

Welcome to Yallourn North Primary School

Your Enrolment Pack contains the following information

- School Information Booklet
- Immunisation information
- Primary School Privacy Notice
- Student Enrolment form
- Photographing Consent Form
- Ict User Agreement

For your child to be enrolled at Yallourn North Primary School

Please Complete:

1. Student Enrolment Form
2. Photographing Consent Form
3. Ict User Agreement

Please Provide

1. Birth Certificate
2. Immunisation Certificate

Why immunise?

Children starting school are exposed to a large number of people and to a range of potentially dangerous diseases.

Immunisation is a proven and safe way to be protected against diseases that may cause serious illness and sometimes death.

Enrolling in primary school is a good time to check your child's immunisations are up to date.



What is an Immunisation History Statement?

It is a statement from the Australian Immunisation Register (AIR) that shows what vaccines your child has received.

By law, you must provide a current *Immunisation History Statement* from the AIR to the primary school when enrolling your child for the first time or when going to a new primary school.

If your child has not received any immunisations, you must still provide a current *Immunisation History Statement*, which states no vaccines have been given.

What is the statement used for?

To keep children safe. In the event of a vaccine preventable disease outbreak, unimmunised children can be quickly identified and may be required to be excluded from school until the risk of infection has passed. For further information refer to the 'school exclusion table' at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>.

If you do not provide an *Immunisation History Statement* to the school, your child may be excluded from school during a disease outbreak because their immunisation status will be unknown.

By law, all parents must provide a current *Immunisation History Statement* from the AIR to enrol their child in primary school.

How do I obtain an Immunisation History Statement?

The quickest way to get your child's statement is by using your Medicare online account through myGov or the Express Plus Medicare mobile app.

Alternatively, you can call the AIR on 1800 653 809 and request for your child's statement to be posted to you. It can take 14 days for your statement to arrive by post.

If you think your child's *Immunisation History Statement* is incomplete or incorrect, contact your immunisation provider.

What if my child has had immunisations overseas or they are not eligible for Medicare?

You can get overseas immunisations added to the AIR. You need to take a translated copy of your child's overseas immunisation history to your Australian immunisation provider. They will check the vaccines your child has had and tell you if any additional ones are required. They will update the AIR with immunisations given overseas as well as any new ones.

When your child's immunisations are recorded on the AIR, ask your vaccination provider if they can print an *Immunisation History Statement* from the AIR for you to give to your child's primary school.

Alternatively, you can call the AIR on 1800 653 809 to check if your child's immunisations have been recorded and request a statement to be posted to you. It can take up to 14 days to arrive by post.

A translating and interpreting service is available by calling 131 450, Monday to Friday from 8.30am to 4.45pm.

How can I find out more?

For more information search 'childhood immunisation' on www.betterhealth.vic.gov.au

For translated versions of this document go to www.healthtranslations.vic.gov.au and search 'starting primary school'



**Translating and
interpreting service**
Call 131 450



Starting primary school?

Immunisation information
for parents enrolling a
child into primary school
in Victoria

Primary schools, early childhood services and immunisation providers can order free copies of this brochure online: <https://www2.health.vic.gov.au/public-health/immunisation/immunisation-resources-order-form>

Download and print English and translated versions, in A4 format: search 'starting primary school' at <http://healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentEnglishResource?Open&x=&s=Immunisation>

To receive this document in an
accessible format email
immunisation@dhhs.vic.gov.au

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DEPARTMENT OF EDUCATION AND TRAINING

ENROLMENT FORM - INFORMATION for PARENTS, GUARDIANS and CARERS (including privacy collection notice)

The Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all **parents, guardians and carers** so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements. Please provide copies of court orders or plans when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see our school's privacy policy:

<https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

Our school's use of online tools (including apps) to collect and manage information

Our school may use online tools, such as apps and other software, to collect and manage information about your child. When our school uses these online tools, we do our best to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

**Student background information**

The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. 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

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

Our school also requires this information to process your child's enrolment.

Updating your child's personal and health information

Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

Accessing your child's records

Our school provides ordinary school communications and school reports to students and parents, guardians and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assist the next school to provide the best possible education and support to students.



Photographing, Filming and Recording students at YNPS

Consent Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase particular learning programs, document a student's learning journey/camps/excursions/sports events, communicate with our parents and school community in newsletters and on classroom blogs/apps.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (eg concerts, sports events) do so in a respectful and safe manner and that any photos, video or recordings ("images" of students are not publicly posted (eg to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school on 5115 8500.

A. Use or disclosure within the school community

Unless you tell us otherwise below, images of your child may be used by our school within the school community, as described below.

Photographs, video or recordings of students may be used within the school community in any of the following ways:

- in the school's communication, learning and teaching tools (for example, emails, classroom blogs or apps that can only be accessed by students, parents/carers or school staff with passwords)
- for display in school classrooms, on noticeboards etc
- in the school's newsletter
- to support student's health and wellbeing (eg photographs of pencil grip to assist in OT assessments)
- promotional activities

B. Use or disclosure in publications/locations that are publicly accessible

Unless you tell us otherwise below, photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website including in the school newsletter
- on the school's social media accounts
- in the school magazine

Your child may be identified by first name only in these images (or not named at all).

We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes.

Privacy

Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (**the Department**). The Department values the privacy of every person and must comply with the *Privacy and Data Protection Act 2014* (Vic) when collecting and managing all personal information. For further information see [Schools' Privacy Policy](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) (<http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>).

Ownership and Reproduction

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

Opt Out

Yallourn North PS understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child (apart from circumstances where the school is not required to seek consent – see *our Photographing, Filming and Recording Students Policy*).

If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, you do not need to take any further action.

However, if you have decided that you **do not** want images of your child to be collected or used by our school, **please complete the form below** and return it to the Office.

I have read this form and I **do not consent** to Yallourn North PS using photos, video or recordings of my child (named below) to appear in the following ways:

- ☐ **Use within the school community** (eg in the school's communication, learning and teaching tools, on display around the school, in the school's newsletter)
- ☐ **Use in publications/locations that are publicly accessible** (eg on the school's website, on the school's social media accounts, in promotional material for the school)

Note that you may choose to opt out of both or only one type of use.

Further information is available in the **Yallourn North PS Photographing, Filming and Recording Students Policy**

Name of Student	
Name of parent/carers	
Signature	
Date	___ / ___ / ____

School profile statement

At Yallourn North PS we support the right of all members of the school community to access safe and inclusive learning environments, including digital and online spaces. This form outlines the School's roles and responsibilities in supporting safe digital learning, as well as the expected behaviours we have of our students when using digital or online spaces.

At our School we:

- Have a **Student Engagement Policy** that outlines our School's values and expected standards of student conduct, including consequences for breaching the standards. This Policy extends to online conduct;
- Have programs in place to educate our students to be safe and responsible users of digital technologies;
- Provide information about digital access issues such as online privacy, intellectual property and copyright;
- Supervise and support students using digital technologies in the classroom;
- Use clear protocols and procedures to protect students working in online spaces. This includes reviewing the safety and appropriateness of online tools and communities, removing offensive content at earliest opportunity, and other measures;
 - [Duty of Care and Supervision](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)
- Provide a filtered internet service to block inappropriate content. We acknowledge, however, that full protection from inappropriate content cannot be guaranteed
- Use online sites and digital tools that support students' learning;
- Address issues or incidents that have the potential to impact on the wellbeing of our students;
- Refer suspected illegal online acts to the relevant Law Enforcement authority for investigation;
- Support parents and care-givers to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both the Department of Education & Training and The Children's eSafety Commission:
 - [Bullystoppers Parent Interactive Learning Modules](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
 - [iParent | Office of the Children's eSafety Commissioner](https://www.esafety.gov.au/education-resources/iparent)
(<https://www.esafety.gov.au/education-resources/iparent>)

Student declaration

When I use digital technologies and the internet I agree to be a safe, responsible and ethical user at all times by:

- Respecting others and communicating with them in a supportive manner;
- Never participating in online bullying (e.g. forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviours);
- Protecting my privacy by not giving out personal details, including my full name, telephone number, address, passwords and images;
- Protecting the privacy of others by never posting or forwarding their personal details or images without their consent;
- Talking to a teacher or a trusted adult if I personally feel uncomfortable or unsafe online, or if I see others participating in unsafe, inappropriate or hurtful online behavior;
- Thinking carefully about the content I upload or post online, knowing that this is a personal reflection of who I am and can influence what people think of me;
- Reviewing the terms and conditions of use for any digital or online tool (e.g. age restrictions, parental consent requirements), and if my understanding is unclear seeking further explanation from a trusted adult;
- Meeting the stated terms and conditions for any digital or online tool, and completing the required registration processes;
- Handling ICT devices with care and notifying a teacher of any damage or attention required;
- Abiding by copyright and intellectual property regulations by requesting permission to use images, text, audio and video, and attributing references appropriately;
- Not accessing media that falls outside the School's policies;
- Not downloading unauthorised programs, including games;
- Not interfering with network systems and security or the data of another user;
- Nor attempting to log into the network with a user name or password of another student.

In addition, when I use my personal mobile phone I agree to be a safe, responsible and ethical user at all times, by:

- Keeping my device on silent during class times, and only making or answering calls or messages outside of lesson times (except when approved as part of a lesson);
- Only taking and sharing photographs or sound or video recordings when others are aware the recording is taking place and have provided their formal consent as part of an approved lesson.

Acceptable Use Agreement



Signature

I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within this agreement.

I understand that there are actions and consequences established within the school's Student Engagement Policy if I do not behave appropriately.

Student name: _____

Student signature: _____

School contact name for support and /or agreement : _____

School contact no.: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Yallourn North Primary School

STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms, Mrs 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.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other family members attending this school:

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

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

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 highest 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 highest 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:		

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:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)		
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile		
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

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

PRIMARY FAMILY MAILING ADDRESS:

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

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

PRIMARY FAMILY DOCTOR DETAILS:

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:
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)

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)
☐ Always
 ☐ Mostly
 ☐ Balanced
 ☐ Occasionally
 ☐ 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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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:		

❖ 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?	
<p>Does the student have a Victorian Student Number (VSN)?</p> <p> <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. </p> <p>Please specify:</p> <div style="display: flex; gap: 5px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>			
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 the School Policy & Advisory Guide's Admission page for more information

(<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

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

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"/> Parenting Order	<input type="checkbox"/> Parenting Plan
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation
	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Witness Protection Program Order
	<input type="checkbox"/> Protection 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		

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick) <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				

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: ____ / ____ / ____

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, on 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:

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: Dated/...../201...

Signature of Parent/Guardian: Dated/...../200...

HEAD LICE CONSENT FORM

I consent to my child's hair being checked for head lice by authorised staff.

Signature of Parent/Guardian: Dated/...../201...

Signature of Parent/Guardian: Dated/...../201...

WALKING EXCURSION PERMISSION AUTHORITY

I give permission for my child to attend excursions organised by Yallourn North Primary School. I understand that this authorisation covers only excursion that are within walking distance of the school grounds, do not involve any type of transport and do not involve adventure type activities such as swimming.

All walking excursion will take place only after approval is granted by the Principal of the school and parents will be notified prior to the activity taking place.

I authorise the teacher-in-charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian: Dated/...../201...

Signature of Parent/Guardian: Dated/...../201...

SIGNATORIES

Thank you for taking the time to complete this Student Information Form. The details are confidential, but are required to enable staff to properly enrol your child at our school.

Signature of Parent/Guardian: Dated/...../201...

Signature of Parent/Guardian: Dated/...../201...

PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

Defence Forces Commissioned Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Skilled office, sales and service staff:

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

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

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

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

Office assistants, sales assistants and other assistants:

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

Labourers and related workers

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