

PARKWOOD GREEN PRIMARY SCHOOL 5480

STUDENT ENROLMENT INFORMATION – 20__

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<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.:	

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.



PARKWOOD GREEN PRIMARY SCHOOL

ENROLMENT INFORMATION

The following information is required to ensure that your child is fully enrolled at school:

1. **Enrolment Form:** A fully completed and signed '**Enrolment Form**' must be returned to the school.
2. **Student Consent Forms:** All Student Consent Forms are located at end of the **Enrolment Form**. The '**Consent Forms**' (i.e. Media, Head Lice Checks, Internet Usage, Sunblock Application) must be completed and signed by the parent/guardian as part of the enrolment process.
3. **Proof of Age:** This must be a formal document (**Birth Certificate, Passport or similar**) indicating that your child turns 5 years of age by the 30th April in the year that they will be attending school.
4. **School Entry Immunisation Certificate:**
 - The Australian Childhood Immunisation Register (ACIR) will automatically send you an Immunisation History Statement once your child has completed their 4-year-old vaccines.
 - The statement should state '***This child has received all vaccines required by 5 years of age***' at the bottom of the page.
 - If so, this document becomes the '**School Entry Immunisation Certificate**'.
 - If not, or if you don't have a certificate, contact the local Council to arrange a 'School Entry Immunisation Certificate'.
 - Take your Medicare card to a Medicare Office and request a print out of your child's immunisation record.
 - The yellow Child Health Record booklet is not acceptable.
5. **Overseas Students:**
 - Parents of children who were born overseas must also provide a copy of the passport bearing the child's name. The school will photocopy the passport to record visa classification numbers.

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. As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

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 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'.

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'.

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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:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
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:

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
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NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes) _____	
International Student ID : (Not required for exchange students) _____	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

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:	

Student's Religion:
Will the student participate in Religious Instruction classes? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No

❖ 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"/> <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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

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

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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"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining 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
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SPECIAL NEEDS: (Please list any **Special Needs** your Child may have)

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)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		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	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"/> 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				

KINDERGARTEN DETAILS: (Please list the Kindergarten your child attended – for Prep enrolments only)

Name of Kindergarten:
Name of Group / Session:
Teacher's Name:
Assistant's Name:
Phone No:

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)

HEAD LICE INSPECTIONS

Throughout the year, the school may arrange head lice inspections of individual students or classes. The management of head lice infestation works best when all children are involved in our screening program. **The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding embarrassment.**

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

Experienced staff from our school will conduct the inspection of students. The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present. Moslem girls will be isolated and only inspected in the presence of women.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will send a written notice home with the child and provide opportunities for parents to receive advice about the use of safe treatment practices which do not place children's health at risk.

PLEASE NOTE: The Health Department requires that a child detected with live head lice should not return to school until appropriate treatment has commenced.

If you wish your child/ren to participate in the school's head lice inspection program, please complete and return this form to the school office.

I **DO / DO NOT** Consent to my child participating in the school's head lice inspection program

Parent Signature: _____

MEDIA PERMISSION

At Parkwood Green Primary School, many photos are taken of the children during special events. This includes photographs using the digital camera, photographs or images taken by the media such as the local newspapers and TV. Sometimes the media will seek to feature a child's story or artwork similar to that found in our own newsletter.

Teachers often use photographs and work samples throughout the year in displays or computer presentations. Photographs of students or their work often feature in the school newsletter.

☞ **In order for us to use your child's photographs/work samples etc for any of the above purposes, we are seeking your written permission as their parent/guardian.**

I **DO / DO NOT** Consent to my child's photos, images or work samples being used for media purposes external to the school. For example, The Newspaper.

I **DO / DO NOT** Consent to my child's photos, images or work samples being used internally by the school. For example, The Newsletter.

Parent/Guardian Signature: _____

INTERNET USAGE

INTERNET / EMAIL CODE OF PRACTICE

The internet is a learning tool that is increasingly used by schools in delivering the curriculum. Students using the internet must do so responsibly.

Parent/Guardian Agreement:

I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

- I **DO / DO NOT** consent to my child using the Internet at school for educational purposes.
- I **DO / DO NOT** consent to my child having their first name (last initial) published on the school's Internet site.
- I **DO / DO NOT** consent to my child having their photo published on the school's Internet site.
- I **DO / DO NOT** consent to my child corresponding with others, using email.

Parent Signature: _____

SUNBLOCK APPLICATION

Sunblock is an effective means of combating the damaging effects of the sun. We have purchased sunblock for each classroom. Sunblock will also be available on school excursions and camps if they occur during terms 1 or 4.

Most kids don't use sunblock at school because they are well covered and use broad-brimmed hats – however, it is available for them to use. There may be times when teachers believe children should have sunblock applied.

We consider children from years 2 to 6 old enough to put sunblock of themselves – with a bit of supervision. However, we do not consider children in prep or year 1 old enough to apply sunblock themselves (particularly on their faces), and therefore require a teacher to apply sunblock to them.

If you would like a female staff member to help apply sunblock to your child during designated outside activities, please sign and return this form to the school. Staff will not apply sunblock without parental consent. The school will not apply sunblock to children on a daily basis, only when teachers believe it necessary.

- I **DO / DO NOT** Consent for my child to have sunblock applied by a female staff member to my child's face, neck and arms as deemed appropriate by the school.

Parent Signature: _____



STUDENT BEHAVIOUR

The behaviour of students is fundamentally a parenting responsibility. Whilst schools have a role to play, parents and families are the key influences of student behaviour.

GENERAL INFORMATION

Students at Parkwood Green Primary School strive to realise their potential.

They seek to develop positive attitudes and values, to achieve academically high standards, and to build strong and healthy relationships with others.

Our students are required to:-

- show respect for themselves and others.
- care for and cooperate with one another.
- behave responsibly and appropriately at all times.
- respect people's property, their belongings and school equipment.
- try hard, try new things and be respectful of other people's abilities and opinions.
- take pride in their appearance, their school work, their classroom and their school.

Our school has a very good reputation in the wider community, partially because of our positive student behaviour.

Our students are involved in numerous programs and activities that promote, build and reinforce positive and responsible behaviour.

Similarly, the school does not tolerate ongoing breaches of the school rules, and looks to parents to work with us in ensuring that students accept responsibilities for their actions, and modify their future behaviours.

Generally, small children (Preps, Year 1 and Year 2 students) receive many positive rewards such as praise, awards, stickers and games for good behaviour and trying hard, and generally receive warnings, detentions and time-out for poor behaviour.

Older students (Years 3 to 6) tend to be more motivated by receiving additional privileges or responsibilities, or by receiving more public recognition of their efforts. Older students can expect counselling, detentions or suspensions for poor behaviour.

Consistent with the *'Discipline Procedures in Victorian Schools, 1994'* document, any students in Year 3 to 6 who choose to throw stones, fight, bully or resolve a dispute by hurting someone else can expect to be suspended for a period of time decided by the principal.

Parkwood Green Primary School enjoys a particularly positive school environment and is very proud of the behaviour of our students.

By enrolling your child at our school, parents are reminded that they are agreeing with our schools high expectations of student behaviour and our school's behaviour management practices. (see Code of Conduct for more info).

BULLYING

A person is bullied when one or more other people expose them regularly and over time to negative or harmful actions. Bullies are people who deliberately set out to intimidate, exclude, threaten and/or hurt others repeatedly. Bullying is a clear form of harassment.

Parents often confuse bullying with 'one off incidents' or little children who are yet to learn how to behave properly.

Parkwood Green has a very strong zero tolerance policy toward bullying. We have a number of strategies for dealing with bullying prevention, as well as for dealing with incidents of bullying.

The strongest weapon that can be employed against bullying is open communication. Any child who believes that they are being treated poorly or bullied should tell the teacher on yard duty or their classroom teacher. Parents who believe that their child is being bullied or poorly treated should discuss the matter with the classroom teacher, and if the matter persists, make an appointment to see an Assistant Principal. (see Bullying policy for more info).

STUDENT DRESS

Parkwood Green Primary School has an excellent school uniform that was developed and refined by School Council in consultation with the community.

The uniform is compulsory and it is required to be worn at all times. Our community strongly supports the uniform policy, and expect that the dress code will be enforced.

Our dress code includes sunsmart strategies including the wearing of Parkwood Green broad-brimmed hats during terms 1 and 4 of each year.

Brief or irregular breaches of the uniform will be tolerated so long as they are justified and reasonable. Prolonged or regular breaches of the uniform policy will result in communication with parents, and potentially, disciplinary action being taken against the students who are not complying with the dress code.

Parents who require assistance with the uniform should contact the uniform coordinator for advice. (see Dress Code and Sunsmart policies for more info).

JEWELLERY

Some forms of jewellery pose potential health, safety and school image problems. These types of jewellery are not to be worn at school, or have limitations placed upon the wearing of them.

Generally, ear studs or sleeper earrings may be worn but earrings that 'dangle' or hang from the ear may not be worn at any time. Rings, studs or piercings on any other part of the visible body must not be worn at any time. Necklaces must not be worn outside clothing and dangle in a manner that can be dangerous to the wearer or others during subjects such as trade subjects or some sporting activities. Rings or bracelets of any description must not be worn (or must be covered) in areas such as trade subjects. Watches may be worn, but may be required to be removed for sport or physical education lessons. (see Jewellery policy for more info).

COSMETICS

Whilst cosmetics are both popular and commonly worn by students outside of school, they are generally not helpful in promoting a positive school image. Unless they are required for some medical reason or similar, they are not to be used whilst attending school.

The following restrictions exist whilst at school or whilst involved in school related activities: - Obvious make-up such as coloured lip sticks, coloured lip glosses, eye make-up, skin glitters, blush, extreme or unnatural hair dyes or coloured hair gels are not approved whilst children attend school, or school excursions or camps, unless the activity requires make-up etc eg: theatrical performances or approved events such as footy day. Finger nails should have no polish or clear polish only. (See Make-Up Policy for more info).

MOBILE PHONES

Students are not to bring personal mobile phones to school unless written permission from the principal has been obtained by parents who have outlined the health, safety or personal reasons that justify the student being in possession of a mobile phone. The school does not accept responsibility for lost or damaged student mobile phones. Mobile phones and students using them must not cause disruptions to classes or individuals, and must not cause a nuisance to the smooth running of the school. Students misusing personal mobile phones at school or causing a nuisance will be brought to the attention of the principal. The principal may revoke a student's privilege of bringing or using mobile phones whilst at school. (see Mobile Phones policy for more info).

Parent/Guardian Agreement

I have read and understood the previous information relating to Student Behaviour, Bullying, Student Dress, Jewellery, Cosmetics, and Mobile Phones.

Furthermore, I understand that by enrolling my child at Parkwood Green Primary School I am committing to supporting the school and the implementation of these policies.

.....
Parent Signature

PARKWOOD GREEN PRIMARY SCHOOL PRIVACY NOTICE

Information About the Enrolment Form – Please Read This Notice Before Completing the Enrolment Form

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Parkwood Green Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Parkwood Green and the Department of Education and Early Childhood Development are required to protect the information provided by this enrolment form.

Health information is asked for so that staff at Parkwood Green Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. The school depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Parkwood Green Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the school. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Mr. Eric Sealey, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

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

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the school receives appropriate resource allocations for their students. It is used by the Department to plan for future educational needs in Victoria. Some information is sent to Federal Government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Religious Affiliation

If you want your child to receive religious instruction while at Parkwood Green Primary School please complete this section. The Department needs to know what type of religious instruction is sought so that the Department can, where possible, provide appropriate religious instruction at school.

Immunisation Status

This assists the school in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

Visa Status

This information is required to enable Parkwood Green Primary School to process your child's enrolment.

Updating your Child's Records

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Parkwood Green Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Access to your Child's Record held by School

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call the Department's Privacy Manager on (03) 9637 3601 if you would like this information.