

BELLAIRE PRIMARY SCHOOL

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| STUDENT ENROLMENT INFORMATION – 20__ | Computer Generated Student ID: | |
|--------------------------------------|--------------------------------|--|

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

| | |
|---------------------------------|---|
| Surname: | |
| 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 | House | | | |
| 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

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|--|
| 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.

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)

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):

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|--|
| 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. • 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. • 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 |

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 |

PRIMARY FAMILY MAILING ADDRESS:

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

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

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) |

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 |
| Does the student have a different Dr to above? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicare Number: | | | | | |
| If yes, please give details. | | | | | |

PRIMARY FAMILY EMERGENCY CONTACTS:

| | Name (Not Adult A or B) | Relationship (Neighbour, Relative, Friend or Other) | Telephone Contact | Language Spoken (If English Write "E") |
|---|-------------------------|--|-------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

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"/> 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"/> Other | |
| The student lives with the Primary Family: (tick one) | | | |
| <input type="checkbox"/> Always | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced | <input type="checkbox"/> Occasionally |
| | | | <input type="checkbox"/> Never |

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 next section.) |
| 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 |
|--|------------------------------|-----------------------------|

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 | | |

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.

❖ 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 / Kinder: _____ | | | |
| Years of previous education: _____ | | What was the language of the student's previous education? _____ | |
| Does the student have a Victorian Student Number (VSN)? | | | |
| <input type="checkbox"/> Yes. (Please specify): _____ | <input type="checkbox"/> Yes, but the VSN is unknown | <input type="checkbox"/> No. The student has never been issued a VSN. | |
| 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 |

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>).

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: | |
| 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"/> First Aid Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Other | | | |
| Medication will be stored: (tick) <input type="checkbox"/> in Sick Bay <input type="checkbox"/> with Teacher <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 | | 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: | | | |
| 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"/> First Aid Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Other | | | |
| Medication will be stored: (tick) <input type="checkbox"/> in Sick Bay <input type="checkbox"/> with Teacher <input type="checkbox"/> Elsewhere _____ | | | |
| Dosage time | | Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Poison Rating | |

BELLAIRE PRIMARY SCHOOL STUDENT AGREEMENT

Schools have important decisions to make regarding a range of matters of planning and student wellbeing. It is unrealistic to generate the approval processes for every situation. This Local Student Agreement form has been attached to the DET enrolment form and will be effective **for the duration of your child's time at Bellaire Primary School.**

Could all parents / carers or young person over 18 years ensure that you read and complete **each** area carefully before signing .

➤ LOCAL EXCURSIONS

I hereby give permission for my child to participate in any Geelong visits, excursions or other School activities requiring my child to be taken from Bellaire Primary School premises. I understand that I will receive adequate notice of any visits, etc. that are being planned by the School. I understand if the excursion is outside the Greater Geelong area a separate excursion form is required. *(Greater Geelong area includes south to the Surf Coast and north to the You Yangs)*

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.

YES

NO

Signed: (Parent/Guardian) Date: / / 20.....

➤ HEAD LICE CHECKS

In the case of head lice outbreak, I give permission for my child's hair to be checked. I understand that it is my responsibility to inform the school if my child has head lice.

YES

NO

Signed: (Parent/Guardian) Date: / / 20.....

➤ USE OF CLASS SETS / LIBRARY BOOKS

In the event of my son / daughter wilfully damaging or losing a School text / library book, I will replace the book or reimburse the school for the required amount.

YES

NO

Signed: (Parent/Guardian) Date: / / 20.....

➤ ILLNESS OR INJURY

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.

YES

NO

Signed: (Parent/Guardian) Date: / / 20.....

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.

OFFICE USE ONLY

| | | |
|---|------------------------------|-----------------------------|
| Has the documentation been provided and retained on school records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

BELLAIRE PRIMARY SCHOOL
INTERNET AND DIGITAL TECHNOLOGY ACCEPTABLE USE POLICY

At Bellaire Primary School, we have a range of digital technologies that our students access to support their learning and through the Department of Education and Training's Internet Server, are capable of making Internet connections.

Bellaire Primary School recognises the need for students to be safe and responsible users of digital technologies and the Internet. We believe that explicitly teaching students about safe and responsible online behaviours is essential and is best taught in partnership with parents/carers. We request that parents / carers work with us and encourage this behaviour at home.

Bellaire Primary School uses digital technologies, including the internet and Web 2.0, as teaching and learning tools. We see the internet and digital technologies as valuable resources in helping to provide a nurturing and challenging environment that promotes an enthusiasm for learning and prepares individuals to become reflective and valued members of society. We acknowledge these technologies and the internet must be used responsibly.

Your child will be asked to agree to use ALL Digital Technology and Internet responsibly. A student version of this agreement will be sent home with your child upon beginning school.

Please consider and discuss these points as a family before signing:

1. Students will work co-operatively and conscientiously on the Internet and with digital technology.
2. When using the Internet and digital technology, students will only access appropriate information, which is relevant to their work. They will make no attempt to access inappropriate material.
3. Students will only use first names on World Wide Web and email communications (They will be taught the importance of not including surnames and addresses or giving out personal details). Students will respect the privacy of teachers and fellow students by not giving out their personal details or reading their email.
4. All personal Internet and email passwords will remain confidential and will not be shared with other students.
5. Students will remember that it is a privilege, not a right to be using the Internet and digital technology.
6. Students who do not use the Internet and digital technology responsibly will lose this privilege for a designated time. Repeated or serious offences will result in parents being contacted and/or consequences given, as outlined in our Student Code of Conduct.
7. Students will be issued a digital licence after engaging in an eSmart program.
8. Students will ask permission before taking a photo or video of another student/s.
9. Bellaire Primary School will not tolerate any form of cyber bullying (using identity without permission, name calling, inappropriate emails etc) conducted at school, or from home towards other students at Bellaire or other members of the community. If any situation may arise, further investigations will be conducted, if needed – with the law.

IMPORTANT – PUBLICATION OF CHILD'S IMAGE, WORK AND/OR VIDEO FOOTAGE STATEMENT:

10. Photographs, student work and video footage may be published on the Internet and School Website unless the box below has been ticked and parents have NOT agreed to the publication of images. **PLEASE NOTE:** *The school will be using the school website to house our multimedia presentations for students to share with their families. Full names of students will not be used.*

Please read through the agreement and sign the form below

If you DO NOT agree with the Publication of Child's Image, Work and/or Video Footage Statement above, please tick the box below. If the box is NOT ticked, the school understands that you agree to your child's image, work and/or video footage being used.

Parent Agreement:

- Our family has read through the Bellaire Primary School Acceptable Use Policy for the Internet and Digital Technologies.

Child's name: _____ Grade: _____

Parent's or Guardian's signature: _____ Date: _____

I/WE DO NOT AGREE TO MY CHILD'S PHOTOGRAPHS, WORK OR VIDEO FOOTAGE BEING PUBLISHED ON THE INTERNET / SCHOOL WEBSITE AS DEEMED APPROPRIATE BY THE SCHOOL

BELLAIRE

“AIM HIGH”

We've got the facilities and the learning programs that reach new levels of learning –

“AIM HIGH”

A growing school with a growing reputation for excellence

Bellaire Primary School

Larcombe Street

Highton

Ph: 5243 5203

Enrolling your child at Bellaire Primary School

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

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.

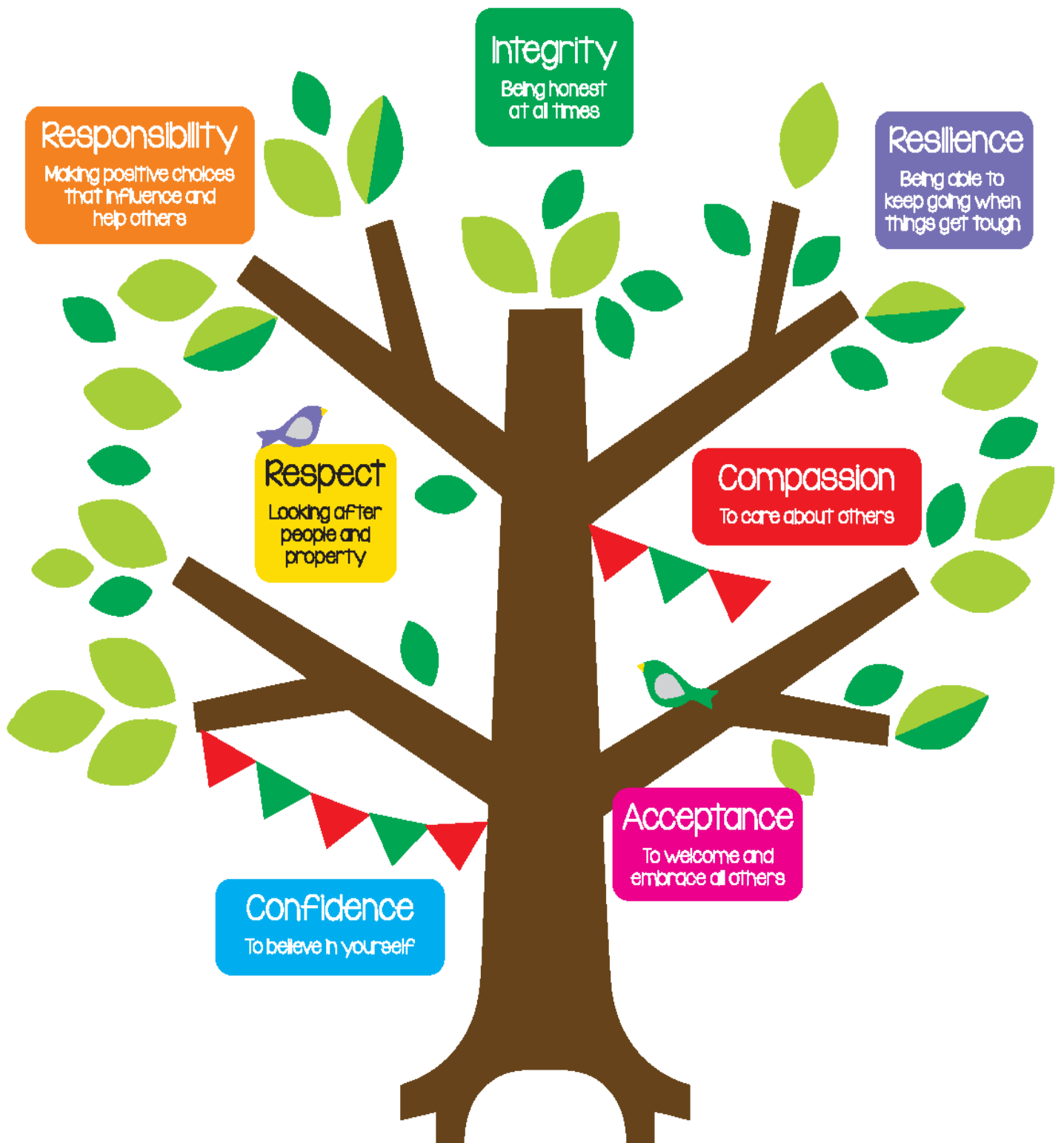
Student transfers between Victorian government schools

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.

Please be aware that you MUST provide the Child's Birth Certificate, Immunisation History Statement (from Medicare) and Visa Status/Legal documentation (if appropriate)

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

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



Behaviours We Value