



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 No 2*, 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 at Ballarat Primary School (Dana Street)

Our school's use of online tools (including apps and other software) 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.



Our Commitment:

Ballarat Primary School (Dana Street) is committed to safety and wellbeing of all children and young people. This will be the primary focus of our care and decision-making.

Ballarat Primary School (Dana Street) has zero tolerance for child abuse.

Ballarat Primary School (Dana Street) is committed to providing a child safe environment where children and young people are safe and feel safe, and their voices are heard about decisions that affect their lives. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability.

Every person involved in Ballarat Primary School (Dana Street) has a responsibility to understand the important and specific role he/she plays individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

In its planning, decision-making and operations Ballarat Primary School (Dana Street) will:

1. Take a preventative, proactive and participatory approach to child safety;
2. Value and empower children to participate in decisions which affect their lives;
3. Foster a culture of openness that supports all persons to safely disclose risks of harm to children;
4. Respect diversity in cultures and child rearing practices while keeping child safety paramount;
5. Provide written guidance on appropriate conduct and behaviour towards children;
6. Engage only the most suitable people to work with children and have high quality staff and volunteers supervision and professional development;
7. Ensure children know who to talk with if they are worried or are feeling unsafe, and that they are comfortable and encouraged to raise such issues;
8. Report suspected abuse, neglect or mistreatment promptly to the appropriate authorities;
9. Share information appropriately and lawfully with other organisations where the safety and wellbeing of children is at risk; and
10. Value the input of and communicate regularly with families and carers.
11. Employ only high quality staff to work with our children and all volunteers must have an up to date Working with Children Check and complete our Parent Helpers Program.

DANA STREET PRIMARY SCHOOL NO 33

Confidential Student Information ~ 20__

Student Details:

Surname: _____

First Name: _____

Second Name: _____

Preferred Name: _____

❖ Gender: [M]ale [F]emale

Date of Birth ____ / ____ / ____

Previous Kindergarten/School _____

OFFICE USE ONLY

Student I.D.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Name & Birth Date Proof Sighted _____

Year of Education _____

Enrolment Date _____

Transition Statement provided: _____

Medical Alert for Student _____

Date of First Enrolment in Australian School __ / __ / __

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT PHONE NOS: _____

❖ In which country was the student born?

Australia

Other (Please Specify) _____

Residential Status: ____ [P]ermanent or [T]emporary

If Temporary show Visa Class: ____ (3 digit number)

Visa Sub-class is 560 or 563, please show the student's

Visa Statistical Code: _____

Visa Expiry Date: _____

Date of Arrival in Australia: _____

❖ Does the student speak a language other English at home?

No, English only

Yes (please specify) _____

Does the student speak English?

Yes No

Is an interpreter required?

Yes No

Normal method of travel to school (Walk/ Car/ Bus/ Cycle)

❖ Is the student Aboriginal or Torres Strait Islander origin? (Please tick the appropriate box)

No Yes, Aboriginal Yes Torres Strait Islander

Yes, Both Aboriginal & Torres Strait Islander

Does the student have a Victorian Student No (VSN)?

Yes No

Please specify: _____ - _____ - _____

Yes, but the VSN is unknown

No, the student has never been issued a VSN.

Where is the student living? Please tick the appropriate box.

At home with TWO parents/guardians

At home with ONE parent/guardian

Away from home (living in foster care or other state-arranged residential care)

Is the student at risk?

Yes

No

Is there an Access Alert for the student?

Yes

No

Access Type: Court Order

Family Law Order

Restraining Order

Other

Describe Any Access Restrictions:

Is there an Activity Alert for the student? (If yes, then describe the Activity Alert Restrictions)

No

Yes _____

Student Medical Details:

Name of Student's Doctor: _____ Telephone No: _____
 Ambulance Subscriber? Yes No Medicare No: _____
 Does this student have a Disability ID? Yes No If **YES**, please show ID No: _____

Does your child suffer from Asthma? Yes No
 Does your child have an Asthma Management Plan? Yes No
 What medication does your child usually take for asthma at home? _____
 What medication does your child usually carry for asthma to school? _____
 What are your child's normal symptoms when they have asthma? _____
 Wheezing Coughing Tightness in Chest Difficulty in Breathing Symptoms after exertion

Does the student suffer from any of the following impairments?
Hearing: Yes No *Vision:* Yes No
Speech Yes No *Mobility:* Yes No

Does the student suffer from any other medical condition? Yes No
 If yes, please specify: _____

Symptoms: _____

If the student displays any of the above please:

Inform Emergency Contact: Yes No Inform Doctor: Yes No

Administer Medication: Yes No

Does the student take regular medication at school? Yes No

Is the medication taken regularly by the student (preventive) or only in response to symptoms:

Preventative Responsive

EMERGENCY CONTACT INFORMATION (other than parent or guardian)

| | NAME | Relationship (Neighbour, Relative, Friend or Other) | TELEPHONE CONTACT | Language Spoken (If English Write "E") |
|---|------|-----------------------------------------------------------|-------------------|-------------------------------------------|
| 1 | | | | |
| 2 | | | | |

CONSENT TO MEDICAL ATTENTION

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 lives with the Primary Family:

Always Mostly Balanced Occasionally Never

Preferred method of contact: (If phone is selected, email shall be used for communication that cannot be sent via phone.)

Adult A: Mail Phone email address: _____

Adult B: Mail Phone email address: _____

PRIMARY FAMILY DETAILS:

Note: the 'PRIMARY' Family is: "the family or parent the student mostly lives with" ~ Alternative & Additional family forms are designed to cater for varying family circumstances.

Adult A (Primary Carer) details and contact information:

Sex: Male Female
Legal Surname: _____
Legal First Name: _____
Relationship to Student: _____
Occupation: _____
Country of Birth: _____

❖ **Do you 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.)

No, English only
 Yes (please specify) _____

Please indicate any additional languages spoken: _____

Is an interpreter required?
 Yes No

Employer's Name: _____
Contact Telephone No: _____
Can this Parent/Guardian be contacted at work:
 Yes No

❖ What is the highest year of primary or secondary school completed? (For persons who have never attended school mark "Year 9 or equivalent or below")

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

❖ What is the highest qualification level completed?

- Bachelor Degree or above
 Advanced Diploma / Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

❖ What is your occupation group of Adult A?

- 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 paid work for the last 12 months enter 'N'.

Occupation Code: _____

Adult B (Primary Carer) details and contact information:

Sex: Male Female
Legal Surname: _____
Legal First Name: _____
Relationship to Student: _____
Occupation: _____
Country of Birth: _____

❖ **Do you 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.)

No, English only
 Yes (please specify) _____

Please indicate any additional languages spoken: _____

Is an interpreter required?
 Yes No

Employer's Name: _____
Contact Telephone No: _____
Can this Parent/Guardian be contacted at work:
 Yes No

❖ What is the highest year of primary or secondary school completed? (For persons who have never attended school mark "Year 9 or equivalent or below")

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

❖ What is the highest qualification level completed?

- Bachelor Degree or above
 Advanced Diploma / Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

❖ What is your occupation group of Adult B?

- 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 paid work for the last 12 months enter 'N'.

Occupation Code: _____

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

DANA STREET PRIMARY SCHOOL

CONSENT FORM

PHOTOGRAPHY & FILM PERMISSION

In accordance with our Photography & Film Policy we are asking for consent in regards to photographs and filming taken during school activities and the storage of these files.

Our policy has been written to ensure that safe and responsible use of photography/filming across the school community by all community members.

I give permission for my child to have their image taken during school activities. This image will be used in the classroom and within the confines of the school grounds, for displays and for educational purposes. Photos/videos will be stored on the school server.

I agree to my child having their photo taken for the school newsletter and for it to be put on the school website.

I agree to my child participating in the annual school photo day and to be part of a class photo.

I agree that if my child is photographed/filmed by media such as WIN News or the Ballarat Courier as part of a school promotion, excursion or visit, that the images may be shown in their publications.

HEAD LICE INSPECTIONS

While it is parents who have the primary responsibility for the detection and treatment of head lice, the school will assist by offering up-to-date information on the treatment of head lice and by alerting parents of head lice being detected. If a teacher suspects a student has head lice, an appropriately trained staff member will undertake an inspection of the student's hair.

The person conducting the inspection will physically search through each student's hair to see if any lice or eggs are present. In cases where head lice are found:

1. a written notice will be sent home with the child if eggs are found.
2. if live lice are found the parent will be contacted to collect the child.

Consistent with Health (Infection Diseases) Regulations, the student will to be excluded from attending school until appropriate treatment has commenced.

Parent's/Guardian's Full Name: _____

Phone Number: Home: _____ Work: _____

I hereby give my consent for _____(child's name) to participate in the school's photography/film usage and to also participate in the Head Lice Program.

Signature of Parent/Guardian: _____ Date: _____

Yes I agree to receive my family statements via email:

Parent/Guardian Name: _____

Email address: _____

Signature of Parent/Guardian: _____

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: _____