



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

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

## **EMERGENCY CONTACTS**

These are people that Somerville Rise 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 Somerville Rise 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 Somerville Rise Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

## **Religious Affiliation**

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

## **IMMUNISATION STATUS**

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

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

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

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

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

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

# LIVING ARRANGEMENTS – EXPLANATION NOTES

Student living arrangement information is one component of the Student Learning Needs (SLN) index.

## **B At home with TWO parents/guardians**

Where student has regular access to two adults to support them with their education

## **O At home with ONE parent/guardian**

Where student has regular access to one adult to support them with their education

## **A Arranged by State-Out Home Care**

Students to be entered in this category are those **who have been subject to protective intervention by the Department of Human Services** and live in one of the following alternative care arrangements away for their parents. These DHS facilitated care arrangements include living with relatives, friends (kith & kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff. In Victoria, approximately 4000 children and young people live in out of home care. Students entered in this category are those that the Partnering Agreement: School Attendance & Engagement of Children & Young People in Out of Home Care has been developed to support.

In order to monitor the educational outcomes of this cohort, it is necessary to accurately record and maintain attendance and achievement records of those students.

## **H Homeless Youth**

- Have parents who cannot exercise their parental responsibilities, **or**
- Find it unreasonable to live at home because there is:
  - Extreme family breakdown
  - Serious risk if they continue to live in the parental home
  - Consistent deprivation of basic necessities such as food, water, clothing, shelter, sleeps etc.
  - Threat to health and wellbeing through drug or alcohol abuse, criminal or illegal activity or violence in the home, **or**
  - are a refugee or orphan not living with parents/guardians

## **I Independent students (with extended family or arranged private board):**

- have to live away from home to study
- Are or have been married or have been living in a marriage like relationship for at least 12 months, **or**
- Have a dependence child, **or**
- Have worked at least 30 hours per week for at least 18 months during the past 2 years

# 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)

STUDENT ENROLMENT INFORMATION – 20\_\_

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:	
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):

## 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 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'.

<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'.

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<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
<b>Adult A's preferred method of contact:</b> (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
<b>Adult B's preferred method of contact:</b> (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 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)	

**PRIMARY FAMILY MAILING 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>

**PRIMARY FAMILY DOCTOR DETAILS:**

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

**PRIMARY FAMILY EMERGENCY CONTACTS:**

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

**OTHER PRIMARY FAMILY DETAILS**

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

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

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

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

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

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

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

<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"/>	
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"/> 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:				

### OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Jumbunna is our newsletter that goes out every second Friday. Please indicate your preference for receiving our newsletter.

- Email – my email address is: ..... @ .....
- Will access through school website
- Printed copy

# 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:	
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:		
<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:		
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.

<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				

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

# OTHER FAMILY DETAILS

## ADULT A OF OTHER FAMILY DETAILS:

## Adult B of OTHER Family 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 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 <i>highest</i> 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'.

<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 <i>highest</i> 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

## OTHER 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:		

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:		

**OTHER FAMILY HOME ADDRESS:**

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

**OTHER FAMILY MAILING ADDRESS:**

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

<b>No. &amp; Street</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>

**OTHER FAMILY DOCTOR DETAILS:**

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

**OTHER 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				

## OTHER FAMILY BILLING ADDRESS:

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

<b>No. &amp; Street</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>

## OTHER FAMILY DETAILS

<b>Relationship of Adult A of OTHER Family 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 of OTHER Family 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 OTHER 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
---	----------------------------------	----------------------------------	--------------------------------------	----------------------------------

<b>Is the OTHER Family to receive Academic Reports?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

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



## PARENT CONSENT SECTION

### 1) PHOTOGRAPH PERMISSION

I **DO** give permission for photographs of my child to be published / displayed by the school

I **DO NOT** give permission for photographs of my child to be published / displayed by the school

### 2) INTERACTIVE TELEVISION BROADCASTS / PODCASTS / VIDEOS

I **DO** give permission for my child's work, first name, picture or voice to be used in interactive television broadcasts, podcasts or videos.

I **DO NOT** give permission for my child's work, first name, picture or voice to be used in interactive television broadcasts, podcasts or videos.

### 3) SCHOOL'S WEB SITE

I **DO** give permission for my child's work, first name, picture to be published on the School's website

I **DO NOT** give permission for my child's work, first name, picture to be published on the School's website

### 4) MEDICAL CONDITION

To comply with Department of Education and Training Regulations and to ensure the safety of your child whilst at school we require written notification of any medical condition your child has which might require special treatment at school. Such conditions may include major illnesses (apart from asthma), allergies or allergies to medications.

It would be appreciated if you could provide specific details on the **School Medical Condition Form**. It would also be appreciated if you could provide a recent photograph of your child to ensure that this can be displayed to staff to alert them of the special attention your child may need.

This form will be filed and will cover the current school year. If there are any changes in your child's condition you will need to contact the school and complete another **School Medical Condition Form**. You will need to complete this form at the beginning of each school year.

### 5) ADMINISTERING OF MEDICATION

The **Medication Permission Form** is available from the office or website and must be completed and returned to the office each time your child requires regular medication at school eg. Prescription medication, analgesics (Panadol).

## 6) ASTHMA

If your child suffers from Asthma **The Asthma Management Form** is available from the office or website and must be completed each time there are changes made in relation to the management of your child's Asthma.

### **MEDICAL MANAGEMENT PARENT AGREEMENT**

- My child does not have a medical condition.
- My child does have a medical condition and I have completed the **Medical Condition Form**
  
- My child does not require regular medication at school
- My child does require regular medication at school and I have completed the **Medication Permission Form**
  
- My child does not suffer from Asthma
- My child does suffer from Asthma and I have completed the **Asthma Management Form**

**Parents signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENT CONSENT SECTION

### 7) COMPUTER CODE OF CONDUCT

Somerville Rise Primary School has connections to the internet and use of e-mail from class rooms and the Library. It is important that our students are made aware of the rules for use of these facilities and that parents understand the types of use that students will be involved in.

#### **Our use of internet will be limited to three main forms of access:**

- Teacher demonstrated and directed, which involves adult supervision and direct monitoring of sites accessed.
- Student access through the Department of Education's approved site, Educache, which will only contain sites deemed appropriate for students
- Use of E-mail to other school's for research purposes

#### **Student Computer Code of Conduct**

At the beginning of each year your child will be asked to sign the following Computer Code of Conduct.

- I agree to follow all teacher instructions regarding the use and activities on the computer.
- I will take great care of computer resources at Somerville Rise Primary School and will not bring food or drinks near them.
- I will not give out personal information such as my address, telephone number, parents' work address or telephone number or the name or the location of my school without my parents' permission over the internet or when using e-mail.
- I will tell my parents or teacher straight away if I come across any information that makes me feel uncomfortable.
- I will never send a person my picture or anything else without first checking with my parents.
- I will not respond to messages which are mean or in any way make me feel uncomfortable. I have read and discussed the Student Computer Code of conduct with my child and believe that my child will be able to follow these rules and use computers, the Internet, and E-mail responsibly.

Parents signature:..... Date:.....

**At the beginning of each year each class teacher will be given a list of students whose parents have agreed that they allow their children to use the Internet and E-mail. The class teacher will revise the rules and issue students with their own "My Computer Code of Conduct".**

## Acceptable Use Agreement for Internet and digital technologies

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

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

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

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

### Part A - School support for the safe and responsible use of digital technologies

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

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

At Somerville Rise Primary School we:

- have policies in place that outline the values of the school and expected behaviours when students use digital technologies, including mobile phones, iPods and the internet;
- provide a filtered internet service ;
- provide access to the Department of Education and Early Childhood Development's search engine Connect ;
- provide supervision and direction in online activities and when using digital technologies for learning;
- support students in developing digital literacy skills;
- have a cybersafety program at the school which is reinforced across the school ;
- use mobile technologies for educational purposes (e.g. podcasts or photos from excursions) ;
- provide support to parents/carers to understand this agreement (e.g. language support) ;
- provide support to parents/carers through information evenings and through the document attached to this agreement for parent to keep at home.

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

**Please read the Acceptable Use Agreement (attached) with your child, sign and return the agreement to your child's class teacher. Use of digital technologies will be restricted until the agreement is received by the class teacher.**

Nicky Fammartino  
Principal

## Part B - Student Agreement

### When I use digital technology I agree to:

- be a safe, responsible and ethical user whenever and wherever I use it
- support others by being respectful in how I communicate with them and never write or participate in online bullying (this includes forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviour)
- talk to a teacher if I feel uncomfortable or unsafe online or see others participating in unsafe, inappropriate or hurtful online behaviour
- seek to understand the terms and conditions of websites and online communities and be aware that content I upload or post is my digital footprint
- protect my privacy rights and those of other students by not giving out personal details including full names, telephone numbers, addresses and images
- use the internet for educational purposes and use the equipment properly
- use social networking sites for educational purposes and only as directed by teachers
- abide by copyright procedures when using content on websites (ask permission to use images, text, audio and video and cite references where necessary)
- think critically about other users' intellectual property and how I use content posted on the internet.
- not interfere with network security, the data of another user or attempt to log into the network with a user name or password of another student
- not reveal my password to anyone except the system administrator or the teacher
- not bring or download unauthorised programs, including games, to the school or run them on school computers

### When I use my mobile phone, iPod or other mobile device I agree:

- mobile phones should be switched off and kept out of sight during classroom lessons. Parents are reminded that in cases of emergency, the school office remains a vital and appropriate point of contact and can ensure your child is reached quickly and assisted in any appropriate way;
- while on school premises, students should use soundless features such as text messaging, answering services, call diversion and vibration alert;
- mobile phones should not be used in any manner or place that is disruptive to the normal routine of the school;
- students should protect their phone numbers by only giving them to friends and keeping a note of who they have given them to. This can help protect the student's number from falling into the wrong hands and guard against the receipt of insulting, threatening or unpleasant voice, text and picture messages; and
- be respectful in the photos I take or video I capture and never use these as a tool for bullying.

This Acceptable Use Agreement also applies during school excursions, camps and extra-curricula activities. I acknowledge and agree to follow these rules. I understand that my access to the internet and mobile technology at school will be renegotiated if I do not act responsibly.

## Acceptable Use Agreement for internet and digital technologies

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

**Student Name** ..... **Year Level** .....

**Student Signature** .....

**Parent/Carer Signature** .....

**Date:** \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_



EDUCATION INITIATIVE

PARENT/GUARDIAN RECORDING AUTHORISATION

I, \_\_\_\_\_, the parent/legal guardian of the student named below, agree to and provide permission for the digital recording of the named student for and on behalf of the state of Victoria (in the Department of Education and Early Childhood Development).

I acknowledge that ownership of any recording will be retained by the Crown in Right of the State of Victoria (Department of Education and Early Childhood Development).

I authorise the use or reproduction of any recording referred to above to be used by coaches and classroom teachers for the purposes of professional learning.

The recording may be used on websites available to the community, Victorian Government school teachers and staff of the Department of Education and Early Childhood Development.

I understand the nature and the consequences of what is being proposed in the above paragraphs. If there has been any matter of uncertainty, or if I wish to withdraw this authorisation, it will be my responsibility to inform my child's teacher or principal.

Please note that this authorisation is effective for the duration of your child's enrolment at Somerville Rise Primary School. If at any time you do not consent to this authorisation and would like to withdraw your consent, please advise the school in writing.

Date: __/__/____	Signature (parent/guardian): _____
Name of Parent/Guardian:	
Contact phone:	( )
Name of Student:	
Name of School:	Somerville Rise Primary School
Name of Principal	Nicky Fammartino
School phone:	5977 8500

## JUMBUNNA E NEWSLETTER

Our Jumbunna newsletter will be emailed to parents and families but will still be available on the school website if you do not wish to have it emailed to you.

If you do not have email or web access we will provide your child with a printed copy which can be collected from the office after school every second Friday.

Please complete the form below and return it to school as soon as possible. Please ensure that all information is completed.

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

I / We wish to have the Jumbunna newsletter sent to us by email. My/our email address is \_\_\_\_\_ @ \_\_\_\_\_

I / We will access Jumbunna through the school website

I / We do not have access to either email or web and would like a printed copy Jumbunna sent home with my child.

\_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

.....

Signature

## ENROLMENT CHECKLIST

To ensure all required documentation is presented at time of enrolment, please refer to the checklist below.

- Enrolment forms (completed & signed)
- Additional Family Enrolment Form (if required for separated families)
- Birth Certificate (original document to be presented for copying for Prep students only)
- Immunisation History Statement (for Prep students only - available by registering online at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) visiting a Medicare office or call 1800 653 809)
- Copy of Court Orders (if applicable)
- Medical Condition Form (Available from office or website if required)
- Asthma Plan (Available from office or website if required)
- CSEF Form (Collect from office, current health care or pension card is required)