



KAL'S MUSIC SCHOOL PRIVACY NOTICE

Information about the Enrolment Form

Please read this notice before completing the enrolment form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The information about your child and family will only be shared with school staff who need to know to enable our school to educate or support your child. Our school values the privacy of every person. When collecting and managing personal and health information, all school staff must comply with Victorian privacy law.

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 take steps to ensure that your child's information is secure. These online tools enable our school to manage vital information efficiently and effectively about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact the school.

STUDENT MEDICAL DETAILS

Health information is asked for so that staff at Kal's Music School can properly care for your child. This includes information about any medical condition or disability affecting your child, medication your child may rely on while at school and any known allergies.

EMERGENCY CONTACTS

These are people that we may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided.



KAL'S MUSIC SCHOOL

STUDENT ENROLMENT INFORMATION	STUDENT ID (office use only):
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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)	____/____/____	

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details			
Suburb:			
State:	Postcode:	Mobile Number:	

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):

Title: (Ms., Mrs., Mr., Dr etc)
Surname:
First Name:

ADULT B DETAILS (optional):

Title: (Ms., Mrs., Mr., Dr etc)
Surname:
First Name:



PRIMARY FAMILY EMERGENCY CONTACTS:

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

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

Music Instrument/Programs:

Name (Write the name of the instrument)	1.	2.	3.

Preferred day and the time

Evenings - Weekdays and weekends				Morning - Weekends and holidays (School)			
Monday	<input type="checkbox"/>	4.00 pm – 4.30 pm	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	09.00 am – 09.30 am.	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	4.30 pm – 5.00 pm	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	09.30 am – 10.00 am.	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	5.00 pm – 5.30 pm	<input type="checkbox"/>			10.00 am – 10.30 am.	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	5.30 pm – 6.00 pm	<input type="checkbox"/>			10.30 am – 11.00 am.	<input type="checkbox"/>
Friday	<input type="checkbox"/>	6.00 pm – 6.30 pm	<input type="checkbox"/>			11.00 am – 11.30 am.	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	6.30 pm – 7.00 pm	<input type="checkbox"/>			11.30 am – 12.00 noon.	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	7.00 pm – 7.30 pm	<input type="checkbox"/>			12.00 noon – 12.30 pm	<input type="checkbox"/>
		7.30 pm – 8.00 pm	<input type="checkbox"/>			12.30 pm – 01.00 pm	<input type="checkbox"/>
						01.00 pm – 01.30 pm	<input type="checkbox"/>
						01.30 pm – 02.00 pm	<input type="checkbox"/>
						02.00 pm – 02.30 pm	<input type="checkbox"/>
						02.30 pm – 03.00 pm	<input type="checkbox"/>
						03.00 pm – 03.30 pm	<input type="checkbox"/>
						03.30 pm – 04.00 pm	<input type="checkbox"/>



STUDENT EMERGENCY CONTACTS

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

	<i>Name</i>	<i>Relationship</i> (Neighbor, Relative, Friend or Other)	<i>Telephone Contact</i>
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 enrolls your child at our school.

I certify that the information contained within this form is correct.

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

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

STUDENT PERMISSION FORM

This permission form will apply for the whole of the time your child is enrolled at Berwick Primary School unless rescinded by parents at any time.

Name of Child:

VIDEO PROGRAMS

- ☐
I give permission for my child to take part in activities that involve watching approved G rated DVDs at school. I also give permission for my child to view PG rated DVDs, where the movie / documentary supports the curriculum.
- ☐
I do not give permission for my child to take part in activities involving watching DVDs at school.

Signed Parent / Guardian: Date:

APPEARANCE OF PHOTOS

- ☐
I give permission for my child to appear in **photographs** used or placed on the school's Home Page Internet site.
- ☐
I do not give permission for my child's image to be used or placed on the school's Home Page Internet site.

Signed Parent / Guardian: Date:

APPEARANCE OF PHOTOS IN NEWSPAPERS AND PROMOTIONAL MATERIAL

- ☐
I give permission for my child to appear in photographs used or placed in **newspaper articles and promotional material**. I am aware that my child's name may be used in newspaper articles only.
- ☐
I do not give permission for my child's image to appear in **newspaper articles and promotional material**.

Signed Parent / Guardian: Date:

