



DANDENONG SOUTH PRIMARY SCHOOL
A WORLD OF LEARNING

PRINCIPAL – MRS LEONIE FITZGERALD
 KIRKHAM ROAD, DANDENONG, 3175 (P.O. BOX 1057)
 Telephone: 9792 3726 Fax: 9793 2223
 Email: dandenong.south.ps@edumail.vic.gov.au
 Website: www.dandenong-south-ps.vic.edu.au
 ABN 58 143 255 481

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 collect and manage information about your child. When our school uses these online tools, we do our best to ensure that your child's information is secure. These online tools enable our school to efficiently and effectively manage important information about your child and also to communicate with you. If you have any concerns about the use of these online tools, please contact us.

Emergency contacts

Emergency contacts are those people you nominate for the school to contact during an emergency. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

Student background information

The enrolment form requests information about country of birth, aboriginality, language spoken at home and parent occupation. This information enables the Department to allocate appropriate resources to our school. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.

Immunisation status

Your child's immunisation status assists our school to manage health risks for children. The Department may also provide this information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

Our school also requires this information to process your child's enrolment.

Updating your child's personal and health information

Please inform our school if, and when, there are any updates to any of the personal or health information you provide on the Enrolment Form.

Accessing your child's records

Our school provides ordinary school communications and school reports to students and parents, guardians and carers who have legal decision-making responsibility for the student. Requests for any other type of student records may be made through a Freedom of Information (FOI) application. Please contact our school and we can advise you how to do this.

Student transfers between Victorian government schools

When our students transfer to another Victorian government school, our school will transfer the student's personal and health information to that next school. This may include copies of student's school records, including any health information. Transferring this information assist the next school to provide the best possible education and support to students.

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

Parental Occupation Group Codes

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farmhand, 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)



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PLEASE USE CAPITAL BLOCK LETTERS WHEN FILLING OUT DETAILS ON THIS FORM

A condition of enrolment is to provide student documents for photocopying ie: Passport / visa / immi card / Birth certificate / immunisation forms.

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:	
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PERSONAL DETAILS OF STUDENT –

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

PRIMARY FAMILY HOME AND MAILING ADDRESS:

House/Unit No. & Street:			
Suburb:			
State:		Postcode:	
Telephone Number:		Mobile Number:	
Family email: <i>REQUIRED FOR CORRESPONDENCE AND NEWSLETTER INFORMATION</i>			

FAMILY DETAILS

List any other brothers or sisters attending this school:

PRIMARY FAMILY DETAILS

NOTE: The ‘PRIMARY’ Family is: “**the parent or family the student mostly lives with**” - Alternative and Additional family forms are available from the school if this is required. *These additional forms are designed to cater for varying family circumstances.*

(Adult A IS THE FIRST POINT OF CONTACT – including absence messages. Adult B is the second point of contact)

ADULT A DETAILS (PRIMARY CARER):

Sex: (tick) <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A’s occupation?
Who is Adult A’s employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, specify the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (specify):
Please indicate any additional languages spoken by Adult A:
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (<i>For persons who have never attended school, mark ‘Year 9 or equivalent or below’.</i> <i>For funding purposes please do not overstate.</i>) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult A? <i>Please select the appropriate parental occupation group from the attached list.</i> <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 occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter ‘N’. <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 300px;"></div>

ADULT B DETAILS (PRIMARY CARER):

Sex: (tick) <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult B’s occupation?
Who is Adult B’s employer?
In which country was Adult b born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, specify the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (specify):
Please indicate any additional languages spoken by Adult B:
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (<i>For persons who have never attended school, mark ‘Year 9 or equivalent or below’.</i> <i>For funding purposes please do not overstate.</i>) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ What is the occupation group of Adult B? <i>Please select the appropriate parental occupation group from the attached list.</i> <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 occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter ‘N’. <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 300px;"></div>

Main language spoken at home: (please specify):	
Are you interested in being involved in a volunteer capacity for school group participation activities? (eg. School Council, excursions) A Working with Children check is required for all volunteering. Applications must be made online at: https://www.workingwithchildren.vic.gov.au/ <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	

PRIMARY FAMILY CONTACT DETAILS

(Adult A IS THE FIRST POINT OF CONTACT – including absence messages. Adult B is the second point of contact)

ADULT A CONTACT DETAILS:

ADULT B CONTACT DETAILS:

Can we contact Adult A at work?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Work Telephone No:	
Home Phone Number:	
Mobile Number:	

Can we contact Adult B at work?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Work Telephone No:	
Home Phone Number:	
Mobile Number:	

PRIMARY FAMILY DOCTOR DETAILS:

Group Practice Name:		
Doctor's Name:		
Address:		
Suburb:		
State:		Postcode:
Telephone Number:		Fax Number:
Current Ambulance Subscription: (tick)		Medicare Number:
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name of contact (Neighbour, Relative, Friend or Other – Do Not include parent details here. Adult A & B are the first points of contact for the family)	Relationship to Student	Telephone Contact	Language Spoken <i>If English write 'E'</i>
1				
2				
3				
4				

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.**

Group Practice Name:	
Doctor's Name:	
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number:	Fax Number:
Student Medicare Number:	

OTHER PRIMARY FAMILY DETAILS:

Relationship of Adult A to Student: (tick one)	
<input type="checkbox"/> Parent	<input type="checkbox"/> Host Family
<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Self
	<input type="checkbox"/> Other.....
Relationship of Adult B to Student: (tick one)	
<input type="checkbox"/> Parent	<input type="checkbox"/> Host Family
<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Relative
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Friend
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Self
	<input type="checkbox"/> Other.....

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

Correspondence will be addressed to BOTH ADULT A & B as indicated on this enrolment form.

Beginning of journey to school:	Map Type	Melway / VicRoads / Other
Map Number	X Reference	Y Reference
Usual mode of transport to school: (tick)		
<input type="checkbox"/> Walking	<input type="checkbox"/> Bicycle	
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	
<input type="checkbox"/> Train	<input type="checkbox"/> Tram	
<input type="checkbox"/> Driven	<input type="checkbox"/> Self Driven	
<input type="checkbox"/> Taxi	<input type="checkbox"/> Other	
Distance to School in kilometres:		

DEMOGRAPHIC DETAILS OF STUDENT

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

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

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

SCHOOL DETAILS

Date of first enrolment in an <u>Australian School</u> :	_____ / _____ / _____	
Name of previous School or Pre School/Kindergarten:		
Has the child attended school overseas? Indicate where?: (Please provide copies of reports)		
Years of previous education:	What was the language of the student's previous education?	
Does the student have a Victorian Student Number (VSN)? Indicate below:		
<input type="checkbox"/> Yes. (<i>available on school reports</i>) 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"/> <input type="checkbox"/>	<input type="checkbox"/> Yes but the VSN is unknown	<input type="checkbox"/> No. The student has never been issued a VSN.
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, indicate 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

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? <input type="checkbox"/> No (If No, move to the Activity Alert questions.) (If Yes, please tick type and present a current copy of the document <i>with</i> this enrolment form)	<input type="checkbox"/> Yes Access Type: <input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other.....	Is there an Activity Alert for the student? <input type="checkbox"/> No <input type="checkbox"/> Yes - describe the Activity Restriction:

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 or an *Immunisation Certificate/Birth Certificate* needs to be presented. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

<u>Enrolment conditions</u>
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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 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)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please go to the Other Medical Conditions section below.						

ASTHMA MEDICAL CONDITION DETAILS: ANSWER THE FOLLOWING QUESTIONS ONLY IF THE STUDENT SUFFERS FROM ANY ASTHMA MEDICAL CONDITIONS.

Please indicate if the student suffers from any of the following asthma symptoms: (tick below) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	If my child displays any of these symptoms please: (tick below) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Has an Asthma Management Plan been provided to School? (AN ASTHMA PLAN MUST BE PROVIDED ANNUALLY – Pro-forma forms available at the Office)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: <input type="checkbox"/> Student		Medication is stored: <input type="checkbox"/> with the Student	
Please indicate the time medication is taken:			

OTHER MEDICAL CONDITIONS:

(More copies of the other medical condition forms are available on request from the school, eg. Allergy, Allergies, Diabetes & Anaphylactic)

Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes - describe the condition: <input type="checkbox"/> No			
Symptoms:			
If my child displays any of the symptoms above please: (tick below)			
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
Does the student take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication:
Is the medication taken regularly by the student (preventive) or only in (response) to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: <input type="checkbox"/> Student		Medication is stored: <input type="checkbox"/> with the Student	
Antibiotics should be administered at home where possible. (eg: 3 times in a 24 hour period is 8.00am, 4.00pm, 12.00am)			

STUDENT EMERGENCY CONTACT

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

Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact

MEDICAL CONSENT FORM

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:** ____/ ____/ ____

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:** ____/ ____/ ____

Consent Form for USE OF COMPUTERS & INTERNET

When I use the technology (including the Internet) at school, I have responsibilities and rules to follow. I agree to:

- keep myself and my friends safe by not giving out personal details including full names, telephone numbers, addresses and images and protecting my password
- ensure that all communication through Internet and Email services *is related to learning*
- be respectful in how I talk to and work with others online and never write or participate in online bullying
- use the technology at school for learning, use the equipment properly and not interfere with the work or data of another student
- not bring or download unauthorised programs, including games, to the school or run them on school computers
- not go looking for rude or offensive sites
- use the computer equipment (including netbooks, desktops and iPads) at school to help me to learn
- remember that the content on the web is someone's property and ask my teacher to help me get permission if I want to use information or pictures
- think carefully about what I read on the Internet, question if it is from a reliable source and use the information to help me answer any questions (I should not copy and paste the information as my answer)
- talk to my teacher or another adult if:
 - I need help online
 - I am not sure what I should be doing on the Internet
 - I come across sites which are not suitable for our school
 - someone writes something I do not like, or makes me and my friends feel uncomfortable or asks me to provide information that I know is private
 - I feel that the welfare of other students at the school is being threatened by online activities

I acknowledge and agree to follow these rules. I understand that I may not be able to access the Internet at school if I do not act responsibly.

Student Name: _____

STUDENT Signature: **Date:**

PARENT INTERNET and COMPUTER USE PERMISSION

I agree to allow my child to use the computers and Internet at school. I have discussed the scenarios, potential problems and responsible use of the Internet with him/her as outlined above.

My child is also aware that he/she should never give out personal information, including their phone number, last name or home address when using the Internet or information about anyone else.

I will contact the school if there is anything here that I do not understand. If there is a situation which concerns me, I will contact either the school or NetAlert Australia's Internet safety advisory body on 1800 880 176.

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

CONSENT FORM – HEAD LICE INSPECTIONS

Throughout your child’s schooling, the staff may need to perform head lice inspections of students.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

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

In cases where head lice are found, the person inspecting the student will inform the student’s class teacher and the Principal. The school will make appropriate contact with parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, the infected child should not return to school until appropriate treatment has commenced.

I hereby give my consent for my child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

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

CHILDREN’S PHOTOGRAPHS & SCHOOL WORK

From time to time children at Dandenong South will be involved in school activities where they may be photographed and/or videoed. Photographs of students may be used in the press to celebrate a student’s success in a particular area or to promote activities at the school. Photographs of children are also used in the DSPPS Instagram account (@dandenong.southps), school newsletters/brochures, other promotional material, the Internet and school website.

The majority of parents are happy for their child’s photograph and school work to be used and their children enjoy seeing their photographs and school work in the press, on school publications and on the website.

We need parental permission to publish children’s photographs and school work. No child’s photograph or school work will knowingly be published without parent permission.

PERMISSION TO USE CHILDREN’S PHOTOGRAPHS, VIDEO FOOTAGE & SCHOOL WORK:

I give permission for photographs and school work of my child:

.....to be used in material that will be seen by people outside the immediate school community, including, but not limited to, publications in electronic format and on the school’s website.

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

CONSENT FORM FOR STUDENT CODE OF CONDUCT

The code of conduct for students at Dandenong South Primary School has been formulated within and is consistent with Department of Education and Training guidelines and regulations. The Dandenong South community aims to:

- Provide a safe, supportive, positive and caring environment that meets the needs of all students.
- Promote high standards of behaviour based on co-operation, respect, responsibility and self-discipline.
- Promote recognition and acceptance of everyone's rights to equal opportunity based on the concepts of merit and equity.

**Guiding principles concerning the Rights and Responsibilities of Students, Parents and Teachers:
All students are to be valued and treated with respect.**

Students:

- All students have the right to feel safe and secure at school.
- All students have the right to learn without unnecessary distraction.
- All students have the right to work and play free of harassment or discrimination.
- All students have the right to be treated fairly by staff and fellow students in all aspects of education regardless of that students personal characteristics such as their race, gender, physical features, and so on.
- All students will behave in a considerate, cooperative and courteous manner to help promote a positive image of the school. This includes all activities during a regular school day as well as excursions, sports days, special events days, and so on.

All students will abide by the code of conduct when accessing Information and Communications Technologies such as the Internet. Early each year, teachers will negotiate a set of classroom rules for their own grades that are consistent with the whole school rules.

School Rules:

The school has developed 8 generic rules, which form the basis from which classroom rules are developed.

1. Students follow all teachers instructions all of the time.
2. Students always keep hands and feet to themselves.
3. Students allow others to learn.
4. Students get permission from the owner before they touch other people's property.
5. Students walk around the school in a safe manner.
6. Students use good manners e.g. please, thank you and excuse me.
7. Students look at the person who is speaking.
8. Students are friendly to all:
 - No teasing
 - No bullying.

The school CODE OF CONDUCT for students has been explained to me. I will fully support the school with the implementation of these requirements in relation to my child/ren.

Signature of STUDENT: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
(Primary Family)

OFFICE USE ONLY

STUDENT ENROLMENT INFORMATION - ____/____/____	Computer Generated Student ID:	
SURNAME:		
FIRST NAME:		
DATE OF BIRTH:		
VSN NUMBER:		
YEAR LEVEL:		HOME GROUP:
HOUSE:		
BIRTH COUNTRY:		
VISA SUB CLASS:		
LOTE CODE:		LOTE NAME:
PREVIOUS SCHOOL or KINDERGARTEN/PRESCHOOL:		
<p style="color: #D4AF37;">TRANSITION STATEMENT PROVIDED. For prep students only</p> <p style="text-align: right; color: #D4AF37;"><input type="checkbox"/> NO <input type="checkbox"/> YES</p>		
<p style="color: #D4AF37;">KOORIE STATUS: <input type="checkbox"/> NO <input type="checkbox"/> YES</p>		
<p style="color: #D4AF37;">IS THERE A MEDICAL ALERT? <input type="checkbox"/> NO <input type="checkbox"/> YES.....</p>		
<p style="color: #D4AF37;">Does the student have a disability ID?: <input type="checkbox"/> NO <input type="checkbox"/> YES.....</p>		
<p>CODE OF CONDUCT SIGNED?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>INTERNET PERMISSION?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>	<p>PHOTOGRAPHY PERMISSION?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>
<p>MEDICAL CONSENT SIGNED?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>		<p>IS THERE MEDICAL ALERT/S?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p>