

Form to Enrol in a Victorian Government School

BACCHUS MARSH PRIMARY SCHOOL

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|--|-----------------|---------------------------|
| Student Enrolment Information – 20____ | OFFICE USE ONLY | CASES21 Student ID: _____ |
|--|-----------------|---------------------------|

The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of your child.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a ❖ are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

| | |
|--|--|
| Surname: | |
| First Given Name: | |
| Second Given Name: <i>(if applicable)</i> | |
| Preferred First Name: <i>(if applicable)</i> | |
| ❖ Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____ |
| Date of Birth: <i>(dd-mm-yyyy)</i> | ____ / ____ / ____ Student Mobile Number: <i>(if applicable)</i> |

| | |
|--|--|
| Intended start date: | |
| <input type="checkbox"/> Day 1, Term 1 | <input type="checkbox"/> Other: <i>(dd-mm-yyyy)</i> ____ / ____ / ____ |

| | | | | | | | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------------|
| Which year are you seeking to enrol this student? | | | | | | | | | | | | | |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> Ungraded |

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

| | |
|-----------------------|-----------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode: |

| |
|---|
| How often does this student live at this address? |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) |
| If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there: |
| |

Siblings

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care, permanent care and residential care.

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|---|--|
| Does the student have any siblings at this school? | <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>move to next section</i>) |
|---|--|

| Name | Current Year Level | Reside at same residential address as the student |
|------|--------------------|---|
| 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |

PARENT/CARER DETAILS

Enrolling Adult 1

| | |
|-------------------------|---|
| Title | |
| First Given Name | |
| Surname | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____ |

| |
|--|
| Adult 1 Relationship to student: |
| <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Self (adult student / mature minor) <input type="checkbox"/> Friend <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ |
| Student lives with Adult 1: |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally |

| | |
|----------------------------------|-----------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode |

Enrolling Adult 2

| | |
|-------------------------|---|
| Title | |
| First Given Name | |
| Surname | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____ |

| |
|---|
| Adult 2 Relationship to student: |
| <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Host Family <input type="checkbox"/> Friend <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Step Parent |
| Student lives with Adult 2: |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally |

| | |
|---|---|
| Address is the same as Enrolling Adult 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No (complete below) |
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode |

| | |
|---------------------------|--|
| Adult 1 Job Title: | |
| Adult 1 Employer: | |

| | |
|---------------------------|--|
| Adult 2 Job Title: | |
| Adult 2 Employer: | |

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|---|
| In which country was Adult 1 born? |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ |

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|---|
| In which country was Adult 2 born? |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ |

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| ❖ Does Adult 1 speak a language other than English at home? |
| <input type="checkbox"/> No, English only |
| <input type="checkbox"/> Yes (please specify): _____ |

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|--|
| ❖ Does Adult 2 speak a language other than English at home? |
| <input type="checkbox"/> No, English only |
| <input type="checkbox"/> Yes (please specify): _____ |

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| Please indicate any additional languages spoken by Adult 1: | |
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| | |
|--|--|
| Please indicate any additional languages spoken by Adult 2: | |
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|------------------------------------|------------------------------|-----------------------------|
| Is an interpreter required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------------|------------------------------|-----------------------------|

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Is an interpreter required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------------|------------------------------|-----------------------------|

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| ❖ What is the highest year of primary or secondary school that Adult 1 has completed? |
| <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 / no schooling |

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|--|
| ❖ What is the highest year of primary or secondary school that Adult 2 has completed? |
| <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 / no schooling |

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|---|
| ❖ What is the level of the highest qualification that Adult 1 has completed? |
| <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 |

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|---|
| ❖ What is the level of the highest qualification that Adult 2 has completed? |
| <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 |

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| ❖ What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. |
| <ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |
| <input type="text"/> |

| |
|--|
| ❖ What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document. |
| <ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. |
| <input type="text"/> |

| | |
|--|--|
| What is the main language spoken between the student and adult at home? | |
|--|--|

| | |
|--|--|
| What is the main language spoken between the student and adult at home? | |
|--|--|

| | |
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| Preferred language of communications: | |
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| | |
|--|--|
| Preferred language of communications: | |
|--|--|

| | | |
|---|------------------------------|-----------------------------|
| Is Adult 1 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Is Adult 2 interested in being involved in school group participation activities? <i>(e.g., School Council, excursions)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|-------------------------------------|-------------------------------------|
| Can we contact Adult 1 during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 1 usually home during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Phone: | | |
| Work Phone: | | |
| Mobile: | | |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Address: | | |
| Email Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 1's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | <input type="checkbox"/> Mobile | <input type="checkbox"/> Email |
| | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone |
| Specify any other special conditions or times related to contact? | | |

| | | |
|---|-------------------------------------|-------------------------------------|
| Can we contact Adult 2 during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Adult 2 usually home during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Phone: | | |
| Work Phone: | | |
| Mobile: | | |
| SMS Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Address: | | |
| Email Notifications: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult 2's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | <input type="checkbox"/> Mobile | <input type="checkbox"/> Email |
| | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone |
| Specify any other special conditions or times related to contact? | | |

Emergency Contacts

Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

| Name | Relationship <i>Neighbour, Relative, Friend or Other (please specify)</i> | Telephone Contact | Language Spoken <i>Write E for English</i> |
|------|--|-------------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

| | | | |
|--|----------------------------------|----------------------------------|---|
| Send bills to: (select one) | <input type="checkbox"/> Adult 1 | <input type="checkbox"/> Adult 2 | <input type="checkbox"/> Another person / address* (complete details below) |
| Name to be used for all billing correspondence: | | | |
| | | | |
| No. & Street or PO Box | | | |
| | | | |
| Suburb: | | | |
| | | | |
| State: | | Postcode: | |
| | | | |
| Billing Email: | | | |
| | | | |

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 13-15.

Correspondence Details

| | | | | |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| Send correspondence addressed to: (select one) | <input type="checkbox"/> Adult 1 | <input type="checkbox"/> Adult 2 | <input type="checkbox"/> Both Adults | <input type="checkbox"/> Neither |
|---|----------------------------------|----------------------------------|--------------------------------------|----------------------------------|

Additional Parents/Carers

| |
|---|
| Are there additional parents/carers in the student's life? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No (move to next section) |
| Name of Adult 3: |
| Name of Adult 4: |

If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 13-15. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.

STUDENT DEMOGRAPHICS

| | |
|--|--|
| ❖ In which country was the student born? | |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify): _____ |
| If born overseas, on what date did the student arrive in Australia? (dd-mm-yyyy) ____ / ____ / ____ | |
| What is the student's residency status? * | |
| <input type="checkbox"/> Australian citizen – holds Australian Passport | <input type="checkbox"/> Permanent Resident (provide visa details below) |
| <input type="checkbox"/> Australian citizen – eligible for Australian Passport | <input type="checkbox"/> Temporary Resident (provide visa details below) |
| <input type="checkbox"/> New Zealand citizen | |
| Visa Sub Class: | Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____ |
| Visa Statistical Code: (Required for some sub-classes) | |

* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

| | |
|---|---|
| Does the student hold a Bridging Visa? | <input type="checkbox"/> Yes (provide further detail below) <input type="checkbox"/> No |
| If Yes, what was the student's previous visa? | |
| If Yes, what visa has the student applied for? | |

| |
|--|
| International Student ID*: (Not required for exchange students) |
|--|

* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email (international@education.vic.gov.au).

| | |
|---|--|
| Does the student speak English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ Does the student speak a language other than English at home? | |
| <input type="checkbox"/> No, English only | |
| <input type="checkbox"/> Yes (please specify the main language spoken at home): _____ | |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Torres Strait Islander | <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander |
| Is the student a young carer (providing support/care for other family member/s)? * | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

| | |
|---|--|
| What are the student's living arrangements? | |
| <input type="checkbox"/> Student lives with parents/carers together at the same residence | <input type="checkbox"/> Student lives with each parent/carer at different times |
| <input type="checkbox"/> Student lives with one parent/carer only | <input type="checkbox"/> State Arranged Out of Home Care* |
| <input type="checkbox"/> Informal care arrangement# | <input type="checkbox"/> Student is independent |
| <input type="checkbox"/> Homeless | |
| If the student has a Case Manager, please provide their contact details below: | |
| | |

* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

If the student is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed. If there are any **court orders** about the child, please provide copies of those orders to the school with this form.

| | | | | |
|--|-------------------------------------|--------------------------------|---|--|
| How will the student primarily travel to and from school? | | | | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> School Bus | <input type="checkbox"/> Train | <input type="checkbox"/> Driven by parent/carer | <input type="checkbox"/> Taxi / Ride Share |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Tram | <input type="checkbox"/> Self-Driven | <input type="checkbox"/> Other: _____ |
| If the student catches public transport to school, what station/stop does their journey commence: | | | | |
| If the student drives themselves to school, what is their Car Registration Number: | | | | |

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

SCHOOL DETAILS

| | | | | |
|--|---------------------|-------------------------------------|------------------------------|-----------------------------|
| Are you seeking to enrol the student at this school full-time? <input type="checkbox"/> Yes (<i>move to next section</i>) <input type="checkbox"/> No | | | | |
| If No, how many days a week would the student be attending this school? | | | | |
| If No, provide reason you are seeking part-time enrolment: | | | | |
| | | | | |
| If No, provide details for other schools: | | | | |
| Other school name: | Days / week: | Has enrolment been accepted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other school name: | Days / week: | Has enrolment been accepted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Previous Education – Students Enrolling in Foundation for the First Time

| | |
|--|--|
| Is the student attending a funded kindergarten program* in the year before Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of kindergarten or early childhood service: | |
| | |

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is delivered by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

Previous Education – Other

| | | |
|--|---|--|
| Has the student previously been enrolled at another school? | <input type="checkbox"/> Yes, in Victoria – Government School | <input type="checkbox"/> Yes, in Victoria – Catholic or Independent School |
| | <input type="checkbox"/> Yes, interstate | <input type="checkbox"/> Yes, overseas <input type="checkbox"/> No (<i>move to next section</i>) |

| | |
|--|--|
| If Yes, name of last school attended: | |
| If Yes, location of last school attended: (suburb/town/state/country) | |
| If Yes, date of attendance: (dd-mm-yyyy) _____ / _____ / _____ to _____ / _____ / _____ | |
| If Yes, year levels of previous education: | |
| If the student studied overseas, what age did the student first start school? | |
| What was the language of the student's previous education? | |
| Period of interruption to education: (months/years) | Is the student repeating a year level? <input type="checkbox"/> Yes <input type="checkbox"/> No |

STUDENT MEDICAL DETAILS

Schools require the health information requested in this section to plan for and support the health and wellbeing needs of students.

Please note: If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

Medical Conditions

| | | |
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| Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergies (available at: www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at: www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student have asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a current Asthma Action Plan been provided to School? If No, please provide an Asthma Action Plan to the School (available at: www.asthma.org.au/treatment-diagnosis/asthma-action-plan/) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate <u>medical advice form</u> , to be completed by the treating medical practitioner and returned to school. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes to <u>any of the above</u>, please specify: | | |
| | | |

Medication

| | | |
|--|------------------------------|-----------------------------|
| Does the student take medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the medication required during school hours? If Yes, please ask the school for a <u>Medication Authority Form</u> , to be completed by the treating medical practitioner and returned to school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of medications taken: | | |
| | | |

Food Requirements

| Please indicate any special dietary requirements. | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Vegetarian Diet | <input type="checkbox"/> Vegan Diet | <input type="checkbox"/> Religious/Cultural Diet |
| <input type="checkbox"/> Coeliac Disease | <input type="checkbox"/> Medical Diet | <input type="checkbox"/> Food Intolerance |
| <input type="checkbox"/> Other | | |
| What special care is recommended for these dietary requirements? | | |
| | | |

Student Doctor

| | | | |
|-----------------|--|-------------------|--|
| Doctor's Name: | | | |
| Medical Centre: | | | |
| Street Address: | | | |
| Suburb: | | Postcode: | |
| State: | | Telephone Number: | |

ADDITIONAL LEARNING AND SUPPORT NEEDS

The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.

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|--|------------------------------|-----------------------------|
| Does the student have additional needs and require support for learning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|----------------------------|--|
| Does the student have additional needs in any of the following areas? | Hearing: | <input type="checkbox"/> Yes (please specify): _____ |
| | Vision: | <input type="checkbox"/> Yes (please specify): _____ |
| | Speech/Language: | <input type="checkbox"/> Yes (please specify): _____ |
| | Physical: | <input type="checkbox"/> Yes (please specify): _____ |
| | Cognitive/Learning: | <input type="checkbox"/> Yes (please specify): _____ |
| | Social/Emotional: | <input type="checkbox"/> Yes (please specify): _____ |

| | |
|--|---|
| Has the student had a disability assessment before? | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes (specify outcome): _____ |
| Has the student received individualised disability funding before? | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes (please specify): _____ |
| Has any previous education provider prepared a documented plan to support the student's additional learning needs? | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes (provide details): _____ |

Please indicate any adjustments that may assist the student to participate at school:

Allied Health Support

| Has the student previously accessed support from an allied health professional? | | |
|--|--|---|
| Occupational therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Exercise physiology <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Speech pathology <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: |
| Physiotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Behaviour support <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: | Other <input type="checkbox"/> Yes <input type="checkbox"/> No Name and contact details: |

STUDENT SAFETY, ACCESS AND SPECIAL CIRCUMSTANCES

Student Risk

The Department of Education has a responsibility to assess and manage risk of harm to its staff and students. By providing information about your child, you will help facilitate their transition to school and ensure their safety. This may involve preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student.

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|--|
| To your knowledge, is there anything in the student's history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>move to the next section</i>) |
| If Yes, please provide further detail: |

Court Orders and Other Care Arrangements (*previously referred to as an Access Alert*)

| |
|--|
| Is there an intervention order, parenting order or any other court order impacting the student? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>move to the next section</i>) |

If Yes, then complete the following questions and **present a current copy of the document to the school.**

| | | | |
|--|---|---|---|
| Court Order or other access document type: | <input type="checkbox"/> Family Law Order / Parenting Order | <input type="checkbox"/> Parenting Plan / Agreement | <input type="checkbox"/> Intervention Order |
| | <input type="checkbox"/> Child Protection Order | <input type="checkbox"/> DFFH Authorisation | <input type="checkbox"/> Other: _____ |
| Please provide further details of the Court Order or other access documents, and any other safety concerns: | | | |
| | | | |
| End Date (if applicable): <i>(dd-mm-yyyy)</i> | | | |

Activity Restrictions and Considerations

| | |
|--|---|
| Are there any activities (organised by the school and/or third parties) that the student cannot participate in? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(move to the next section)</i> |
| If Yes, please provide further detail: (e.g. sport, excursions) | |
| | |

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

- Both parents/carers have completed and signed this form.
- Parents/carers are completing separate forms (schools can provide additional forms on request).
- One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- **A person with parental responsibility:** a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- **A carer formally authorised by Child Protection to enrol the student:** the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- **Informal carer:** an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- **Students living independently:** If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- **Adult Students:** a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT 1 – PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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)

ATTACHMENT 2 – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

| | |
|-------------------------|---|
| Title | |
| First Given Name | |
| Surname | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____ |

| |
|---|
| Adult 3 Relationship to student: |
| <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Host Family <input type="checkbox"/> Friend <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Step Parent |
| Student lives with Adult 3: |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally |

| | |
|----------------------------------|-----------------|
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode |

| | |
|---------------------------|--|
| Adult 3 Job Title: | |
| Adult 3 Employer: | |

| |
|---|
| In which country was Adult 3 born? |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ |

| | |
|---|--|
| ❖ Does Adult 3 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 3: | |
| Is an interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Enrolling Adult 4

| | |
|-------------------------|---|
| Title | |
| First Given Name | |
| Surname | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____ |

| |
|---|
| Adult 4 Relationship to student: |
| <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Host Family <input type="checkbox"/> Friend <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Step Parent |
| Student lives with Adult 4: |
| <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally |

| | |
|---|---|
| Address is the same as Enrolling Adult 3 | <input type="checkbox"/> Yes <input type="checkbox"/> No (complete below) |
| No. & Street Address: | |
| Suburb: | |
| State: | Postcode |

| | |
|---------------------------|--|
| Adult 4 Job Title: | |
| Adult 4 Employer: | |

| |
|---|
| In which country was Adult 4 born? |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____ |

| | |
|---|--|
| ❖ Does Adult 4 speak a language other than English at home? | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): _____ | |
| Please indicate any additional languages spoken by Adult 4: | |
| Is an interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|---|
| ❖ What is the highest year of primary or secondary school that Adult 3 has completed? | |
| <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 / no schooling |
| ❖ What is the level of the highest qualification that Adult 3 has completed? | |
| <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 3? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |

| | |
|--|---|
| ❖ What is the highest year of primary or secondary school that Adult 4 has completed? | |
| <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 / no schooling |
| ❖ What is the level of the highest qualification that Adult 4 has completed? | |
| <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 4? Please select the appropriate current parental occupation group from the attached list at the end of the document. | |
| <ul style="list-style-type: none"> 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 list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. | |

| | |
|---|--|
| What is the main language spoken between the student and adult at home? | |
| Preferred language of communications: | |
| Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| What is the main language spoken between the student and adult at home? | |
| Preferred language of communications: | |
| Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| Can we contact Adult 3 during school hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Adult 3 usually home during school hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone: | |
| Work Phone: | |
| Mobile: | |
| SMS Notifications: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address: | |
| Email Notifications: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone |
| Specify any other special conditions or times related to contact? | |

| | |
|---|---|
| Can we contact Adult 4 during school hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Adult 4 usually home during school hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone: | |
| Work Phone: | |
| Mobile: | |
| SMS Notifications: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address: | |
| Email Notifications: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult 4's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i> | <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone |
| Specify any other special conditions or times related to contact? | |

Billing Details

You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

| | |
|--|--------------------------|
| Send bills to: <i>(select one)</i> <input type="checkbox"/> Adult 3 <input type="checkbox"/> Adult 4 <input type="checkbox"/> Another person / address* <i>(complete details below)</i> | |
| Name to be used for all billing correspondence: | |
| No. & Street or PO Box | |
| Suburb: | |
| State: | Postcode: |
| Billing Email: | |

* Note: If you would like to send bills to another person / address, please ensure Additional Parent/Carer details are completed on pages 13-14.

Correspondence Details

| |
|--|
| Send correspondence addressed to: <i>(select one)</i> <input type="checkbox"/> Adult 3 <input type="checkbox"/> Adult 4 <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither |
|--|

ATTACHMENT 3 - TRAVEL ASSISTANCE AND PROGRAMS

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying for the Conveyance Allowance Program?

- Yes No (*proceed to next question*)

Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy

School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will pay a fare to travel. Your school can provide the relevant application form.

Is the student applying for the School Bus Program?

- Yes (see text below) No (*proceed to next question*)

Your school can provide the relevant application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department's PAL here:

www.education.vic.gov.au/pal/school-bus-program/policy

Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas. Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

Is the student applying to travel on a school bus or other travel assistance?

- Yes (read below text) No

Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department's PAL here:

www.education.vic.gov.au/pal/transport-students-disabilities/policy

First date of travel? Next school year Alternate date: (dd-mm-yyyy) ____ / ____ / ____

Type of travel assistance requested?

- Access to School Bus Conveyance Allowance

If applicable, specify the student's mode of assisted mobility. Wheelchair Walker

Comments relevant to travel:

ATTACHMENT 4 – OFFICE USE ONLY SECTION

| OFFICE USE ONLY | | | | | | |
|---|-------------|--------------------|--|---|---|---|
| Child's Name sighted: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Enrolment Date: | |
| Year level: | Home Group: | Timetabling Group: | House: | Campus: | | |
| Student Email Address: | | | | | | |
| Australian residency confirmed: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sighted / provided | |
| Date of birth confirmed: | | | <input type="checkbox"/> Yes – Birth certificate | <input type="checkbox"/> Yes – Doctor certificate | <input type="checkbox"/> Yes - Other | <input type="checkbox"/> Not sighted / provided |
| Does the student have a Disability ID number? | | | <input type="checkbox"/> Yes (please specify): _____ | | <input type="checkbox"/> No | |

| | | |
|---|--|--|
| Does the student have a Victorian Student Number (VSN)? | | |
| <input type="checkbox"/> Yes, please specify: _____ | <input type="checkbox"/> Yes, but the VSN is unknown | <input type="checkbox"/> No, the student has never been issued a VSN |

| | | | | |
|---|---|---|-----------------------------|----------------------------------|
| For Foundation students, has a Transition Learning and Development Statement been provided? | <input type="checkbox"/> Yes, via Insight Assessment Platform | <input type="checkbox"/> Yes, direct from teacher/parent/carers | <input type="checkbox"/> No | <input type="checkbox"/> Pending |
|---|---|---|-----------------------------|----------------------------------|

| | | | |
|---|---|---|--|
| Immunisation Certificate received: | <input type="checkbox"/> Yes – Up to date | <input type="checkbox"/> Yes – Not up to date | <input type="checkbox"/> Not sighted / provided |
| Are there any Notice/s on the Immunisation History Statement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student have asthma, allergies or anaphylaxis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the student need to take medication during school hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| *Have the required medical forms been provided to the school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A – no medical conditions |

*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](#)

| | | |
|---|------------------------------|-----------------------------|
| Can the student Individual Education Plan include travel training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student attending their nearest school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student reside in Designated Transport Area (if attending special school)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the student be accommodated on an existing route (if applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pick-up Point: | Map Ref: | Time AM: |
| Set Down Point: | Map Ref: | Time PM: |

| | | |
|--|------------------------------|-----------------------------|
| Current Court Order or other access document placed on student file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| |
|--|
| Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school) |
| |



Information and Communication Technologies

Dear Parents and Carers,

Information and 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 with your enrolment.

If you have any queries about this permission form please contact our office.

Thank you in anticipation of your co-operation.

Melinda Williams
Principal

Daniel Morris
eLearning Co-ordinator

56 Lerderderg Street, Bacchus Marsh 3340 – Ph: 03 5367 2745 – Fax: 03 5367 5757
Email: bacchus.marsh.ps@education.vic.gov.au – Web: www.bacchusmarshps.vic.edu.au





Acceptable Use Agreement

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)
- 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

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 Consent Form

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

Our **Photographing, Filming and Recording Students Policy**

<https://bacchusmarshps.vic.edu.au/policies> describes how we will collect and use photographs, video and recordings (images) of students. The policy also explains when parent/carer consent is required and how it can be provided and withdrawn.

Please note there are uses of images that do not require consent. These include curriculum-based activities (i.e. class work), identity management, managing behavioural and safety incidents, to support a student's health and wellbeing, and to provide individual feedback or communication to a student, their parents/carers and/or school staff. If you have any concerns about the use of photographs in our school, for example, due to safety or cultural reasons, please contact Melinda Williams on 03 5367 2745 or via bacchus.marsh.ps@education.vic.gov.au

This **Consent Form** describes:

- situations where consent is required and seeks that consent
- how personal information will be handled in regard to privacy law
- ownership and reproduction of images

If you would like to withdraw or change your consent at any time, you must notify us via bacchus.marsh.ps@education.vic.gov.au If consent is withdrawn verbally, we will make a written record of this. Please note, it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

We will provide an annual reminder to parents about our **Photographing, Filming and Recording Students Policy** via Compass. We will also notify parents when implementing software that may include photos of students, giving parents an opportunity to discuss any concerns or preferences.

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

If you do not understand any aspect of this consent form, or you would like to talk about any concerns you have, please contact our school on bacchus.marsh.ps@education.vic.gov.au or 03 5367 2745

Privacy

Photographs, video and recordings (**images**) in which your child is identifiable are considered 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may be a collection of your child's personal information. The school is part of the Department of Education (**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 refer to the [Schools' Privacy Policy](http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) (<http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>).

Ownership and reproduction

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.

Consent for use of images

Our school uses images in a number of ways. Please read the categories below, then indicate your opt-in consent by using the tick boxes at the bottom of this form.

Use of images within the physical school environment

If you consent, photographs, video or recordings of your child may be used by our school within the school environment in any of the following ways:

- for display in school classrooms (e.g. in displays of student work, on noticeboards to celebrate achievements) or at assembly.

Use of images within the school community

If you consent, photographs, video or recordings of your child may be used by our school within the school community in any of the following ways:

- in the school's online communication, learning and teaching tools (e.g. classroom communication that can only be accessed by students, parents/carers and school staff with passwords.)
- in the school's newsletter
- in the school magazine or yearbook

Use of images beyond the school community/publicly

If you consent, photographs, video or recordings of your child may 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 or local newspapers

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

Your consent

I have read this form and I consent to Bacchus Marsh Primary School collecting photos, video or recordings of my child during their time at the school, and using these photos, video or recordings in the following ways.

Indicate your consent for the three options by using the tick boxes.

- I consent to the use of images of my child **within the physical school environment**
- I consent to the use of images of my child **within the school community which includes the school yearbook**
- I consent to the use of images of my child **beyond the school community/publicly, i.e. the school's website and social media accounts**

| | |
|------------------------------|--|
| Name of student: | |
| Name of parent/carer: | |
| Signature: | |
| Date: | |

Further information about how Bacchus Marsh Primary School collects and uses photos, video and recordings of students is available in our Photographing, Filming and Recording Students Policy <https://bacchusmarshps.vic.edu.au/policies>, including use of images that do not require consent, e.g. to fulfill legal obligations or for identification purposes.

If you do not return this form to the school, we will assume that you do not consent to the optional uses as described above.

56 Lerderberg Street, Bacchus Marsh 3340 – Ph: 03 5367 2745 – Fax: 03 5367 5757

Email: bacchus.marsh.ps@education.vic.gov.au – Web: www.bacchusmarshps.vic.edu.au



