



## 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 Greta Valley Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Greta Valley Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Greta Valley 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. Greta Valley Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

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

#### **Emergency Contacts**

These are people that Greta Valley 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 Greta Valley 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 Greta Valley 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 Greta Valley 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 Greta Valley Primary School to process your child's enrolment.

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

Please let Greta Valley Primary School know if any information needs to be changed by sending updated information to the school office. Please contact Tina on 03 5766 6344 or by email [moyle.tina.m@edumail.vic.gov.au](mailto:moyle.tina.m@edumail.vic.gov.au) to update any information. During your child's time with Greta Valley 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 on 03 5766 6344 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 Greta Valley 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. The Greta Valley Primary School privacy policy is available on [gretavalleyps.vic.edu.au](http://gretavalleyps.vic.edu.au)



# GRETA VALLEY PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2020

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) <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'. <input type="checkbox"/>

### 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'. <input type="checkbox"/>

❖ 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:**

Doctor's Name		Individual or Group Practice: <input type="checkbox"/> Individual <input type="checkbox"/> Group (tick)	
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:**

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

**PRIMARY FAMILY BILLING ADDRESS:**

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

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

**OTHER PRIMARY FAMILY DETAILS**

Relationship of Adult A to Student: (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
Relationship of Adult B to Student: (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

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

Send Correspondence addressed to: (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:			
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:				
<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.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<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: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

## OTHER MEDICAL CONDITIONS

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

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (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:			
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: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating



## 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.

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
Student Medicare Number:	

## STUDENT EMERGENCY CONTACTS

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

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

## TRAVEL DETAILS FOR SPECIAL SCHOOLS

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

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

I certify that the information contained within this form is correct.

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

# PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

**Defence Forces Commissioned Officer**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Labourers and related workers**

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





2020

STUDENT NAME ..... GRADE .....

STUDENT NAME ..... GRADE .....

STUDENT NAME ..... GRADE .....

STUDENT NAME ..... GRADE .....

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**BUS PROCEDURE CONSENT**

I **do not consent**

I **consent**  to my child/children being left at the bus stop. I will inform the school on any day that differs from this. I understand the bus stop collection policy as outlined in the Greta Valley Information Handbook.

Signed.....Date.....

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**PERMISSION TO PUBLISH**

I give permission for my child/children to have their names and/or photographs published on school newsletters, websites or brochures.

Signed.....Date.....

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**FAMILY PHONE NUMBER**

I give permission for my phone numbers to be listed on the school family phone list and distributed within the school community.

Signed.....Date.....



# CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student's schooling at:

## GRETA VALLEY PRIMARY SCHOOL

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection 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.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections 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 person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

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

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent's/guardian's/carer's full name: .....

Parent's/guardian's/carer's full name: .....

Address:..... Post code:.....

Name of child attending the school:.....

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

Signature of parent/guardian/carer: ..... Date.....

Signature of parent/guardian/carer: ..... Date.....

*Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.*





Year		Term		PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED
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APPLICANT DETAILS				
RESIDENTIAL ADDRESS				
Unit #		Street #		Address
Town/Suburb				State
Exact distance (in km) by the shortest practicable route		Home to school	km	Home to bus stop
				km
POSTAL ADDRESS				
Unit/Street/PO Box #		Postal Address		
Town/Suburb		State		Postcode
PARENT/GUARDIAN DETAILS				
First Name		Surname		Telephone
First Name		Surname		Telephone
Email				
Emergency contacts	1.		Relationship	Telephone
	2.		Relationship	Telephone

TRAVELLER DETAILS									
Student one									
First Name			Surname			Date of birth			
Travel start date			School enrolled			Year level at time of travel			
Any medical problems or requirements the driver should be notified of? If yes, please provide details.									
Which days do you intend to use this service? (please use X to highlight)									
MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>
I authorise my child to be set down unsupervised from the p.m. service						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student two									
First Name			Surname			Date of birth			
Travel start date			School enrolled			Year level at time of travel			
Any medical problems or requirements the driver should be notified of? If yes, please provide details.									
Which days do you intend to use this service? (please use X to highlight)									
MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>
I authorise my child to be set down unsupervised from the p.m. service						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student three									
First Name			Surname			Date of birth			
Travel start date			School enrolled			Year level at time of travel			
Any medical problems or requirements the driver should be notified of? If yes, please provide details.									
Which days do you intend to use this service? (please use X to highlight)									
MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>	THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>
I authorise my child to be set down unsupervised from the p.m. service						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



**OFFICE USE ONLY**

Date Form Submitted		Received By	
Date Form completed		Parent/Guardian signed?	Eligibility assessed - Y/N?
Waitlisted - Y/N?		Student(s) signed?	Application (s) Approved/Declined
Have any of these students been granted eligibility on the basis of an exemption? If yes, specify exemption from policy.			
Student one			
Student two			
Student three			
Eligibility Status (Eligible = E, Not Eligible = NE, Exemption Granted = EG or Fare Payer = FP and Fare Amount e.g. FP at \$120 per term, \$480 per year)			
Student one			
Student two			
Student three			
Fare Payment required –Y/N?		Has Parent/Guardian been invoiced? Y/N	Date
Fares collected – Y/N?		Has Parent been notified in writing of travel status?	Date

**BUS SERVICE DETAILS**

<b>AM Bus Service (s)</b>			
Bus route allocated		Bus operator	
Interchange details -if req.		Bus operator	
Pick-up bus stop location		Pick up time	
Drop off bus stop location		Drop off time	
Seat number allocated		Bus roll updated	
Comments:			
<b>PM Bus Service (s)</b>			
Bus route allocated		Bus operator	
Interchange details -if req.		Bus operator	
Pick-up bus stop location		Pick up time	
Drop off bus stop location		Drop off time	
Seat number allocated		Bus roll updated	
Comments:			

<b>OFFICE USE ONLY</b>	
School Bus Coordinator Name (please print):	_____
School Signature – Coordinating Principal / Delegate signature:	_____
Date	_____



## Conditions of Travel

To ensure the safety of all passengers on school buses, the following conditions apply at all times.

### To ensure safe travel on school buses, students must agree to the following:

- Not to play on the road at the bus stop or try to get on the bus before it has stopped.
- Make sure you and your belongings are inside the bus at all times.
- Not throw anything from a bus window or have anything hanging out a window.
- Place bags and other belongings in the allocated storage areas.
- Get on and off the bus quietly and in an orderly manner.
- Stay in your seat while the bus is moving.
- Not distract drivers with screaming, shouting or unruly behaviour.
- When you get off the bus only cross the road when the bus has left and it is safe to do so.
- No dangerous or flammable goods are allowed on the bus, for example aerosol cans.
- 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.
- Wear a seat belt where fitted.

### To ensure students are considerate to one another and their bus driver, they must agree to:

- In the morning, arrive at the bus stop 10 minutes prior to departure.
- Not eat, drink or smoke while on the school bus.
- In the morning, let the school and driver know if you will not be travelling home on the bus that day.
- Use a standard conversational tone and not use offensive language or call out to others on board or to passing traffic or people.
- Listen to the bus driver and bus captain. They are responsible for maintaining school bus safety and also have the authority to report any vandalism or misbehaviour including but not limited to bullying, teasing, or aggression.
- Leave your bike in a safe and secure place if riding to the bus stop. Public Transport Victoria and the Department of Education and Training 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 student's name and full details of the breach will be recorded.
- The student will be transported 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.

### Following the report of a relevant incident, the coordinating principal 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.

**A 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.



**PARENT/GUARDIAN TO COMPLETE:**

I certify that:

1. All the above details are true and correct.
2. I will notify the principal in writing within 7 days of any change of address or school.
3. 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(ren).
4. I consent to release this information to Public Transport Victoria (PTV) to assist with planning for transport services.
5. I will notify the principal in writing should my child(ren) no longer require transport assistance.

I accept the authority of the coordinating principal with regard to student discipline on the school bus service.

I agree to abide by the above Conditions of Travel.

I understand that if I or my child (ren) do not comply with the Conditions of Travel, it may result in my child (ren) not being permitted to travel on the school bus service.

Parent/guardian name (please print) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT (s) TO COMPLETE:**

I accept the authority of the coordinating principal with regard to student discipline on the school bus service.

I agree to abide by the above Conditions of Travel.

Student	Student one	Student two	Student three
Print Name			
Signature			
Date			