

2024



STUDENT ENROLMENT INFORMATION

Karoo Primary School

Karoo Road, Rowville Vic 3178

Telephone: 9759 6222

Email: karoo.ps@education.vic.gov.au

PARENT INFORMATION ABOUT THE ENROLMENT FORM—Page 7
(Please read before completing this Enrolment Form—includes privacy information)

❖ Some questions in this enrolment form are marked with this symbol. These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

STUDENT DETAILS

OFFICE USE ONLY:

Student ID:

Family ID:

| | | |
|---|---|--|
| Legal Surname of Student: (as it appears on the birth certificate) | | ❖ Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Legal First Given Name: | | |
| Legal Second Given Name: | | |
| Preferred Christian Name (if applicable): | | |
| Birth date: (dd-mm-yyyy): | / / | Enrolment not complete until Birth Certificate presented |
| Has your child received all immunisations by age of 5? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enrolment not complete until Immunisation Certificate presented (see note regarding Immunisation Status on page 7) |
| Has your child had any assessments in the following (please tick): | Does the student have a Disability ID Number? | |
| <input type="checkbox"/> Speech <input type="checkbox"/> Psychology <input type="checkbox"/> Vision (If yes, please supply a copy to the school) | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the number: _____ | |

PRIMARY FAMILY HOME ADDRESS:

| | | | |
|---|------------------|------------------------------|-----------------------------|
| Number & Street or P.O. Box details: | | | |
| Suburb: | Postcode: | State: | |
| Telephone Number: | Silent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PREVIOUS SCHOOL DETAILS (or Kindergarten attended if commencing school for the first time):

| | | |
|---|---|--|
| Name of Previous School OR (if starting school for the first time) Name of Kindergarten & group: | | |
| Date of first enrolment in an Australian School: | What was the language of the student's previous education? | Is the student repeating a year? (tick) |
| ____ / ____ / ____ | <input type="checkbox"/> English <input type="checkbox"/> Other : | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the student be attending this school fulltime? | <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, fill in details of other school below) | |
| <i>Name of other school being attended:</i> | <i>Time fraction attended (ie 0.8 = 4 days a week):</i> | <i>Enrolled in other school:</i> |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Does the student have a Victorian Student Number (VSN) ? (please tick one)

| | | |
|---|---|---|
| <input type="checkbox"/> Yes - the number is: | <input type="checkbox"/> Yes, but I do not know the VSN | <input type="checkbox"/> No—a VSN has not been issued |
|---|---|---|

OFFICE USE ONLY

| | | | |
|---|--|---|---|
| Home Group: House: | Birth Certificate sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No | Immunisation Status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Not sighted | Copy of above assessments received? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Custody documents received? <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Alert? <input type="checkbox"/> Yes <input type="checkbox"/> No Anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have a Disability ID Number?: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ | |
| Digital Technologies Permission complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | Permission to Publish Photo complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

FAMILY DETAILS

Please note: 'PRIMARY FAMILY' is the family or parent the student **mostly** lives with.

List any other family members (and their relationship to student) currently attending this school:

ADULT A (Primary Carer) Details:

| | |
|--|---|
| Sex (tick) : <input type="checkbox"/> Female <input type="checkbox"/> Male | Title (Ms, Mrs, Mr, etc) : |
| Legal Surname: | |
| Legal First Name: | |
| Preferred First Name (if applicable): | |
| Occupation: | |
| Employer: | |
| In which country was Adult A born? | <input type="checkbox"/> Australia <input type="checkbox"/> Other: _____ |
| ❖ Does Adult A speak a language other than English at home : (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) : _____ Any additional languages spoken by Adult A _____ | |
| Is an Interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (If you 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 | |
| ❖ What is the level of the highest qualification that Adult A has completed? (tick one) | |
| <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No on-school qualification | |
| ❖ What is the occupation group of Adult A? Please select the appropriate occupation group from the list of 'Occupation Group Codes' on Page 8 which best reflects your current occupation. | |
| <ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the occupation group list. • If the person has not been in paid work for the last 12 months, enter 'N' | |

ADULT B Details:

| | |
|--|---|
| Sex (tick) : <input type="checkbox"/> Female <input type="checkbox"/> Male | Title (Ms, Mrs, Mr, etc) : |
| Legal Surname: | |
| Legal First Name: | |
| Preferred First Name (if applicable): | |
| Occupation: | |
| Employer: | |
| In which country was Adult B born? | <input type="checkbox"/> Australia <input type="checkbox"/> Other: _____ |
| ❖ Does Adult B speak a language other than English at home : (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) : _____ Any additional languages spoken by Adult B _____ | |
| Is an Interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (If you 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 | |
| ❖ What is the level of the highest qualification that Adult B has completed? (tick one) | |
| <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No on-school qualification | |
| ❖ What is the occupation group of Adult B? Please select the appropriate occupation group from the list of 'Occupation Group Codes' on Page 8 which best reflects your current occupation. | |
| <ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the occupation group list. • If the person has not been in paid work for the last 12 months, enter 'N' | |

Main language spoken at home:

Are you interested in being involved in school group participation activities? (eg, School Council, excursions, etc) * Working With Children check required if attending excursions/camps

Adult A Adult B
 Both Adult A and B Neither

PRIMARY FAMILY BILLING ADDRESS: (Complete only if billing address is different from Family Home Address or person being billed is **different from Adult A and B**)

| | | | |
|--------------------------------------|------------------|---------------|--|
| Name of Person to be invoiced | | | |
| Number & Street: | | | |
| Suburb: | Postcode: | State: | |

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 number: | |
| Other work contact information: | |

After Hours:

| | |
|---|--|
| Is Adult A usually at the Primary Family Home AFTER business hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home telephone number: | |
| Adult A's mobile phone number: | |
| Other After Hours contact Information: | |

Adult A's preferred method of contact (tick one) :

Mail Email

Email Address _____

Relationship of Adult A to Student (tick one):

Parent Step-Parent Adoptive Parent
 Foster Parent Relative Friend
 Other _____

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 number: | |
| Other work contact information: | |

After Hours:

| | |
|---|--|
| Is Adult B usually at the Primary Family Home AFTER business hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home telephone number: | |
| Adult B's mobile phone number: | |
| Other After Hours contact Information: | |

Adult B's preferred method of contact (tick one) :

Mail Email

Email Address _____

Relationship of Adult B to Student (tick one):

Parent Step-Parent Adoptive Parent
 Foster Parent Relative Friend
 Other _____

| | |
|---|--|
| The Student lives with the Primary Family | <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never |
| Send Correspondence to: | <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adult A & B <input type="checkbox"/> Other: |

SEPARATED FAMILIES: If Adult B DOES NOT live at the family home :

- Adult B's details will be set up as an 'Alternative Family' - a separate form will need to be completed (please ask office staff).
- It is Adult B's responsibility to keep the school informed of any change of address or phone number.
- Adult B will have their own Compass Parent Portal. Separate login details will be mailed to Adult B to the address provided.
- All important school information (e.g. school reports, parent/teacher interview bookings, school events and reminders) is only available through Compass. It is Adult B's responsibility to access all school information via their own Compass Parent Portal.
- Newsletters are sent via Compass, and uploaded to the school website each fortnight.

| | | | |
|--|---------------------------------|-----------------------------------|--|
| If Adult B lives at a DIFFERENT address to the Primary Family Home, please supply: | | | |
| Number & Street : | Suburb: | State: | Postcode |
| | | | |
| The Student lives with the Alternative Family | <input type="checkbox"/> Mostly | <input type="checkbox"/> Balanced | <input type="checkbox"/> Occasionally <input type="checkbox"/> Never |

EMERGENCY CONTACTS:

Please provide 4 names of people over 18 other than Adult A or Adult B. These people will be called in an emergency if Adult A or Adult B cannot be contacted, and are permitted to collect your child from school.

| Name of Emergency Contact | Relationship to Student (Grandparent, Aunt/Uncle, Neighbour, Relative [please specify], Friend) | Contact Phone number | Speaks English? |
|---------------------------|---|----------------------|-----------------|
| 1 | | | Y / N |
| 2 | | | Y / N |
| 3 | | | Y / N |
| 4 | | | Y / N |

Student Personal Details

Student Demographic Details:

| | |
|--|---|
| ❖ In which country was the student born: | <input type="checkbox"/> Australia <input type="checkbox"/> Other: _____ |
| Date of arrival in Australia OR Date of return to Australia | (dd-mm-yyyy) ____ / ____ / _____ |
| What is the residential status of the student (tick): | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| Basis of Australian residency: | |
| <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa | |
| Details of Visa: | |
| Visa Sub-Class: Visa Expiry Date: (dd-mm-yyyy): ____ / ____ / _____ Visa Statistical Code (required for some sub-classes): | |
| ❖ Does the student speak a language other than English at home (tick): <i>* if more than one language spoken at home, indicate the one spoken most</i> | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify) : _____ |
| Does the student speak English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one) | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander | |
| What is the student's living arrangements? (tick one) | |
| <input type="checkbox"/> At home with TWO parents/guardians <input type="checkbox"/> At home with ONE parent/guardian <input type="checkbox"/> State Arranged Out of Home Care (#) | |
| <i># 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 & kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.</i> | |
| Journey to School: | Map Type: Melway / Vicroads / Other Distance to School: _____ kms Map Number: Map Ref: |
| Usual mode of transport to school (please select only one): | <input type="checkbox"/> Walk <input type="checkbox"/> Driven <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Other: |
| Student's Religion: | |

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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Conditional Enrolment conditions (if applicable):

Student Restrictions Details / Access Restrictions:

| | |
|---|--|
| Is the student at risk? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Is there an Access Alert for the student? (i.e. are there are custody restrictions) | <input type="checkbox"/> No <input type="checkbox"/> Yes (complete the questions below and provide a current copy of the document to the school) |
| Access Alert type: | <input type="checkbox"/> Parenting Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Intervention Order <input type="checkbox"/> DHHS Order <input type="checkbox"/> Other: |
| Describe briefly any Access Restriction: _____ | |
| Is there an Activity alert for the student | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No |

Primary Family Doctor Details:

| | |
|--|---|
| Doctor's Name: | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| Number & Street / P.O. Box Number | |
| Suburb / Postcode | Postcode: _____ |
| Telephone No. | |
| Medicare Number | |
| Current Ambulance Subscription? | <input type="checkbox"/> Yes (Private Health Fund / Health Care Card / Ambulance subscription) <i>[please circle one]</i> <input type="checkbox"/> No (If no: Parent will be responsible for any ambulance fees incurred by student) |

Student Medical Details

Does the student suffer from any of the following impairments?

HEARING: Yes No VISION: Yes No
 SPEECH: Yes No MOBILITY: Yes No

Asthma:

Does the student suffer from Asthma? No Yes (complete the Asthma questions below)

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

In the event of a student displaying symptoms of asthma, Karoo Primary follows the Victorian Schools Asthma Policy for Asthma First Aid (Give 4 puffs, delivered one at a time with student taking 4 breaths for each puff. Wait 4 minutes. If no improvement repeat. If no improvement following a repeat of treatment and waiting a further 4 minutes, an ambulance will be called). A Karoo Asthma Management Plan must be completed each year for students with asthma.

| Please indicate if the student suffers from any of the following symptoms: | What triggers the student's asthma? | If my child displays asthma symptoms please: (tick) |
|--|---|---|
| <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Tight chest <input type="checkbox"/> Difficulty speaking | <input type="checkbox"/> Exercise <input type="checkbox"/> Colds/viruses <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Other: | <input type="checkbox"/> Inform doctor <input type="checkbox"/> Inform Emergency Contact <input type="checkbox"/> Administer medication <input type="checkbox"/> Other Medical Action: _____ |
| Asthma medication taken in response to symptoms and method (eg puffer & spacer): | When medication required and how much (eg 4 puffs as required): | Does the student require assistance taking medication and if so, how: |
| | | <input type="checkbox"/> No assistance needed <input type="checkbox"/> Yes: _____ |
| Is preventative medication taken? If so, what medication, when taken and how much. | Medication: _____ | When: _____ |
| | | How Much: _____ |

Allergies / Anaphylaxis:

Does the student suffer from an Allergy? No Yes (complete the Allergy questions below)

If your child suffers from any allergy, an 'Action Plan for Allergic Reactions' must be completed each year. If the allergy has been diagnosed as likely to cause an anaphylactic reaction an 'Action Plan for Anaphylaxis' and 'Anaphylaxis Management Plan' must be completed each year in consultation with the principal or nominee (forms available from the school). Allergy medication and Epipen (if required) must be left in the School's sick bay.

| | |
|---|--|
| What is the allergy? | |
| What are the symptoms your child may experience? | |
| If your child displays any of the symptoms above the school is to: (tick) | <input type="checkbox"/> Inform Emergency contact <input type="checkbox"/> Administer medication (please provide) <input type="checkbox"/> Other: |
| Does the student take medication, and if so, what is the medication, dosage, and frequency? | Medication: _____ Dosage: _____ When taken: _____ |
| Is the medication taken regularly by the student (preventative) or only in response to symptoms? | <input type="checkbox"/> Preventative <input type="checkbox"/> In response to symptoms |
| Has the condition been diagnosed as likely to cause an anaphylactic reaction? | <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, an Anaphylaxis Action Plan & Anaphylaxis Management Plan must be completed) |

Other Medical Conditions:

Does the student have any other medical condition? No Yes

If yes, what is the condition?

What are the symptoms?

If the student displays any of the symptoms above the school is to: (tick) Inform Emergency contact Administer medication (please provide)
 Other:

Does the student take medication, and if so, what is the medication, dosage, and frequency? Medication: _____ Dosage: _____
When taken: _____

Is the medication taken regularly by the student (preventative) or only in response to symptoms? Preventative In response to symptoms

Student Specific Details

Fill in this section **ONLY** if this Student has a doctor, medicare number and/or emergency contacts **DIFFERENT** from the Prime Family details

Doctor details relating to this student ONLY (if different from Prime Family Doctor details):

| | |
|--|---|
| Doctor's Name: | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| Number & Street / P.O. Box Number | |
| Suburb / Postcode | Postcode: |
| Telephone No. | |
| Medicare Number | |
| Current Ambulance Subscription? | <input type="checkbox"/> Yes <input type="checkbox"/> No (NB: Parent will be responsible for any ambulance fees incurred by student) |

Emergency contacts relating to this student ONLY (if different from Prime Family Emergency Contacts):

| Name of Emergency Contact | Relationship (Grandparent, Aunt/ Uncle, Friend, Neighbour, Relative) | Contact Phone number | Speaks English? |
|---------------------------|---|----------------------|-----------------|
| 1 | | | Y / N |
| 2 | | | Y / N |

Authorisations

FOUNDATION STUDENTS ONLY: PRE-SCHOOL/KINDERGARTEN AUTHORITY

I consent to the pre-school/kindergarten teacher speaking with Karoo's staff regarding my child.

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

ILLNESS / INJURY AUTHORITY

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:** ____ / ____ / ____

PERMISSION TO WALK AUTHORITY

From time to time the school organises or participates in events outside the school grounds that requires students to walk to the event (eg Walkathon, Karoo Cross Country, walking to Knox Athletics Track, walking within our community). Students are supervised at all times, use footpaths where provided and follow appropriate road crossing procedures when crossing any roadway. I hereby give consent for my child to participate in such events for the duration of their schooling at Karoo Primary School and authorise the teacher in charge of the activity to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary.

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

Declaration of Parent

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. Details of both Adult A and Adult B must be provided, and the declaration below must be signed by both Adult A and Adult B.

Please return your child's completed enrolment form at your earliest convenience. A copy of **Birth Certificate** and **Immunisation Certificate** must also be provided to complete the enrolment. **Please note that the Department of Education requires these prior to your child commencing school.**

We certify that the information contained within this Enrolment form is correct (both parents to sign):

Signature of Parent/Guardian (Adult A): _____ Date: ____ / ____ / ____

Signature of Parent/Guardian (Adult B): _____ Date: ____ / ____ / ____

Parent Information about the Enrolment Form

The Enrolment Form asks you for personal and health information about your child and your family. This information is collected to enable our school to educate your child and support your child's social and emotional wellbeing and health. Our school is also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information.

Our school relies on you to provide **health information** about any medical condition or disability that your child has, medication your child may take while at school, any known allergies and contact details of your child's doctor. If you do not provide all relevant health information, this may put your child's health at risk.

Our school requires current, relevant information about all **parents, guardians and carers** so that we can take account of family arrangements. Please provide our school with copies of all current parenting plans AND court orders regarding parenting arrangements, and copies when they change. If you wish to discuss any matters regarding family arrangements in confidence, please contact the principal.

Protecting your privacy and sharing information

The information about your child and family collected through this Enrolment Form will only be shared with school staff who need to know to enable our school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education and Training without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see our school's privacy policy on our website.

Our school's use of online tools (including apps and other software) to collect and manage information

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

Emergency contacts

Emergency contacts are those people (over 18 years) you nominate for the school to contact during an emergency if we cannot contact Adult A or Adult B. Please ensure your nominated emergency contact agrees to you providing their contact details to our school and that they have read the paragraph above. It is important that you inform them that their contact details may be disclosed beyond the Department if lawful.

Student background information

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

Immunisation status

By law you must provide an Immunisation History Statement from the Australian Immunisation Register (AIR) to the school when enrolling your child, even if they have not received all or any immunisations. Your child's immunisation status assists our school to manage health risks for children; in the event of a disease outbreak unimmunised children can be quickly identified and excluded from school until the risk has passed. Homeopathic treatment is not a legally recognised form of immunisation. Immunisation History Statements can be obtained from the AIR, or through Medicare. The Department may also provide immunisation information to the Department of Health and Human Services to assess immunisation rates in Victoria, but not in a way which identifies you.

Visa status

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

Updating your child's personal and health information

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

Accessing your child's records

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

Student transfers between Victorian government schools

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

Head Lice

Outbreaks of head lice will occur from time to time. It is the responsibility of the parents to notify the school if your child has head lice. A note will be sent home to any affected class requesting parents to check their child's hair and treat as necessary. Persons authorised by the school principal may also visually check your child's hair if it is suspected that head lice might be present. If live lice are found, the parent will be contacted to take the child home for treatment. Health regulations require that where a child has head lice, the child should not return to school until appropriate treatment has commenced.

Parental Occupation Group Codes

The codes outlined below are to be used when providing family occupation details for enrolled students.

This information is a requirement of the Commonwealth Government of Australia and 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)

If you are unsure which category your occupation falls into, please speak with school office staff for guidance.