

Dear Parents & Guardians,

Thank you for taking the time to complete our enrolment form.

Please include the following documents:

- A copy of your child's birth certificate**
- A copy of your child's Immunisation history statement from Medicare**
- A signed copy of the 'Code of Conduct' policy (both parents please)**
- A completed Student Permission Authority form (both sides)**
-

You may also bring the originals into the office for us to copy.

Thank you

STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

Schools, please note:

It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ❖ (and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated and published in such publications as the National Report on Schooling in Australia on behalf of Australian education ministers. No individual student or school is identifiable through the published information.

A copy of the School Enrolment Privacy Collection Statement must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the *Privacy and Data Protection Act 2014 (Vic)*. School Enrolment Privacy Collection Statements are located here <https://www2.education.vic.gov.au/pal/privacy-information-sharing/policy>

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:

- **Student enrolment form – alternative family**
- **Student enrolment form – additional family**
- **Student medical condition**

go to:

<https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx>

For **conveyance application** forms (that parents need to complete) and for **school conveyance claim** forms go to the Student Transport site:

<https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

CHELSEA HEIGHTS PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2021

Computer Generated Student ID: _____

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

| | | | |
|---|--|-------------------------------|-----------------|
| Surname: _____ | | Title: (Miss Ms, Mrs, Mx, Mr) | |
| First Given Name: _____ | | | |
| Second Given Name: _____ | | | |
| Preferred Name (if applicable): _____ | | | |
| ❖ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ (fill in blank) | | | |
| Student Mobile Number: _____ | | Birth Date: (dd-mm-yyyy) | ___ / ___ / ___ |

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) For prep students only | | <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):

ADULT B DETAILS:

| |
|---|
| Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank |
| Title: (Ms, Mrs, Mr, Mx, 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'. <input type="checkbox"/> |

| |
|---|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank |
| Title: (Ms, Mrs, Mr, Mx, 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'. <input type="checkbox"/> |

❖ 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: | | |

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 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: | | |

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) |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> 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 |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|

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 |
| Is the student a young carer (providing support/care for other family member/s)? (tick one) | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 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 Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-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? _____ |
| Does the student have a Victorian Student Number (VSN)? | |
| <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. | |
| Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 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 Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

| |
|----------------------|
| Enrolment conditions |
| • |
| • |

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

TRAVEL DETAILS FOR SPECIAL SCHOOLS

| | | | |
|--|---|---|---|
| How will the student travel to school? (tick) | | | |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Train | <input type="checkbox"/> Tram |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Public Taxi | <input type="checkbox"/> Driven by parent/carer |
| First date of travel? (tick) | <input type="checkbox"/> Next school year | Alternate date: (dd-mm-yyyy) ____ / ____ / ____ | |
| Is the student applying to travel on a school bus or for other travel assistance? (tick) | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Type of travel assistance requested? (completion of additional form required) | | | |
| <input type="checkbox"/> Access to School Bus | | <input type="checkbox"/> Conveyance Allowance | |
| If by School Bus, please advise local bus stop if known: | | | |
| Landmark: | Map Type: | X ____ | Y ____ |
| Assisted Mobility (if applicable): | | | |
| If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker | | | |
| Comments relevant to travel: | | | |
| Office Use Only: | | | |
| Can the student Individual Learning Plan (ILP) include travel training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the student attending their nearest school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student reside in Designated Transport Area (DTA) (if attending special school)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Can the student be accommodated on existing route (if applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Pick-up Point: | Map Ref: | Time AM: | |
| Set Down Point: | Map Ref: | Time PM: | |
| NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school. | | | |

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: ____ / ____ / ____

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)

COMMUNITY CODE OF CONDUCT

PROMOTING HEALTHY, SAFE AND RESPECTFUL SCHOOL COMMUNITIES **Policy No. WEL001**

Chelsea Heights Primary School recognises the importance of the partnership between schools and parents to support student learning, engagement and wellbeing. We share a commitment to, and a responsibility for, ensuring inclusive, safe and orderly environments for children and young people.

This Code of Conduct sets out our behavioural expectations of all members in this school community, including the principal, all school staff, parents, students and visitors. It respects the diversity of individuals in our school community and addresses the shared responsibilities of all members in building safe and respectful school communities.

Discrimination, sexual and other forms of harassment, bullying, violence, aggression and threatening behaviour are unacceptable and will not be tolerated in this school.

Our Code of Conduct acknowledges that parents and school staff are strongly motivated to do their best for every child. Everyone has the right to differing opinions and views and to raise concerns, as long as we do this respectfully and as a community working together.

RESPONSIBILITIES

AS PRINCIPALS AND SCHOOL LEADERS, WE WILL:

- Work collaboratively to create a school environment where respectful and safe conduct is expected of everyone.
- Behave in a manner consistent with the standards of our profession and meet core responsibilities to provide inclusive, safe and orderly environments.
- Plan, implement and monitor arrangements to ensure the care, safety, security and general wellbeing of all students in attendance at the school is protected.
- Identify and support students who are or may be at risk.
- Do our best to ensure every child achieves their personal and learning potential.
- Work with parents to understand their child's needs and, where necessary, adapt the learning environment accordingly.
- Respond appropriately when inclusive, safe or orderly behaviour is not demonstrated and implement appropriate interventions and sanctions when required.
- Make known to parents the school's communication and complaints procedures.
- Ask any person who is acting in an offensive or disorderly way to leave the school grounds.

AS TEACHERS AND ALL NON-TEACHING STAFF, WE WILL:

- Model positive behaviour to students consistent with the standards of our profession.
- Proactively engage with parents about student outcomes.
- Work with parents to understand the needs of each student and, where necessary, adapt the learning environment accordingly.
- Work collaboratively with parents to improve learning and wellbeing outcomes for students with additional needs.
- Communicate with the principal and school leaders in the event we anticipate or face any tension or challenging behaviours from parents.
- Treat all members of the school community with respect.

AS PARENTS, WE WILL:

- Model positive behaviour to our child.
- Ensure our child attends school on time, every day the school is open for instruction.
- Take an interest in our child's school and learning.
- Work with the school to achieve the best outcomes for our child.
- Communicate constructively with the school and use expected processes and protocols when raising concerns.
- Support school staff to maintain a safe learning environment for all students.
- Follow the school's complaints processes if there are complaints.
- Treat all school leaders, staff, students, and other members of the school community with respect.

AS STUDENTS, WE WILL:

- Model positive behaviour to other students.
- Comply with and model school values.
- Behave in a safe and responsible manner.
- Respect ourselves, other members of the school community and the school environment.
- Actively participate in school.
- Not disrupt the learning of others and make the most of our educational opportunities.

AS COMMUNITY MEMBERS, WE WILL:

- Model positive behaviour to the school community.
- Treat other members of the school community with respect.
- Support school staff to maintain a safe and orderly learning environment for all students.



- Utilise the school's communications policy to communicate with the school

THE DEPARTMENT OF EDUCATION AND TRAINING WILL:

- Provide support and advice to principals to equip them to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools to manage and respond to challenging behaviour of students, parents and staff.
- Provide practical guidance and resources to support schools respond to and prevent bullying and promote cyber-safety and wellbeing.
- Provide access to evidence based resources and strategies to increase student safety, wellbeing and engagement.
- Provide schools with practical and legal support as required.
- Provide parents with practical guidance and resources to resolve conflicts with the school.

CONSEQUENCES FOR FAILING TO UPHOLD THE VALUES OF THIS CODE OF CONDUCT

UNREASONABLE BEHAVIOURS

Behaviours that are considered inappropriate on and adjacent to school grounds or in relation to school business and that do not uphold the values of this Code of Conduct include when a person:

- is rude, aggressive or harasses others
- sends rude, confronting or threatening letters, emails or text messages
- is manipulative or threatening
- speaks in an aggressive tone, either in person or over the telephone
- makes sexist, racist or derogatory comments
- inappropriately uses social media as a forum to raise concerns/make complaints against the school
- is physically intimidating, e.g. standing very close.

CONSEQUENCES

Principals are responsible for determining what constitutes reasonable and unreasonable behaviour.

Unreasonable behaviour and/or failure to uphold the values of this Code of Conduct may lead to further investigation and the implementation of appropriate consequences. This may include:

- utilising mediation and counselling services
- alternative communication strategies being applied
- formal notice preventing entry onto school premises or attendance at school activities. Written notice will follow any verbal notice given.
- an intervention order being sought
- informing the police which may result in a charge of trespass or assault

By agreeing to meet specified standards of positive behaviour, everyone in our school community can be assured that they will be treated with fairness and respect. In turn, this will help to create a school that is safe and orderly, where everyone is empowered to participate and learn.

I agree to meet the expectations of parents stated in the Code of Conduct and acknowledge the possible consequences of failing to uphold the values of the Code of Conduct.

..... Signature **Parent 1** (or relevant person)
 Print name
 / / Date

..... Signature **Parent 2** (or relevant person)
 Print name
 / / Date

I on behalf of all teaching and non-teaching staff agree to take all reasonable steps to ensure the safety, security, health and wellbeing of all students, staff, parents and visitors to the school and that I meet the expectations stated in the Code of Conduct.

..... Signature Principal
 Jane Satchwell Print name
 / / Date

I agree to meet the expectations of students stated in the Code of Conduct and acknowledge the possible consequences of failing to uphold the values of the Code of Conduct.

..... Signature Student
 Print name
 / / Date

Student Permission

This permission is valid for the time your child is at Chelsea Heights PS. If you wish to withdraw your authorisation at any time, please inform your child's teacher in writing.

CHILD'S NAME:

LEVEL:

HEAD LICE AUTHORISATION

I consent to my child's hair being checked for head lice by the Principal/Assistant Principal or a trained person approved by the Principal and School Council.

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

WALKING EXCURSION PERMISSION AUTHORITY

I give permission for my child to attend excursions organised by Chelsea Heights Primary School. I understand that this authorisation covers only excursions 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 excursions will take place only after approval is granted by the Principal or the school and must be held between the hours of 9.00am and 3.20pm

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:/...../.....

PERMISSION FOR PHOTOGRAPHS TO BE USED

I give permission for my child's photograph to be used by the school for any publication produced by and for the school, publicity purposes and any public performances organised by the school.

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

RECORDING AUTHORISATION

I give permission for the video recording of my child to be used for and on behalf of the state of Victoria - in the Department of Education and Training (DET). I acknowledge that ownership of any recording will be retained by the Crown in Right of the State of Victoria (DET). I authorise the use or reproduction of any recording as stated, to be used by classroom teachers, teaching and learning coaches for the purposes of professional learning. The recording may be used on websites available to the community, teachers and staff of DET. If I wish to withdraw this authorisation, it will be my responsibility to inform my child's teacher or principal in writing.

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

Student Code of Conduct - Using the Internet

Using the Internet: Levels 3-6

Child's Name: _____

Level: _____

- I agree to follow all teacher instructions regarding use of the Internet.
- I will take care of the school's equipment.
- My behaviour, while using the Internet, will be mature, responsible and courteous.
- I will work cooperatively and conscientiously on the Internet.
- When using the Internet, I will make no attempt to access inappropriate material.
- I will use only my first name on the World Wide Web and E-mail communications. I understand the importance of not including surnames and addresses or giving out personal details. I will respect the privacy of fellow students and teachers by not giving out their personal details or reading their E-mail.
- I will ensure that any E-mails I send do not contain inappropriate content. I will ensure all E-mails are approved by a teacher before being sent.
- I will remember that it is a privilege, not a right to be using the Internet.

I agree to follow the above rules and am aware that breaking them will result in loss of my privilege to use the Internet.

Student's Signature: _____

Teacher's Signature: _____

I have read and discussed these guidelines with my child and I agree to any of my child's photographic work or video footage published on the Internet as deemed appropriate by the school.

Parent / Guardian's Signature: _____ Date: _____