



# ENROLMENT FORM

## CHECKLIST:

**YES**      **NO**

### 1. Enrolment Form

All details completed and signed

Please request an 'Alternative Family Details Form' if your child is not living at home with both parents and you would like correspondence for both parents to be sent separately

    

### 2. Photographing, Filming and Recording Annual Consent Form and Collection Notice

ONLY return this form if you DO NOT want your child to appear within the school community and or publications/locations that are publicly accessible

School Community Examples - the school's communication, learning and teaching tools, on display around the school, documenting student's learning journey, to support student health and wellbeing)

Public Accessible Examples – the school magazine, the school's website, on the school's social media accounts, in promotional material for the school

    

### 3. Proof of Birth

- Birth Certificate or
- Passport
- Passport must be presented to complete enrolment if child was born overseas

    

### 4. Proof of Residency

- Utility Account of residential address (Gas or Electricity)
- Lease Agreement

    

### 5. School Entry Immunisation Statement

- If immunised in Australia an Australian Immunisation History Statement obtained from the Australian Immunisation Register
- An Immunisation History Statement (if born overseas)

Documents produced by GP's or other immunisation providers are no longer sufficient as a form of evidence

    

    

### 6. Other Relevant Document

- Any Intervention or Court Orders
- Visa Documentation
- Any relevant medical information



## DEPARTMENT OF EDUCATION AND TRAINING

### ENROLMENT FORM - INFORMATION for PARENTS, GUARDIANS and CARERS (including privacy collection notice)

The Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 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:

<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 effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. 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.



**PRIMARY SCHOOL**  
**PRIVACY INFORMATION for parents, guardians and carers**

During the ordinary course of your child's attendance at our school, school staff will collect your child's personal and health information when necessary to educate your child, or to support your child's social and emotional wellbeing or health in the school context. Such information will also be collected when required to fulfil a legal obligation, including duty of care, anti-discrimination law and occupational health and safety law. If that information is not collected, the school may be unable to provide optimal education or support to your child, or fulfil those legal obligations.

For example, health information may be collected through the school nurse, primary welfare officer or wellbeing staff member. If your child is referred to a specific health service at school, such as a Student Support Services officer, the required consent will be obtained. Our school also collects information provided by parents, guardians and carers through the School Entrance Health Questionnaire (SEHQ) and the Early Childhood Intervention Service (ECIS) Transition Form.

Our school may use online tools, such as apps and other software, to effectively collect and manage information about your child for teaching and learning purposes, parent communication and engagement; student administration; and school management purposes. When our school uses these online tools, we take steps to ensure that your child's information is secure. If you have any concerns about the use of these online tools, please contact us.

School staff will only share your child's personal or health information with other staff who need to know to enable the school to educate or support your child, or fulfil a legal obligation.

When our students transfer to another Victorian government school, personal and health information about that student will be transferred to that next school. Transferring this information is in the best interests of our students and assists that next school to provide optimal education and support to students.

In some limited circumstances, information may be disclosed outside of the school (and outside of the Department of Education and Training). The school will seek your consent for such disclosures unless the disclosure is allowed or mandated by law.

Our school values the privacy of every person. When collecting and managing personal and health information, all school staff must comply with Victorian privacy law. For more information about privacy including about how to access personal and health information held by the school about you or your child, see our school's privacy policy:

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

Throughout this notice, 'staff' includes principals, teachers, Student Support Service officers, youth workers, social workers, nurses and any other allied health practitioners and all other staff at our school. This includes employees, agents and service providers (contractors) of the Department, whether paid or unpaid.

# BACCHUS MARSH PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 20\_\_

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:	

## 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.

### OFFICE USE ONLY

Year Level <input type="text"/>	Home Group <input type="text"/>	Enrolment Date <input type="text"/>	House <input type="text"/>	<b>Permissions</b> Photography, Filming and Recording to be used within the community and/or publicly accessible publications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Technology Use Agreement
<b>Proof of Birth</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport		<b>Immunisation</b> <input type="checkbox"/>	<b>Visa Docs/Records</b> <input type="checkbox"/>	
<b>Student at Risk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Court Order/Custody Documents Provided</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			<b>Charges</b> <input type="checkbox"/> School Parent Payment
<b>Medical Alert</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Asthma/Anaphylaxis/Allergy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Plan/Documentation received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

# 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):

<b>Gender (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <span style="float: right; font-size: small;">fill in blank</span>
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult A speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult A has completed?</b> (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
❖ <b>What is the level of the highest qualification the Adult A has completed?</b> (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
❖ <b>What is the occupation group of Adult A?</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 style="width: 40px; height: 20px;" type="text"/>

## ADULT B DETAILS:

<b>Gender (tick):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <span style="float: right; font-size: small;">fill in blank</span>
<b>Title:</b> (Ms, Mrs, Mr, Mx, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult B speak a language other than English at home?</b> (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):
<b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B has completed?</b> (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
❖ <b>What is the level of the highest qualification the Adult B has completed?</b> (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
❖ <b>What is the occupation group of Adult B?</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 style="width: 40px; height: 20px;" type="text"/>

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

<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (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
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:		
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:**

<b>Doctor's Name</b>		<b>Individual or Group Practice:</b> (tick)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>					
<b>Suburb:</b>					
<b>State:</b>			<b>Postcode:</b>		
<b>Telephone Number</b>			<b>Fax Number</b>		
<b>Current Ambulance Subscription:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Medicare Number:</b>		

**PRIMARY FAMILY EMERGENCY CONTACTS:**

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Telephone Contact</b>	<b>Language Spoken</b> (If English Write "E")
1				
2				
3				
4				

**PRIMARY FAMILY BILLING ADDRESS:**

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

<b>No. &amp; Street or PO Box</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Billing Email</b>	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)

**OTHER PRIMARY FAMILY DETAILS**

<b>Relationship of Adult A to Student:</b> (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
<b>Relationship of Adult B to Student:</b> (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

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

<b>Send Correspondence addressed to:</b> (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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# DEMOGRAPHIC DETAILS OF STUDENT

<b>❖ In which country was the student born?</b>	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy)    ____ / ____ / ____	
<b>What is the Residential Status of the student?</b> (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b>	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b>	<b>Visa Expiry Date:</b> (dd-mm-yyyy)    ____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes)	
<b>International Student ID :</b> (Not required for exchange students)	
<b>❖ Does the student speak a language other than English at home?</b> (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): _____
<b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (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
<b>Is the student a young carer (providing support/care for other family member/s)?</b> (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>What is the student's living arrangements?</b> (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.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school:</b> (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"/> <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
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

## 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

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (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.)		
<b>Access Type:</b> (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
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
<b>OFFICE USE ONLY</b>				
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.

<b>Please indicate if the student suffers from any of the following symptoms: (tick)</b> <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		<b>If my child displays any of these symptoms please: (tick)</b> 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:	
<b>Has an Asthma Management Plan been provided to School?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the student take medication? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Name of medication taken:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)</b>			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>	
<b>Medication is usually administered by: (tick)</b>		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
<b>Medication is stored: (tick)</b>		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
<b>Dosage time</b>	<b>Reminder required? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Poison Rating</b>	

## OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

<b>Does the student have any other medical condition? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify:		
Symptoms:		
<b>If my child displays any of the symptoms above please: (tick)</b>		
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:	
<b>Does the student take medication? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Name of medication taken:</b>
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)</b>		
<input type="checkbox"/> Preventative <input type="checkbox"/> Response		
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>
<b>Medication is usually administered by: (tick)</b>		
<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other		
<b>Medication is stored: (tick)</b>		
<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere		
<b>Dosage time</b>	<b>Reminder required? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Poison Rating</b>

## 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.

<b>Doctor's Name:</b>	
<b>Individual or Group Practice:</b> (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>No. &amp; Street or PO Box No.:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Fax Number</b>
<b>Student Medicare Number:</b>	

## STUDENT EMERGENCY CONTACTS

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

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

<b>How will the student travel to school? (tick)</b>			
<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
<b>First date of travel? (tick)</b>			
<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____		
<b>Is the student applying to travel on a school bus or for other travel assistance? (tick)</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Type of travel assistance requested?</b> (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
<b>If by School Bus, please advise local bus stop if known:</b>			
Landmark:	Map Type:	X ____	Y ____
<b>Assisted Mobility (if applicable):</b>			
If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker			
<b>Comments relevant to travel:</b>			
<b>Office Use Only:</b>			
<b>Can the student Individual Learning Plan (ILP) include travel training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is the student attending their nearest school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does the student reside in Designated Transport Area (DTA) (if attending special school)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Can the student be accommodated on existing route (if applicable)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Pick-up Point:</b>	Map Ref:	Time AM:	
<b>Set Down Point:</b>	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.			

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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)



# Information and Communication Technologies

Dear Parents,

Information Communication Technologies are a priority at BMPS as we value our students being able to use the digital and interactive tools of today's society. Students need to be taught how to make critical choices about the media and tools best suited to particular situations.

BMPS has formulated an Acceptable Use Policy, in line with the Department of Education and Training requirements, which are attached for you to read through.

Also attached is a computer user agreement and permission forms. Please read and discuss this with your child, sign where appropriate, and return the last page to your child's classroom teacher by the end of the week.

If you have any queries about this permission form please speak to your classroom teacher or ourselves.

Thank you in anticipation of your co-operation.

Melinda Williams

Principal

Daniel Morris

eLearning Co-ordinator



## School profile statement

At Bacchus Marsh Primary School we support the right of all members of the school community to access safe and inclusive learning environments, including digital and online spaces. This agreement outlines the School's roles and responsibilities in supporting safe digital learning, as well as the expected behaviours and expectations we have of our students when using digital or online spaces.

At our School we:

- have a **Student Engagement Policy** that outlines our School's values and expected student behaviour. This Policy includes online behaviours;
- have programs in place to educate our students to be safe and responsible users of digital technologies within classroom discussions and whilst following Bacchus Marsh Primary School's eSafety scope and sequence;
- educate our students about digital issues such as online privacy, intellectual property and copyright;
- supervise and support students using digital technologies in the classroom;
- use clear protocols and procedures to protect students working in online spaces. This includes reviewing the safety and appropriateness of online tools and communities, removing offensive content at the earliest opportunity, and other measures;
  - See: [Duty of Care and Supervision](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx)  
([www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/prindutycare.aspx))
- provide a filtered internet service to block inappropriate content. We acknowledge, however, that full protection from inappropriate content cannot be guaranteed;
- use online sites and digital tools that support students' learning;
- address issues or incidents that have the potential to impact on the wellbeing of our students;
- refer suspected illegal online acts to the relevant Law Enforcement authority for investigation;
- support parents and care-givers to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both the Department of Education & Training and The Children's eSafety Commission:
  - [Bullystoppers Parent Interactive Learning Modules](#)
  - [iParent | Office of the Children's eSafety Commissioner](#)



## Safe, responsible behaviour, Prep – Grade 6

When I use digital technologies I **communicate respectfully** by:

- always thinking and checking that what I write or post is polite and respectful;
- being kind to my friends and classmates and thinking about how the things I do or say online might make them feel;
- not sending mean or bullying messages or forwarding them to other people;
- creating and presenting my own work, and if I copy something from online, letting my audience know by sharing the website link to acknowledge the creator.

When I use digital technologies I **protect personal information** by being aware that my full name, photo, birthday, address and phone number is personal information and is not to be shared online. This means I:

- protect my friends' information in the same way;
- protect my passwords and don't share them with anyone except my parents/carers;
- only ever join spaces with my parents/carers or teacher's guidance and permission;
- never answer questions online that ask for my personal information;
- know not to post three or more pieces of identifiable information about myself.

When I use digital technologies I **respect myself and others** by thinking about what I share online. This means I:

- stop to think about what I post or share online;
- use spaces or sites that are appropriate, and if I am not sure, I ask a trusted adult for help;
- protect my friends' full names, birthdays, school names, addresses and phone numbers because this is their personal information;
- speak to a trusted adult if I see something that makes me feel upset or if I need help;
- speak to a trusted adult if someone is unkind to me or if I know someone else is upset or scared;
- don't deliberately search for something rude or violent;
- turn off or close the screen if I see something I don't like and tell a trusted adult;
- am careful with the equipment I use.

I will use this knowledge at school and everywhere I use digital technologies.



## BYOD Program, Grades 4-6

### BRING YOUR OWN DEVICE (BYOD):

Year levels from Grade 4-6 participate in our school's BYOD program. As part of the program, all students in these year levels are expected to:

- bring their device into the classroom at the beginning of each day and ensure it is safely and securely stored;
- ensure their device is working correctly;
- ensure their device is charged every day and has sufficient battery power to work throughout the day;
- ensure their device does not contain any inappropriate, offensive or any other content which they would not be comfortable for a teacher or parent to see. Students are expected to show any content on their device to teachers if requested;
- only use their device for school-related educational purposes while at school;
- only use their device under the supervision of a teacher whilst at school;
- keep their device secured in the classroom's designated storage area when not in use;
- take full responsibility for the safety and security of their device at all times;
- use their device in accordance with the 'Using Technology' section of this policy (see below);
- fulfill the expectations of students outlined in the Information Booklet;
- allow the school to re-image their device for any reason (full memory, virus etc) This will involve the deletion of any personal files and downloads that have been added and re-installation of the school's software package only.

The school does not take any responsibility for the loss or damage of any personal items, including electronic devices (computers, phones, etc).

Devices can be purchased through the BMPS Order Portal: <https://bmps.orderportal.com.au/>

### DAMAGED TECHNOLOGY:

In cases where the student has been responsible for damage to technology owned by the school or another student, the student and parents/carers may be asked to pay for the damage through associated repairs.

### BYOD SPECIFIC SAFE AND RESPONSIBLE USE WHILE AT SCHOOL, STUDENTS MUST:

- fulfill their obligations under this policy and the BYOD Information Booklet;
- ensure no inappropriate or offensive digital content is downloaded or used at school;
- only take photos, sound or video recordings of people when they have received that person's consent and whilst under the direction of a teacher;
- handle technology with care and notify a teacher if any of the school's or their own technology is damaged or requires attention;
- never interfere with the school's network systems and security settings;
- not access the data of another user or attempt to login with a username or password that is not their own;
- avoid downloading or installing unauthorised software (including games) onto school/personal devices;



- Ensure online 'chat' facilities or social networking websites are only used under the direction and direct supervision of a teacher;
- not deliberately damage hardware or make changes to the configuration of a device.

## Signature

I understand and agree to comply with the Terms of Acceptable Use and Expected Standards of Behaviour set out within this agreement.

I understand that there are actions and consequences established within the school's Student Engagement Policy if I do not behave appropriately.

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Dear Parents,

To help make the transition to school a smooth one, we are asking all Prep parents to complete this information form and return it to school along with the enrolment for your child. This information is confidential and allows us to receive important information about your child. It is used by our Prep teachers to aid them in making the best possible placement for your child in their class.

Thank you for your co-operation.

Melinda Williams

Principal

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## **PREP – ENROLMENT INFORMATION**

Child's Name: \_\_\_\_\_

Parent's Name/s: \_\_\_\_\_

Name of Pre-School or Day Care Centre attended: \_\_\_\_\_

Phone number of Centre: \_\_\_\_\_

Name of Pre-school Group or teacher: \_\_\_\_\_







## Photographing, Filming and Recording students at Bacchus Marsh Primary School

### Annual Consent Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase particular learning programs, document a student's learning journey/camps/excursions/sports events and to communicate with our parents and school community in newsletters and on classroom blogs or apps.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (eg concerts, sports events etc) do so in a respectful and safe manner and that any photos, video or recordings ("images" of students are not publicly posted (eg to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school on (03) 5367 2745 or [bacchus.marsh.ps@edumail.vic.gov.au](mailto:bacchus.marsh.ps@edumail.vic.gov.au).

#### A. Use or disclosure within the school community

**Unless you tell us otherwise below,** images of your child may be used by our school within the school community, as described below.

Photographs, video or recordings of students may be used within the school community in any of the following ways:

- in the school's communication, learning and teaching tools for example, emails, classroom blogs or apps that can only be accessed by students, parents/carers or school staff with passwords eg Compass, Class Dojo etc
- for display in school classrooms, on noticeboards etc
- documenting student's learning journey eg portfolios, camps, excursions, sports events etc
- to support student's health and wellbeing eg photographs of pencil grip to assist in OT assessments

#### B. Use or disclosure in publications/locations that are publicly accessible

**Unless you tell us otherwise below,** photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website, including in the school newsletter which is publicly available on the website
- on the school's social media accounts
- in the school magazine

Your child may be identified by first name only in these images (or not named at all).

We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes.

## PRIVACY

Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (**the Department**). The Department values the privacy of every person and must comply with the *Privacy and Data Protection Act 2014* (Vic) when collecting and managing all personal information. For further information see [Schools' Privacy Policy \(http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx\)](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx).

## OWNERSHIP AND REPRODUCTION

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Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

## OPT OUT

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Bacchus Marsh Primary School understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child (apart from circumstances where the school is not required to seek consent – see *our Photographing, Filming and Recording Students Policy*).

**If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, you do not need to take any further action.**

However, if you have decided that you **do not** want images of your child to be collected or used by our school, **please complete the form below** and return it to the school office. Please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.



## 2022 Photographing, Filming and Recording students at Bacchus Marsh Primary School

### Annual Consent Form and Collection Notice

I have read this form and I **do not consent** to Bacchus Marsh Primary School using photos, video or recordings of my child (named below) to appear in the following ways:

- Use within the school community** (eg in the school's communication, learning and teaching tools, on display around the school, documenting student's learning journey, to support student health and wellbeing)
- Use in publications/locations that are publicly accessible** (eg on the school's website, on the school's social media accounts, in promotional material for the school)

*Note that you may choose to opt out of both or only one type of use.*

*Further information is available in the Bacchus Marsh Primary School Photographing, Filming and Recording Students Policy*

<b>Name of Student</b>	
<b>Name of parent/carer</b>	
<b>Signature</b>	
<b>Date</b>	___ / ___ / _____