Please indicate any additional languages spoken by Adult 4:	
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student lives with Adult 4:		
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never	
Adult 4 Job Title:		
Adult 4 Employer:		

Is Adult 4 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult 4 has completed?	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below / no schooling
❖ What is the level of the highest qualification that Adult 4 has completed?	
<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 4? Please select the appropriate current parental occupation group from the attached list at the end of the document.	
<ul style="list-style-type: none"> <li>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 list.</li> <li>If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.</li> </ul>	

## **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**

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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](mailto: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.

## 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: .....



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><b>1. STUDENT MEDICAL DETAILS – ALERT OFFICE TO CHANGES</b> 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><b>2. LOCAL VISITS, EXCURSIONS AND SPORTING EVENTS</b> 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><b>3. USE OF CLASS SETS / LIBRARY BOOKS</b> 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><b>4. HEAD LICE CHECKS</b> 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><b>5. ONLINE POSTING AUTHORITY, SCHOOL PROMOTIONS AND PHOTOGRAPHS</b> 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><b>6. MOVIES, DVDs, FILM CONTENT</b> 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><b>7. ATTENDANCE</b> 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><b>8. INTERNET – ACCEPTABLE USERS AGREEMENT</b> 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.</p> <ol style="list-style-type: none"> <li>The primary focus will be educational</li> <li>Responsible, appropriate and respectful language shall be used at all times.</li> <li>Privacy – do not include personal information (e.g. Name and phone numbers)</li> <li>Users must take full responsibility for their own actions. When a user finds inappropriate material, they must immediately inform the supervising teacher.</li> </ol>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>9. SCHOOL DRESS CODE</b> 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)

## Privacy Collection Notice

Information for students, parents and carers

The Department of Education and Training (the Department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the Department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the Department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk.

Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire](#) (SEHQ) and the [Early Childhood Intervention Service](#) (ECIS) Transition Form.

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the Department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to schools. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.
- **Immunisation status** – This assists schools to manage health risks and legal obligations. The Department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the Department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and Department without parent consent unless such disclosure is lawful.

When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#)

Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information](#) (FOI) application.

To update student or family information, parents should contact their school.

For more information about how schools and the Department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools' Privacy Policy](#)



## ONLINE COMMUNICATION

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.

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](http://www.laralake.vic.edu.au)

### **View online communication regularly on Compass:**

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

Zane Moylan

Principal

### Enrolment Supporting Document Requirements

*Please bring the following documents when returning your completed enrolment paperwork.*

*Photocopies can be taken of originals at the school office.*

Birth Certificate

(if international, add Australian Citizenship Certificate, Australian Passport and Visa)

**PLUS**

Medicare Immunisation Certificate

(if international, proof of immunisation history)

**PLUS (if new family enrolment at LLPS)**

Proof of Address in LLPS Catchment Zone

Please provide 2 items, showing name and current address, from the following list:

- Gas Bill
- Electricity Bill
- Water Bill
- Rates Notice
- Rental agreement
- Contract of House/Land Sale

**PLUS (not required for new Prep enrolment)**

Latest academic report from previous school