Form to Enrol in a Victorian Government School

Melrose Primary School

Student Enrolment Information – 20	OFFICE USE ONLY	CASES21 Student ID:	
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The information requested in this form is required for enrolment purposes. This information is collected to plan for and support the educational needs of your child.

This form should be completed by parents or carers who are responsible for enrolling their child. It is the responsibility of the person completing this form to consult with all other adults that need to be involved in the enrolment process. Parents or carers can co-sign the same form or complete separate forms if personal details are unable to be shared between them.

If required information is not provided or there is a dispute between parents or carers about a child's enrolment, the enrolling principal is required to consider the student's education and wellbeing when deciding whether to defer or accept the enrolment.

Only one enrolment form should be submitted per student. By completing and submitting this enrolment form, you are accepting a place for your child at the specified school (subject to any further checks required by the school).

All schools across Australia are expected to collect the same information. Questions marked with a � are asked as a requirement of the Commonwealth Government to meet data collection, funding and reporting requirements under the Australian Education Regulations 2013.

STUDENT DETAILS

Surname:					
First Given Name:					
Second Given Name: (if applicable)					
Preferred First Name: (if applicable)					
♦ Gender: ☐ Male ☐ Female	□ Self-described:				
Date of Birth: (dd-mm-yyyy)	/ Student Mobile Number: (if applicable)				
Intended start date: □ Day 1, Term 1 □ Other: (dd-mm-yyyy) / /					
Which year are you seeking to enrol th	s student?				
□ Foundation □ 1 □ 2 □ 3 □	14				

Student's Permanent Residence

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example if a rental property is a studio or one bedroom unit.

No. & Street Address:		
Suburb:		
State:	Postcode:	

How often does thi	is student live at this address?					
□ Always	lways Mostly Balanced (50%)					
If the student lives at another address during the school week, please provide further details including the address, who they reside with and how many days a week the student lives there:						
Siblings						
	oadly and can include step-siblings and s errangements, including foster care, kinsh					mily cohabitation
Does the student h	nave any siblings at this school?		□ Yes	□ No (m	ove to nex	xt section)
Name			Current Year Level	Reside a		esidential address
1				□ Yes	□ No	☐ Sometimes
2				□ Yes	□ No	☐ Sometimes
3				□ Yes	□ No	☐ Sometimes
4				□ Yes	□ No	☐ Sometimes
Title First Given Name		Title	t Given Name	<u>IL Z</u>		
-		-				
Surname		Suri	name			
Gender	☐ Male ☐ Female ☐ Self-described:	Gen	der	□ Male		□ Female
Adult 1 Relationsh	ip to student:	Adu	ılt 2 Relationsh	nip to stud	ent:	
□ Parent	□ Step Parent		arent		□ Relati	ive
☐ Host Family	□ Relative	□н	lost Family		☐ Friend	d
☐ Self (adult studen mature minor)	ıt / □ Friend	□F	oster Parent		☐ Other	:
☐ Foster Parent	☐ Other:	↓	tep Parent			
Student lives with			dent lives with	Adult 2:		
☐ Always	☐ Mostly		lways alanced (50%)		☐ Mostly	-
☐ Balanced (50%)	☐ Occasionally] [""	aidi100d (30 /8)			Jorany
No. & Street Address:		Enr No.	dress is the sale olling Adult 1 & Street dress:	me as	lYes □	No (complete below)
Suburb:			ourb:			
State:	Postcode	Sta	te:		Postco	de

Adult 1 Job Title:	Adult 2 Job Title:
Adult 1 Employer:	Adult 2 Employer:
In which country was Adult 1 born?	In which country was Adult 2 born?
☐ Australia ☐ Other (please specify):	☐ Australia ☐ Other (please specify):
Does Adult 1 speak a language other than Englis home?	• Does Adult 2 speak a language other than English at home?
☐ No, English only	☐ No, English only
☐ Yes (please specify):	☐ Yes (please specify):
Please indicate any additional languages spoken by Adult 1:	Please indicate any additional languages spoken by Adult 2:
Is an interpreter ☐ Yes ☐ No required?	Is an interpreter ☐ Yes ☐ No required?
♦What is the highest year of primary or secondary school that Adult 1 has completed?	What is the highest year of primary or secondary school that Adult 2 has completed?
☐ Year 12 or equivalent ☐ Year 11 or equivaler	t ☐ Year 12 or equivalent ☐ Year 11 or equivalent
☐ Year 10 or equivalent ☐ Year 9 or equivalent below / no schooling	or
What is the level of the highest qualification that A 1 has completed?	Adult
☐ Bachelor degree or above ☐ Advanced diploma / Diploma	☐ Bachelor degree or above ☐ Advanced diploma / Diploma
☐ Certificate I to IV ☐ No non-school (including trade certificate) qualification	☐ Certificate I to IV ☐ No non-school (including trade certificate) qualification
 What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document. If the person is not currently in paid work but has head job in the last 12 months, or has retired in the last months, please use their last occupation to select the attached list. If the person has not been in paid work for the last 12 months, enter 'N'. 	group from the attached list at the end of the document. 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
What is the main	What is the main
language spoken between the student	language spoken between the student
and adult at home? Preferred language of communications:	Preferred language of communications:
Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)	Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)

Can we contact Adult 1 during school hours?	□ Yes	□ No		during scho		□ Yes	□ No
Is Adult 1 usually home during school hours?	□ Yes	□ No		ls Adult 2 u during scho	sually home ool hours?	□ Yes	□ No
Home Phone:				Home Phon	ie:		
Work Phone:				Work Phone	e:		
Mobile:				Mobile:			
SMS Notifications:	□ Yes	□ No		SMS Notific	ations:	□ Yes	□ No
Email Address:				Email Addre	ess:		
Email Notifications:	□ Yes	□ No		Email Notifi		□ Yes	□ No
Adult 1's preferred method of contact:	☐ Mobile	□ Email		Adult 2's pr	contact:	□ Mob	oile 🗆 Email
(Email shall be used for communication that cannot be sent via phone)	☐ Home Phone	□ Work Phone		(Email shall communicat be sent via p	ion that cannot	☐ Hon Phone	I I WARE PROP
Specify any other special conditions or times related to contact?				Specify any special con times relate			
Emergency Contacts Please provide emergency contacts in the event that the enrolling parents/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.							
Name		Relationship Neighbour, Relative (please specify)	e, Friend	or Other	Telephone Co	ontact	Language Spoken Write E for English
1		, , , , , , , , , , , , , , , , , , ,					
2							
3							
4							
Billing Details You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extracurricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees .							
Send bills to: (select one)	□ Adult	1 □ Adult	2	☐ Anothe	r person / addre	ss* (com	plete details below)
Name to be used for all billing correspondence:							
No. & Street or PO Box							
Suburb:							
State:				Postcode) :		
Billing Email:							
* Note: If you would like to send bills	to another perso	on / address, please ensu	re Additio	nal Parent/Care	er details are comple	eted on pa	ges 13-15.
Correspondence De	tails						
Send correspondence add	ressed to: (s	elect one) 🗆 Adu	ılt 1	□ Adult :	2 □ Both	n Adults	□ Neither

Additional Parents/Carers

Are there additional parents/carers in	the student's life?	☐ Yes (provide details below)	☐ No (move to next section)
Name of Adult 3:			
Name of Adult 4:			
f yes, please complete the Adult 3 and, may request a separate form for addition four further parents/carers. STUDENT DEMOGRA	onal parents/carers fr		
♦ In which country was the student b	orn?		
□ Australia □	Other (please specify):	
If born overseas, on what date did the	student arrive in Au	stralia? (dd-mm-yyyy)	/
What is the student's residency status	s? *		
☐ Australian citizen – holds Australian P	assport	☐ Permanent Resident (prov	vide visa details below)
☐ Australian citizen – eligible for Austral	ian Passport	☐ Temporary Resident (prov	vide visa details below)
□ New Zealand citizen			
Visa Sub Class:		Visa Expiry Date: (dd-mm-yyyy))//
Visa Statistical Code: (Required for so	me sub-classes)		
Note: An Australian birth certificate does not guar www.passports.gov.au/getting-passport-how-it-wor			able at
Does the student hold a Bridging Visa	a?	☐ Yes (provide further detail	below) □ No
If Yes, what was the student's previou	ıs visa?		
If Yes, what visa has the student appl	ied for?		
International Student ID*: (Not required	d for exchange student	s)	
Note: If you are unsure of your International Stude international@education.vic.gov.au).	ent ID, please contact the In	ternational Education Division via phone	(03 9084 8497) or email
Does the student speak English?		ПΥ	es □ No
♦ Does the student speak a language	other than English a	t home?	
□ No, English only			
☐ Yes (please specify the main languag	e spoken at home):		
♦ Is the student of Aboriginal or Torro	es Strait Islander orig	in?	
□No		☐ Yes, Aboriginal	
☐ Yes, Torres Strait Islander		☐ Yes, Both Aboriginal & To	rres Strait Islander
Is the student a young carer (providing	g support/care for ot	her family member/s)? * 🗆 Y	es □ No

^{*} A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance, or support to a family member with a-mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

What are the st	udent's livir	ng arrangements?			
☐ Student lives residence	with parents/	carers together at the sar	me ☐ Student lives v	with each parent/carer	at different times
☐ Student lives	with one par	ent/carer only	☐ State Arrange	ed Out of Home Care*	
☐ Informal care	arrangemen	t #	☐ Student is inde	ependent	
☐ Homeless					
If the student h	as a Case M	lanager, please provide	their contact details below:		
			away from their parents. These court ster care or adolescent community pl		
	=	- ·	act the school for an Informal Carer's of those orders to the school with thi		h must be completed.
		rily travel to and from so			
□ Walking	□ School B		☐ Driven by parent/carer	☐ Taxi / Ride Share	
□ Bicycle	□ Public Bu		☐ Self-Driven	☐ Other:	
		ic transport to school,	L Jell-Dilveil	Li Ottler.	
what station/st	op does the	ir journey commence:			
their Car Regis		elf to school, what is ber:			
SCHOOL Are you seekin			full-time? ☐ Yes (move to	next section) □ N	lo
If No, how man	y days a we	ek would the student be	attending this school?		
If No. provide r	eason vou a	re seeking part-time enr	rolment:		
, μ		, p			
If No, provide o	letails for ot	her schools:			
Other school n	ame:		Days / week:	Has enrolment been accepted?	□ Yes □ No
Other school n	ame:		Days / week:	Has enrolment been accepted?	□ Yes □ No
Previous Ed	lucation	– Students Enrol	ling in Foundation f	or the First Tim	e
Is the student a	nttending a f	unded kindergarten pro	gram* in the year before Fou	undation? ☐ Yes	□No
Name of kinder	garten or ea	arly childhood service:			
			victorian Government, has a play-bas ww.education.vic.gov.au/findaservice		delivered by a
Previous Ed					
	lucation	- Other			
Has the studen	t	Other☐ Yes, in Victoria – Gov	ernment School ☐ Yes, in \	Victoria – Catholic or Ind	dependent School

If Yes, name of last school attended:		
If Yes, location of last school attended: (suburb/town/state/country)		
	to/	_/
If Yes, year levels of previous education:		
If the student studied overseas, what age did the student first start school?		
What was the language of the student's previous education?		
Period of interruption to education: (months/years)	Is the student repeating a year level?	□ Yes □ No
STUDENT MEDICAL DETAILS		
Schools require the health information requested in this section to plan for students.	or and support the health and	wellbeing needs of
Please note: If there is a situation or incident which requires first aid to be first aid that is reasonably necessary and appropriate to their level of trai attention for your child if it is considered reasonably necessary. Any cost unless the Department of Education is liable in negligence (liability is not attention, school staff will contact you as soon as practically possible.	ning. School staff will also see s associated with student inju	ek emergency medical rry rest with parents/carers
Medical Conditions		
Does the student have an allergy? If yes, please provide the school with an ASCIA Action Plan for Allergie www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a)	es (available at:	□No
Is the student at risk of anaphylaxis? If yes, please provide the school with an ASCIA Action Plan for Anaphylat: <a "="" asthma-action-plan="" href="https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-action-plan-for-action-plan-for-action-plan-for-action-plan-for-action-plan-for-action-pla</th><th></th><th>□ No</th></tr><tr><th>Does the student have asthma? ☐ Yes</th><th>□ No</th><th></th></tr><tr><th>Has a current Asthma Action Plan been provided to School? If No provide an Asthma Action Plan to the School (available at: www.asthma.org.au/treatment-diagnosis/asthma-action-plan/)	, please	□No
Does the student have any other medical condition or other relevant school needs to know about? If Yes, please ask the school for the application be completed by the treating medical practitioner and returned to school	opropriate <u>medical advice forn</u>	
If Yes to any of the above, please specify:		
Medication		
Does the student take medication?	□ У	res □ No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be contreating medical practitioner and returned to school	mpleted by the ☐ Y	es □ No
Name of medications taken:		

Student Doctor

Doctor's Name:						
Medical Centre:						
Street Address:						
Suburb:				Postcode:		
State:				Telephone Nur	mber:	
ADDITIONAL LEARNING AND SUPPORT NEEDS The Department of Education recognises that adjustments may be required for students with additional needs, including students with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the student's learning and support needs.						
Does the student have a	idditional n	eeds and req	luire support	for learning?	□ Yes	□No
Hearing: Yes (please specify):						
Please indicate any adju	istments th	at may assis	t the student	to participate a	t school:	

Allied Health Support

Has the student previo	usly accessed	d support from an allied h	ealth professiona	l?	
Occupational therapy:		Exercise physiology		Speech patho	logy
□ Yes □ No	0	□ Yes □ N	10	□ Yes	□ No
Name and contact deta	ails:	Name and contact detail	s:	Name and cor	ntact details:
Physiotherapy		Behaviour support		Other	
□ Yes □ No		□ Yes □ N	No	□ Yes	□ No
Name and contact deta	-	Name and contact detail		Name and cor	
nformation about your chi a behaviour management	ild, you will help plan or other a	consibility to assess and ma of facilitate their transition to appropriate strategies to me	school and ensure eet the particular ne	their safety. T eds of the stud	his may involve preparing lent.
		g in the student's history a risk of any type to this			
□ Yes	·		□ No (move to th	·	
If Yes, please provide f	urther detail:				
		e Arrangements <i>(p</i>			
Is there an intervention	n order, parent	ting order or any other co	ourt order impactir	ng the student	:?
□ Yes			☐ No (move to th	he next section)
f Yes, then complete the f	following quest	ions and present a curre n	t copy of the docu	ıment to the s	chool.
Court Order or other	☐ Family Lav	w Order / Parenting Order	☐ Parenting Plan	n / Agreement	☐ Intervention Order
access document type:	☐ Child Prote	ection Order	☐ DFFH Authoris	sation	☐ Other:
Please provide further	details of the	Court Order or other acc	ess documents, ai	nd any other s	safety concerns:

Activity Restrictions and Considerations

Are there any activities (organised by the school and/or third	parties) that the student cannot participate in?
□ Yes	□ No (move to the next section)
If Yes, please provide further detail: (e.g. sport, excursions)	

Privacy Statement

The personal and health information collected in this form, and any attachments, is required for enrolment at all Victorian Government Schools. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of students. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Department of Education Schools' Privacy Policy which applies to all government schools (available at: www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) or where mandated or allowed by law.

Please also refer to the Victorian Government School Privacy Collection Notice for details on handling of personal and health information in schools: www.education.vic.gov.au/Pages/Schools'-Privacy-Collection-Notice.aspx

DECLARATION

Thank you for completing this Student Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- I am/We are the person/people named as completing this form.
- The information in this form is true and correct.
- I/We agree to authorise this form by electronic means with an electronic signature.

Signature of Enrolling Adult:	Date:	_/	_/
Signature of Enrolling Adult (if applicable):	_ Date:	_/	_/
Please select the category that best describes who has signed and completed this form. with the enrolment process.	This will a	ssist the	school
☐ Both parents/carers have completed and signed this form.			
☐ Parents/carers are completing separate forms (schools can provide additional forms on requ	ıest).		
☐ One parent has completed and signed this form on behalf of both parents. Contact details fo	r the other p	parent ha	ave been
provided in the form for the school's use as required.			
☐ One parent has completed and signed this form and the contact details for the other parent a	are unknowr	າ to the ϵ	enrolling
parent/carer and not provided.			
☐ There is only one parent/carer with legal responsibility for the child and that person has com	pleted and s	signed th	is form.
☐ Other, please specify: (for instance, where the contact details for the other parent are known safe to contact them)	but it is not	appropr	iate or

If there are any court orders about the child, please provide copies of those orders to the school with this form.

WHO CAN SIGN THIS FORM?

- A person with parental responsibility: a parent of a child under 18 years of age, subject to relevant court orders
 (including parenting orders made under the Family Law Act 1975 and protection orders made under the Children, Youth
 and Families Act 2005 by the Children's Court, or other person granted parental responsibility under a relevant court
 order).
- A carer formally authorised by Child Protection to enrol the student: the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child. In some circumstances this will include specific authorisation to enrol the child at school.
- Informal carer: an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- Students living independently: If the student is an adult or a mature minor for the purpose of enrolment and they live independently. These students will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-students/policy policy.
- Adult Students: a student 18 years of age or older is considered an adult and can sign their own consent form.

ATTACHMENT 1 - PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation – not your qualification. 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, proofreader, 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: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradespeople 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 / childcare 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

ATTACHMENT 2 – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Enrolling Adul	t 3		Enrolling Adult	4
Title			Title	
First Given Name			First Given Name	
Surname			Surname	
Gender	☐ Male ☐		Gender	□ Male □ Female □ Self-described:
Adult 2 Deletionals	in to atual anti-			
Adult 3 Relationsh	□ Relative		Adult 4 Relationshi	
			□ Parent	☐ Relative
☐ Host Family	☐ Friend		☐ Host Family	
	☐ Other:		☐ Foster Parent	☐ Other:
☐ Step Parent			☐ Step Parent	
Student lives with	Adult 3:		Student lives with	Adult 4:
☐ Always	☐ Mostly		□ Always	☐ Mostly
☐ Balanced (50%)	☐ Occasiona	lly	☐ Balanced (50%)	☐ Occasionally
No. & Street Address:			Address is the same as Enrolling Adult 3 No. & Street Address:	☐ Yes ☐ No (complete below)
Suburb:			Suburb:	
State:	Postcode		State:	Postcode
Adult 3 Job Title:			Adult 4 Job Title:	
Adult 3 Employer:			Adult 4 Employer:	
In which country w	as Adult 3 born?		In which country w	as Adult 4 born?
□ Australia □ Ot	her (please specify):		□ Australia □ Oth	ner (please specify):
Does Adult 3 spenders	eak a language other th	han English at	Does Adult 4 spendome?	eak a language other than English at
□ No, English only			☐ No, English only	
☐ Yes (please spec	ify):		☐ Yes (please speci	fy):
Please indicate any additional languag spoken by Adult 3:	es		Please indicate any additional language spoken by Adult 4:	
Is an interpreter	□ Yes	□ No	Is an interpreter	□ Yes □ No

required?

required?

What is the highest year of primary or secondary school that Adult 3 has completed?			What is the highest year of primary or secondary school that Adult 4 has completed?					
☐ Year 12 or equivalent	☐ Year 11 o	or equivalent		☐ Year 12 or equivalent	□ Year 11	or equivalent		
☐ Year 10 or equivalent	☐ Year 9 or equivalent or below / no schooling			☐ Year 10 or equivalent	☐ Year 9 or equivale			
What is the level of the h			♦What is the level of the highest qualification that Adult					
3 has completed? 4 has completed?								
☐ Bachelor degree or above	☐ Advanced Diploma	d diploma /		☐ Bachelor degree or above	□ Advanc Diploma	ed diploma /		
☐ Certificate I to IV (including trade certificate)	☐ No non-s qualification	1		☐ Certificate I to IV (including trade certificate)	☐ No non- qualificatio			
Please select the appropriate current parental occupation group from the attached list at the end of the document. 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 list. If the person has not been in paid work for				 group from the attached list If the person is not curr job in the last 12 month months, please use the the attached list. 	ate current parental occupation st at the end of the document. Irrently in paid work but has had a ths, or has retired in the last 12 heir last occupation to select from			
What is the main			1	What is the main				
language spoken				language spoken				
between the student and				between the student and				
adult at home?				adult at home?				
Preferred language of communications:				Preferred language of communications:				
Is Adult 3 interested in being involved in school group participation activities? (e.g., School Council, excursions)	□Yes	□ No		Is Adult 4 interested in being involved in school group participation activities? (e.g., School Council, excursions)	□ Yes	□No		
			_					
Can we contact Adult 3 during school hours?	□ Yes	□ No		Can we contact Adult 4 during school hours?	□ Yes	□ No		
Is Adult 3 usually home during school hours?	□ Yes	□ No		Is Adult 4 usually home during school hours?	□ Yes	□ No		
Home Phone:				Home Phone:				
Work Phone:				Work Phone:				
Mobile:				Mobile:				
SMS Notifications:	□ Yes	□ No		SMS Notifications:	□ Yes	□ No		
Email Address:				Email Address:				
Email Notifications:	□ Yes	□ No		Email Notifications:	□ Yes	□ No		
Adult 3's preferred method of contact:	☐ Mobile	□ Email		Adult 4's preferred method of contact:	☐ Mobile	□ Email		
(Email shall be used for communication that cannot be sent via phone)	☐ Home Phone	☐ Work Phone		(Email shall be used for communication that cannot be sent via phone)	☐ Home Phone	□ Work Phor	ne	
Specify any other special conditions or times related to contact?				Specify any other special conditions or times related to contact?				

Billing DetailsYou are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extracurricular items and activities. For more information, please refer to www.vic.gov.au/school-costs-and-fees.

Send bills to: (select one)	☐ Adult 3	□ Adult 4	☐ Another person / a	address* (complete	details below)			
Name to be used for all billing correspondence:								
No. & Street or PO Box								
Suburb:								
State:			Postcode:					
Billing Email:								
* Note: If you would like to send bills to ar	nother person / address,	please ensure Additio	onal Parent/Carer details	are completed on page	es 13-14.			
Correspondence Details								
Send correspondence address	sed to: (select one)	☐ Adult 3	☐ Adult 4	☐ Both Adults	☐ Neither			

ATTACHMENT 3 - TRAVEL ASSISTANCE AND PROGRAMS

Conveyance Allowance Program

The Conveyance Allowance Program supports eligible families attending mainstream schools in rural and regional Victoria, and special schools (state-wide) with financial assistance towards the cost of transporting students to and from school.

Is the student applying	for the Conveyance Allowa	ance Program?					
□ Yes			No (proceed to next que	stion)			
Your school can provide the applicable application form and advice on the different types of conveyance available. For further information, including the conveyance allowance policy and application forms, refer to the Department's Policy and Advisory Library (PAL) here: www.education.vic.gov.au/pal/conveyance-allowance/policy							
School Bus Progr	ram						
have access to public trans Travel by bus to special so	assists families in rural and re sport. The program supports chools is provided through the est will pay a fare to travel. Yo	travel to student Students with D	s nearest government a risabilities Transport Pro	nd non-government school. ogram (see below). Travel to a			
Is the student applying	for the School Bus Progra	m?					
☐ Yes (see text below)			No (proceed to next qu	estion)			
further information, include	the relevant application form ding the School Bus Program au/pal/school-bus-program/po	policy refer to th		re-school, fare payer etc.) For re:			
The Students with Disabilit appropriate government sp		ts families througupports travel for	students within Designa	orting students to their nearest ated Transport Areas. Families el options to support school			
Is the student applying	to travel on a school bus o	or other travel as	ssistance?				
☐ Yes (read below text)			□ No				
Students with Disabilities	the relevant application form s Transport Program policy, re au/pal/transport-students-disa	efer to the Depar		ner information, including the			
First date of travel?	☐ Next school year	☐ Alternate d	ate: (dd-mm-yyyy)	_//			
Type of travel assistan	ce requested?						
☐ Access to School Bus			☐ Conveyance Allowa	ance			
If applicable, specify th	ne student's mode of assist	ed mobility.	□ Wheelchair	□ Walker			

Comments relevant to travel:

ATTACHMENT 4 – OFFICE USE ONLY SECTION

OFFICE USE ONLY	Y							
Child's Name sigh	ited:		□ Yes		□ No	Enrolment Date:		
Year level:	Home Group:	Timetak Group:	oling	House:		Campus:		
Student Email Add	•	•						
Australian resider	ncy confirmed:		□ Yes	□ No		☐ Not sighted / provided		
Date of birth confi	rmed:		☐ Yes – Birth certificate	☐ Yes - certifica	– Doctor te	☐ Yes - ☐ Not sighted Other / provided		
Does the student number?	have a Disability ID			☐ Yes (please specify):				
Does the student	have a Victorian Stu	ıdent Nui	mber (VSN)?					
☐ Yes, please spec	cify:		☐ Yes, but the	VSN is unkno	own	☐ No, the student has neve been issued a VSN		
	udents, has a Trans elopment Statemen		☐ Yes, via Insi Assessment Pl		Yes, direct acher/paren			
Immunisation Cer	tificate received:	□ Y	es – Up to date	□ Yes – No	t up to date	□ Not sighted / provided		
Are there any Noti		□ Y	es	□ No				
Does the student allergies or anaph		ПΥ	es	□ No				
Does the student medication during		ПΥ	es	□ No				
*Have the required medical forms been provided to the school?								
*Note: Additional forms including student medical advice and condition forms can be found here: Medical Advice Forms								
Can the student In	dividual Education	Plan incl	lude travel trainin	g?	□ Yes	□ No		
Is the student atte	nding their nearest	school?			□ Yes	□ No		
Does the student school)?	reside in Designate	d Transp	ort Area (if attend	ling special	□ Yes	□ No		
Can the student b	e accommodated o	n an exis	ting route (if applicable)? □			□ No		
Pick-up Point:					Map Re	f: Time AM:		
Set Down Point:					Map Re	f: Time PM:		
Current Court Order or other access document placed on student file? ☐ Yes ☐ No								
Additional notes regarding the student's enrolment: (e.g., note if student information or documentation is missing and yet to be provided to the school)								



Photographing, Filming and Recording Students at Melrose Primary School - Consent Form

There are many occasions during the school year when staff photograph, film or record students participating in school activities or events. We do this for many reasons including to celebrate student participation and achievement, showcase learning programs, document a student's learning journey, camps, excursions, sports events etc, communicate with our parents and school community in newsletters and on classroom blogs/apps/programs.

Our Photographing, Filming and Recording Students Policy, describes how we will collect and use photographs, video and recordings (images) of students. The policy also explains when parent/carer consent is required and how it can be provided and withdrawn.

Please note there are uses of images that do not require consent. These include curriculumbased activities (i.e. class work), identity management, managing behavioural and safety incidents, to support a student's health and wellbeing, and to provide individual feedback or communication to a student, their parents/carers and/or school staff. If you have any concerns about the use of photographs in our school, for example, due to safety or cultural reasons, please contact the Principal or Assistant Principal at the school on 0260 591 955.

This Consent Form describes:

- situations where consent is required and seeks that consent
- how personal information will be handled in regard to privacy law
- ownership and reproduction of images

If you would like to withdraw or change your consent at any time, you must notify us either via email Melrose.ps@education.vic.gov.au or phone the school office 0260591955.

If consent is withdrawn verbally, we will make a written record of this. Please note, it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

We will provide an annual reminder to parents about our Photographing, Filming and Recording Students Policy via the school newsletter. We will also notify parents when implementing software that may include photos of students, giving parents an opportunity to discuss any concerns or preferences.

This consent form applies to images of students that are collected and used by our school.

Melrose Primary School request that parents/carers, students and invited guests who photograph, film or record school activities, only do so for their own personal use and do not publish the images in any form, including on social media, without the prior consent of persons whose children also appear in the images.

Neither the school nor the department own or control any images of students taken by parents/carers, students or their invited guests at school activities.

If you do not understand any aspect of this consent form, or you would like to talk about any concerns you have, please contact our school at Melrose.ps@education.vic.gov.au or phone the school office 0260591955.

Privacy

Photographs, video and recordings (images) in which your child is identifiable are considered 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may be a collection of your child's personal information. The school is part of the Department of Education (the department). The department values the privacy of every person and must comply with the Privacy and Data Protection Act 2014 (Vic) when collecting and managing all personal information. For further information refer to the Schools' Privacy Policy (Policy (<a href="https://www.education.vic.gov.au/Pages/

Ownership and Reproduction

Copyright in the images will be wholly owned by the school. This means that the school may use the images in the ways described in this form without notifying, acknowledging or compensating you or your child.

Consent for use of Images

Our school uses images in a number of ways. Please read the categories below, then indicate your opt-in consent by using the tick boxes at the bottom of this form.

Use of images within the physical school environment

If you consent, photographs, video or recordings of your child may be used by our school within the school environment in any of the following ways:

- for display in school classrooms (e.g. in displays of student work, on noticeboards to celebrate achievements).
- In the office foyer or school hallway displays

Use of images within the school community

<u>If you consent</u>, photographs, video or recordings of your child may be used by our school within the school community in any of the following ways:

- in the school's online communication, learning and teaching tools (e.g., emails, classroom blogs or apps that can only be accessed by students, parents/carers and school staff with passwords)
- in the school newsletter
- in the school magazine or yearbook

Use of images beyond the school community/publicly

<u>If you consent</u>, photographs, video or recordings of your child may be used in publications that are accessible to the public, including:

Photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website (including in the school newsletter which is publicly available on the website)
- on the school's social media accounts

We will notify you individually if we are considering using images of your child for specific advertising or promotional purposes.

Your consent

I have read this form and I consent to Melrose Primary School collecting photos, video or recordings of my child during their time at Melrose Primary School, and using these photos, video or recordings in the following ways.

Indicate your consent for th	ne three op	tions by us	sing the tick k	ooxes.	
 □ I consent to the use of im □ I consent to the use of im □ I consent to the use of im i.e. the school's website a 	ages of my ages of my	child with child bey	hin the school	ol communit	У
Name of student:					
Name of parent/carer:					
Signature:					
Date:	/	/			

Further information about how Melrose Primary School collects and uses photos, video and recordings of students is available in our Photographing, Filming and Recording Students Policy, including use of images that do not require consent, e.g. to fulfill legal obligations or for identification purposes.

If you do not return this form to the school, we will assume that you do not consent to the optional uses as described above.