



# TEMPLESTOWE HEIGHTS PRIMARY SCHOOL

**276-300 High Street  
Templestowe Lower Vic 3107  
Phone: 9850 1796 Fax: 9850 9373  
Email: templestowe.heights.ps@edumail.vic.gov.au**

## ENROLMENT FORM

### TO BE RETURNED TO SCHOOL WITH:

1. Birth Certificate or Passport
2. Visa (if not an Australian Citizen)
3. Immunisation Certificate

If your child has a medical condition one or more of the following may be required:

1. Anaphylactic Plan
2. Asthma Plan
3. Action Plan for allergic reaction
4. Medical condition details

If both parents do not live together, an "Alternative Family Details" form is required to be filled in. This is available from the office.

## PRIMARY SCHOOL PRIVACY NOTICE

### **Information About The Enrolment Form. Please Read This Notice Before Completing The Enrolment Form.**

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

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

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

#### **Emergency Contacts**

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

#### **Student Background Information**

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

#### **Religious Affiliation**

If you want your child to receive religious instruction while at Templestowe Heights Primary School please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Templestowe Heights Primary School

#### **Immunisation status**

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

#### **Visa status**

This information is required to enable Templestowe Heights Primary School to process your child's enrolment.

#### **UPDATING YOUR CHILD'S RECORDS**

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

#### **ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL**

In most circumstances you can access your child's records. Please contact the Principal to arrange this.

Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

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



# TEMPLESTOWE HEIGHTS PRIMARY

STUDENT ENROLMENT INFORMATION – 20\_\_

Computer Generated Student ID: \_\_\_\_\_

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

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

### PRIMARY FAMILY HOME ADDRESS:

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

### OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

## FAMILY DETAILS

List any other family members attending this school:

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

## PRIMARY FAMILY DETAILS

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

### ADULT A DETAILS (PRIMARY CARER):

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

### ADULT B DETAILS:

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

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

<b>Main language spoken at home:</b>	<b>Preferred language of notices:</b>
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

**PRIMARY FAMILY CONTACT DETAILS**

**ADULT A CONTACT DETAILS:**

*Business Hours:*

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

*After Hours:*

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Home Telephone No:			
Other After Hours Contact Information:			
Mobile No:			
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)			
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Facsimile
Email address:			
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fax Number:			

**ADULT B CONTACT DETAILS:**

*Business Hours:*

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

*After Hours:*

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Home Telephone No:			
Other After Hours Contact Information:			
Mobile No:			
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)			
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Facsimile
Email address:			
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fax Number:			

**PRIMARY FAMILY MAILING ADDRESS:**

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

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

**PRIMARY FAMILY DOCTOR DETAILS:**

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

**PRIMARY FAMILY EMERGENCY CONTACTS:**

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

**PRIMARY FAMILY BILLING ADDRESS:**

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

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

**OTHER PRIMARY FAMILY DETAILS**

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

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

<b>Send Correspondence addressed to:</b> (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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**DEMOGRAPHIC DETAILS OF STUDENT**

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

# State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of 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.

**Note:** Special Schools – please go to section “Travel Details for Special Schools” to enter transport details.

<b>Beginning of journey to school:</b>	<b>Map Type</b>	Melway / VicRoads / Country Fire Authority / Other		
<b>Map Number</b>	<b>X Reference</b>	<b>Y Reference</b>		
<b>Usual mode of transport to school:</b> (tick)				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves to school:	Car Reg. No.		Distance to School in kilometres:	

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

## SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School/Preschool	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions
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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 ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
<b>Access Type:</b> (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				

### OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## ACCIDENT CONSENT FORM

<p>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)</p> <ul style="list-style-type: none"> <li>• consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner</li> <li>• administer such first aid as the Principal or staff member may judge to be reasonably necessary</li> </ul> <p>Signature of Parent/Guardian: _____ Date: ____ / ____ / ____</p>	
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## STUDENT MEDICAL DETAILS

### MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

### ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

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

### OTHER MEDICAL CONDITIONS

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

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

### STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

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

### STUDENT EMERGENCY CONTACTS

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

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

### USE OF STUDENT PHOTOS

Throughout the year students may be photographed in activities that might be used for display at school or in local community, published in our newsletter, the local newspaper, in our annual calendar or on our website.

It is School Policy that only the first name of students is printed with student displays.

I give permission for my child, to have their image used as follows : (Please tick )

School newsletter/website

Local newspaper

School calendar

until my child completes his/her education at Templestowe Heights Primary School.

**ACCEPTABLE USE AGREEMENT FOR INTERNET AND DIGITAL TECHNOLOGIES**

Templestowe Heights Primary School believes the teaching of cybersafe and responsible online behaviour is essential in the lives of students and is best taught in partnership between home and school.

21<sup>st</sup> century students spend increasing amounts of time online, learning and collaborating. To be safe online and to gain the greatest benefit from the opportunities provided through an online environment, students need to do the right thing by themselves and others online, particularly when no one is watching.

Safe and responsible behaviour is explicitly taught at our school and parents/carers are requested to reinforce this behaviour at home.

Some online activities are illegal and as such will be reported to police.

**School support for the safe and responsible use of digital technologies**

Templestowe Heights Primary School uses the internet and digital technologies as teaching and learning tools. We see the internet and digital technologies as valuable resources, but acknowledge they must be used responsibly.

Your child has been asked to agree to use the internet and mobile technologies responsibly at school. Parents/Guardians should be aware that the nature of the internet is such that full protection from inappropriate content can never be guaranteed.

At Templestowe Heights Primary School we:

- have policies in place that outline the values of the school and expected behaviours when students use digital technology and the internet
- provide a filtered internet service
- provide access to the Department of Education and Training search engine Connect ([www.education.vic.gov.au/primary](http://www.education.vic.gov.au/primary)) which can be used to direct students to websites that have been teacher recommended and reviewed
- provide supervision and direction in online activities and when using digital technologies for learning
- support students in developing digital literacy skills
- have a cybersafety program at the school which is reinforced across the school
- use mobile technologies for educational purposes (e.g. podcasts or photos from excursions)
- provide support to parents/guardians to understand this agreement (e.g. language support)
- provide support to parents/guardians through information evenings and through the document attached to this agreement for parent to keep at home

**I have read the Acceptable Use Agreement carefully with my child and understand the significance of the conditions and agree to abide by these conditions. I understand that any breach of these conditions will result in internet and mobile technology access privileges being suspended or revoked.**

**Student Name** .....

**Year Level** .....

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you have any concerns about this agreement or ideas for making the agreement better contact Rhys Coulson. For further Support with online issues students can call Kids Helpline on 1800 55 1800. Parents/cares call Parentline 132289 or visit <http://www.cybersmart.gov.au/report.aspx>

**SAEKO CONSENT FORM**

SAEKO is an online communication and management platform. It provides a login portal for parents to access school report and to communicate to your child’s teacher.. The login portal is accessed through a free App which can be downloaded to your phone.

Templestowe Heights Primary is committed to ensuring the privacy of personal or health information. The school has liaised closely with the Department of Education’s Legal Division Privacy Officer to ensure the privacy and security of personal information stored by SAEKO.

The office has a notice containing some frequently asked questions (FAQs) that may answer some of your queries around the SAEKO’s school online service.

In order to access this software, your consent is required. By signing the form below, you agree to having your personal family details uploaded into SAEKO.

<b>SAEKO Consent Form</b>
I hereby give permission for SAEKO to upload my personal family details uploaded into SAEKO.
Signature: _____

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Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.
Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

# PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

**Defence Forces Commissioned Officer**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Skilled office, sales and service staff:**

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

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

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

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

**Office assistants, sales assistants and other assistants:**

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

**Labourers and related workers**

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)