

## **NARRACAN 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 Narracan Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Narracan 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 Narracan 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. Narracan Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Narracan 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 Narracan Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

#### **Emergency Contacts**

These are people that Narracan 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 Narracan 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 Narracan 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.

#### **Immunisation Status**

This assists Narracan 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 Narracan Primary School to process your child's enrolment.

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

Please let Narracan Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Narracan 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. Narracan Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

# NARRACAN PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2019

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

## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

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

### PRIMARY FAMILY HOME ADDRESS:

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

### OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:			
Year Level	Home Group	Timetabling Group	House	Campus			
Student Email Address:							
Immunisation Certificate 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) <small>For prep students only</small>		<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:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

## ADULT B CONTACT DETAILS:

### Business Hours:

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

### After Hours:

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

## PRIMARY FAMILY MAILING ADDRESS:

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

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

## PRIMARY FAMILY DOCTOR DETAILS:

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

## PRIMARY FAMILY EMERGENCY CONTACTS:

	<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>	

## 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? (tick)</b>	<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? (tick)</b> ( 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? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)</b>	
<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? (tick one):</b>	
<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: (tick)</b>				
<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:	

<b>Student's Religion:</b>
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❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

### OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Is there an Access Alert for the student?</b> (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
<b>Access Type:</b> (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>				
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
<b>OFFICE USE ONLY</b>				
Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

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



# STUDENT MEDICAL DETAILS

## MEDICAL CONDITION DETAILS:

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

## ASTHMA MEDICAL CONDITION DETAILS:

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

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

## OTHER MEDICAL CONDITIONS

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

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

## STUDENT DOCTOR DETAILS

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

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

## STUDENT EMERGENCY CONTACTS

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

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

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

<b>How will the student travel to school? (tick)</b>			
<input type="checkbox"/> Walk	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Tram
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Public Taxi	<input type="checkbox"/> Driven by parent/carer
<b>First date of travel? (tick)</b>	<input type="checkbox"/> Next school year	Alternate date: (dd-mm-yyyy) ____ / ____ / ____	
<b>Is the student applying to travel on a school bus or for other travel assistance? (tick)</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Type of travel assistance requested?</b> (completion of additional form required)			
<input type="checkbox"/> Access to School Bus		<input type="checkbox"/> Conveyance Allowance	
<b>If by School Bus, please advise local bus stop if known:</b>			
Landmark:	Map Type:	X ____	Y ____
<b>Assisted Mobility (if applicable):</b>			
If applicable, specify the student's mode of assisted mobility. <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker			
<b>Comments relevant to travel:</b>			
<b>Office Use Only:</b>			
<b>Can the student Individual Learning Plan (ILP) include travel training?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Is the student attending their nearest school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does the student reside in Designated Transport Area (DTA) (if attending special school)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Can the student be accommodated on existing route (if applicable)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Pick-up Point:</b>	Map Ref:	Time AM:	
<b>Set Down Point:</b>	Map Ref:	Time PM:	
NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.			

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# NARRACAN PRIMARY SCHOOL No 2295

## PERMISSION TO USE PHOTOGRAPHS OF STUDENTS

Dear Parents,

01 January 2019

At Narracan Primary School we believe it is important to celebrate the efforts and achievements of our students in different ways.

We may publish photographs for example, in the School Newsletter (which goes onto the school website), through the local press, on the School website, on our School Facebook page, in School promotional material, and in classroom material distributed to school families.

We seek permission to use photographs of your child/children.

***Please tick one of the boxes below and return this notice to school.***

I **DO** give permission for photographs of my child/children to be used by the school.

*Please tick this box if **you** **give permission***

I **DO NOT** give permission for photographs of my child/children to be used by the school.

*Please tick this box **if you** **do not give permission***

Students Names: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NARRACAN PRIMARY SCHOOL

## CONSENT FORM—HEAD LICE INSPECTIONS

Throughout the year, the school will be arranging head lice inspections of students. The management of head lice infestation works best when all children are involved in our screening program.

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

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

The inspection of students will be conducted by the Principal/Teacher and trained parent volunteers. The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

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

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

Parent's/Guardian's Full Name: .....

Address: ..... Postcode: .....

Name(s) of Child/Children attending the school:

Year Level:

.....

.....

.....

.....

.....

.....

I hereby give my consent for the above-named children to participate in the school's head lice inspection program for the remainder of this year.

Signature of Parent/Guardian ..... Date: .....

# **Narracan Primary School**

## **INTERNET / EMAIL CODE OF PRACTICE**

### **Student Agreement**

I agree to use the Internet and email at our school in a responsible manner for purposes stated by my teacher.

If I find myself in unsuitable locations I will immediately click on the home or back button and inform my teacher.

When working on the internet I will:

- Only work on the web for purposes specified by my teacher
- Not give out information such as my surname, address, telephone number, or parents' work address/telephone number.
- Never send a person my picture without first checking with my teacher.
- Always have my teachers permission before sending e-mail.
- Compose e-mail messages using only language I understand is acceptable in my school.
- Not respond to any messages that are unpleasant or that make me feel uncomfortable in any way. It is not my fault if I get a message like that.
- I will not use material from other web-sites unless I have permission from the person who created the material. If I am unsure I will check with my teacher.
- Not use the internet to frighten or annoy other people.
- Follow school guidelines and procedures when preparing materials for publication on the web.

I understand that I am not allowed to access the following types of sites on school computers:

Email	My Space
Chat Rooms	You Tube
Instant Messengers	Blogs
Music Sites	

I understand that breaches of the rules will see me lose my Internet/email access rights for a period of time determined by my teacher.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

# Narracan Primary School

## Local Excursions 2019

During 2017 we plan to have a number of local excursions with the children walking to and from the venue or travelling by the school bus with a School Council approved driver.



I .....give permission for my

child/children .....

to attend excursions around the Narracan and Thorpdale districts during 2019, travelling to and from each venue by walking or using the school bus with a School Council approved driver or by private car driven by a member of staff or a parent.

I understand that the Excursion Bus Charge of \$20.00 per term per child (for the first two children in the family) covers the parent costs for the use of the School Bus for all excursions including swimming.

"I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary."

Signed: .....

Date:        /        /20\_\_.

# Narracan Primary School's School Bus User Form 2019



This form is to be completed for all children who will be using the Narracan Primary School bus to travel to and from school in 2017 or using the bus on a casual basis.

Costs set by the School Management Group for bus travel in 2016 are \$20.00 per week per child, regardless of the number of times travelled in the week, third and subsequent children are charged \$5.00 per week. Rates for casual users are \$2.00 per trip or \$4.00 for a return trip.

The Narracan Primary School bus is owned by the school. Parents choosing to send their child on the bus need to be aware that it is a user pay system. Children who have a closer state school are not eligible for free travel or for conveyance allowance. We receive no extra grants to run the bus, so all costs have to be met by a user pay system. It is most important that families who use the bus, pay for the service to keep the bus viable. Parents are reminded that payments for the use of the school bus should be made fortnightly and families will be invoiced each term. The bus service will be withdrawn if you fall four weeks behind in your payments. A cash tin is on the bus daily to receive bus money or any other payments to the school.

Parents are asked to discuss bus safety with their children. You are also asked to instruct your children to remain on the footpath, and only move towards the bus once it has come to a complete halt. When alighting from the bus, children are asked to remain on the footpath, and only proceed to cross the road (where necessary) once the bus has pulled away and they have clear vision. Where possible, the bus route is designed so children do not need to cross the road. Bus Driver: mobile 0400 563 334

If your child/children will not be attending school, or you need to arrange a change of pick-up or drop-off point, please text our bus driver from 7.30 a.m. to notify him. Please include your family name in the text message. Please note that mobile 'phones do not get reception along much of the route the bus travels. If you need to discuss any other bus issues, please contact our principal, Kevin Bradford on 5634 8215.

It is important that children are ready and waiting to be collected on time. If you are running late, this means all the other children are left waiting the extra time

I .....give  
permission for my

child/children  
.....

to travel to and from our home, or another destination as negotiated, to the Narracan Primary School using the school bus with a School Council approved driver for the whole of the 2019 school year.

I understand that by putting my child/children on the Narracan Primary School bus I am agreeing that my child/children will follow the bus rules and I will pay the weekly fee set by School Council 2016, of \$20.00 per week for each of my children travelling on the bus, regardless of the number of uses in the week, and \$5.00 per week for 3rd and subsequent children in the family; or the rate set of \$2.00 per single journey for casual users.

"I authorise the driver in charge of the bus to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary."

Signed: ..... Date: / /



## CONDITIONS OF BUS TRAVEL – SAFETY REQUIREMENTS

To ensure the safety of all passengers on school buses at all times the following conditions apply, to which students must agree to:

1. At the bus-stop do not play on the road or try to get on the bus before it has stopped.
2. Make sure you and your belongings are inside the bus at all times.
3. Do not throw anything from a bus window or have anything hanging out a window.
4. Place bags and other belongings in the allocated storage areas.
5. Get on and off the bus quietly and in an orderly manner.
6. Stay in your seat while the bus is moving.
7. Do not distract drivers with screaming, shouting or unruly behaviour.
8. When you get off the bus only cross the road when the bus has left and it is safe to do so.
9. No dangerous or flammable goods are allowed on the bus, eg aerosol cans.
10. Seat belts must be worn where fitted.
11. In the morning, arrive at the bus-stop 10 minutes prior to departure.
12. Do not eat, drink or smoke while on the school bus.
13. In the morning, let the school and driver know if you will not be riding home on the bus that day.
14. Travel on the bus service allocated to you, to and from your approved bus stop only. Do not change to one that will take you to a sports or social event.
15. Use a standard conversational tone and do not call out to others on board or to passing traffic or people.
16. Listen to the bus driver and bus captain. They are responsible for maintaining school bus safety and also have the authority to report any misbehaviour or vandalism.
17. If you ride a bike to the bus-stop, please leave it in a safe and secure place. The Department of Transport and the Department of Education and Early Childhood Development are unable to accept responsibility for the safety of your bike.

**Behaving inappropriately on a school bus places the safety and wellbeing of all on board at risk.**

**Non-compliance with any of the above conditions may result in the following:**

- The driver will stop the bus.
- The offender's name and full details of the breach will be recorded.
- The offender will be carried to school or to their normal drop-off.
- The breach will be reported to the coordinating principal.
- The coordinating principal will take disciplinary measures in accordance with the guidelines below.

***In rare and exceptional circumstances – and only as a last resort – drivers are authorised to eject passengers from a bus. (Refer to Policy and Procedures for Contract School Bus Services in Rural and Regional Victoria, Section 8.3.)***

**Following the report of a relevant incident, the coordinating principal who may take the disciplinary action below:**

- First offence – verbal warning to student
- Second offence – written warning to parent/guardian
- Third offence – one week suspension of student from school bus travel
- Fourth offence – the student will not be allowed to travel on the school bus for the remainder of the year.

**Serious offence that endangers other students, bus staff or property will result in immediate suspension.**

### RESPONSIBILITIES OF PARENTS/GUARDIANS

- Parents/guardians are responsible for transporting their children to and from authorised bus stops and their safety at the bus stop while waiting for the bus.
- It is most important that parents waiting for bus passengers at a roadside bus stop should wait on the same side of the road as the bus, to prevent accidents.
- School bus travel is a privilege and not a right and consequences will follow a breach of these conditions. It is understood that bus travel is provided and accepted on these conditions.

I certify that:

- All details provided are true and correct
- I will notify the Principal in writing within 7 days of any change of address or school
- I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my child
- I consent to release of information provided to the Department of Transport to assist with planning for transport services

Student Name \_\_\_\_\_

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

Student Signature \_\_\_\_\_

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

Date \_\_\_\_\_

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)