#  Form to Enrol in a Victorian Government School

## Altona Meadows Primary School

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Enrolment Information – 2026** | **OFFICE USE ONLY** | **CASES21 Student ID:** |  |

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 v 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)* |  |
| **v 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 this student?** |
| ¨ Foundation | ¨ 1 | ¨ 2 | ¨ 3 | ¨ 4 | ¨ 5 | ¨ 6 | ¨ 7 | ¨ 8 | ¨ 9 | ¨ 10 | ¨ 11 | ¨ 12 | ¨ Ungraded |

### 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 this student live at this address?** |
| ¨ Always | ¨ 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

A sibling is defined broadly and can include step-siblings and students residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care, permanent care and residential care.

|  |  |  |
| --- | --- | --- |
| **Does the student have any siblings at this school?**  | ¨ Yes | ¨ No *(move to next section)* |

|  |  |  |
| --- | --- | --- |
| **Name** | **Current Year Level** | **Reside at same residential address as the student** |
| **1** |  |  | ¨ Yes | ¨ No | ¨ Sometimes |
| **2** |  |  | ¨ Yes | ¨ No | ¨ Sometimes |
| **3** |  |  | ¨ Yes | ¨ No | ¨ Sometimes |
| **4** |  |  | ¨ Yes | ¨ No | ¨ Sometimes |

## PARENT/CARER DETAILS

### Enrolling Adult 1

|  |  |
| --- | --- |
| **Title** |  |
| **First Given Name** |  |
| **Surname** |  |
| **Gender**  | ¨ Male  | ¨ Female |
| ¨ Self-described: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **Adult 1 Relationship to student:** |
| ¨ Parent | ¨ Step Parent |
| ¨ Host Family | ¨ Relative |
| ¨ Self (adult student / mature minor) | ¨ Friend |
| ¨ Foster Parent | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student lives with Adult 1:** |
| ¨ Always | ¨ Mostly |
| ¨ Balanced (50%) | ¨ Occasionally |

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

### Enrolling Adult 2

|  |  |
| --- | --- |
| **Title** |  |
| **First Given Name** |  |
| **Surname** |  |
| **Gender**  | ¨ Male  | ¨ Female |
| ¨ Self-described: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **Adult 2 Relationship to student:** |
| ¨ Parent | ¨ Relative |
| ¨ Host Family | ¨ Friend |
| ¨ Foster Parent | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ¨ Step Parent |  |
| **Student lives with Adult 2:** |
| ¨ Always | ¨ Mostly |
| ¨ Balanced (50%) | ¨ Occasionally |

|  |  |  |
| --- | --- | --- |
| **Address is the same as Enrolling Adult 1**  | ¨ Yes | ¨ No (complete below) |
| No. & Street Address: |  |
| Suburb: |  |
| State: |  | Postcode |  |

|  |  |
| --- | --- |
| **Adult 1 Job Title:** |  |
| **Adult 1 Employer:** |  |

|  |
| --- |
| In which country was Adult 1 born? |
| ¨ Australia | ¨ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| v Does Adult 1 speak a language other than English at home? |
| ¨ No, English only |
| ¨ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate any additional languages spoken by Adult 1: |  |
| Is an interpreter required? | ¨ Yes | ¨ No |

|  |
| --- |
| vWhat is the highest year of primary or secondary school that Adult 1 has completed?  |
| ¨ Year 12 or equivalent |  Year 11 or equivalent |
| ¨ Year 10 or equivalent | ¨ Year 9 or equivalent or below / no schooling |
| vWhat is the level of the highest qualification that Adult 1 has completed? |
| ¨ Bachelor degree or above | ¨ Advanced diploma / Diploma |
| ¨ Certificate I to IV (including trade certificate) | ¨ No non-school qualification |
| vWhat 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 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 the last 12 months, enter ‘N’.
 |  |

|  |  |
| --- | --- |
| **What is the main language spoken between the student and adult at home?** |  |
| **Preferred language of communications:** |  |
| Is Adult 1 interested in being involved in school group participation activities? *(e.g., School Council, excursions)* | ¨ Yes | ¨ No |

|  |  |
| --- | --- |
| **Adult 2 Job Title:** |  |
| **Adult 2 Employer:** |  |

|  |
| --- |
| In which country was Adult 2 born? |
| ¨ Australia | ¨ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| v Does Adult 2 speak a language other than English at home? |
| ¨ No, English only |
| ¨ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate any additional languages spoken by Adult 2: |  |
| Is an interpreter required? | ¨ Yes | ¨ No |

|  |
| --- |
| vWhat is the highest year of primary or secondary school that Adult 2 has completed?  |
| ¨ Year 12 or equivalent | ¨ Year 11 or equivalent |
| ¨ Year 10 or equivalent | ¨ Year 9 or equivalent or below / no schooling |
| vWhat is the level of the highest qualification that Adult 2 has completed? |
| ¨ Bachelor degree or above | ¨ Advanced diploma / Diploma |
| ¨ Certificate I to IV (including trade certificate) | ¨ No non-school qualification |
| vWhat is the occupation group of Adult 2? 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 the last 12 months, enter ‘N’.
 |  |

|  |  |
| --- | --- |
| **What is the main language spoken between the student and adult at home?** |  |
| **Preferred language of communications:** |  |
| Is Adult 2 interested in being involved in school group participation activities? *(e.g., School Council, excursions)* | ¨ Yes | ¨ No |

|  |  |  |
| --- | --- | --- |
| Can we contact Adult 1 during school hours?  | ¨ Yes | ¨ No |
| Is Adult 1 usually home during school hours?  | ¨ Yes | ¨ No |
| Home Phone: |  |
| Work Phone: |  |
| Mobile: |  |
| SMS Notifications: | ¨ Yes | ¨ No |
| Email Address: |  |
| Email Notifications: | ¨ Yes | ¨ No |
| Adult 1’s preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)* | ¨ Mobile | ¨ Email  |
| ¨ Home Phone | ¨ Work Phone |
| Specify any other special conditions or times related to contact? |  |

|  |  |  |
| --- | --- | --- |
| Can we contact Adult 2 during school hours?  | ¨ Yes | ¨ No |
| Is Adult 2 usually home during school hours? | ¨ Yes | ¨ No |
| Home Phone: |  |
| Work Phone: |  |
| Mobile: |  |
| SMS Notifications: | ¨ Yes | ¨ No |
| Email Address: |  |
| Email Notifications: | ¨ Yes | ¨ No |
| Adult 2’s preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)* | ¨ Mobile | ¨ Email  |
| ¨ Home Phone | ¨ Work Phone |
| Specify any other special conditions or times related to contact? |  |

**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** | **Telephone Contact** | **Language Spoken** |
|  |  | *Neighbour, Relative, Friend or Other (please specify)* |  | *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 extra-curricular items and activities. For more information, please refer to [www.vic.gov.au/school-costs-and-fees](https://www.vic.gov.au/school-costs-and-fees).

|  |  |  |  |
| --- | --- | --- | --- |
| **Send bills to:** *(select one)* | ¨ Adult 1 | ¨ Adult 2 | ¨ Another person / 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 another person / address, please ensure Additional Parent/Carer details are completed on pages 13-15.

### Correspondence Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Send correspondence addressed to:** *(select one)* | ¨ Adult 1 | ¨ Adult 2 | ¨ Both 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:**  |  |

**If yes, please complete the Adult 3 and/or Adult 4 sections as attachments to this form on pages 13-15. If required, you may request a separate form for additional parents/carers from the school. The separate form allows for the capture of four further parents/carers.**

## STUDENT DEMOGRAPHICS

|  |
| --- |
| v In which country was the student born? |
| ¨ Australia | ¨ Other *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If born overseas, on what date did the student arrive in Australia? *(dd-mm-yyyy)* | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ |
| **What is the student’s residency status?** \*  |
| ¨ Australian citizen – holds Australian Passport | ¨ Permanent Resident (provide visa details below) |
| ¨ Australian citizen – eligible for Australian Passport  | ¨ Temporary Resident (provide visa details below) |
| ¨ New Zealand citizen |  |
| Visa Sub Class: |  | Visa Expiry Date: *(dd-mm-yyyy)* | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ |
| Visa Statistical Code: *(Required for some sub-classes)* |  |

\* Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at [www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship](https://www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship)

|  |  |  |
| --- | --- | --- |
| Does the student hold a Bridging Visa? | ¨ Yes *(provide further detail below)* | ¨ No |
| If Yes, what was the student’s previous visa? |  |
| If Yes, what visa has the student applied for? |  |

|  |  |
| --- | --- |
| International Student ID\*: *(Not required for exchange students)* |  |

### \* Note: If you are unsure of your International Student ID, please contact the International Education Division via phone (03 9084 8497) or email (international@education.vic.gov.au).

|  |  |  |
| --- | --- | --- |
| Does the student speak English?  | ¨ Yes | ¨ No |
| **v** Does the student speak a language other than English at home?  |
| ¨ No, English only |
| ¨ Yes (please specify the main language spoken at home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **v** Is the student of Aboriginal or Torres Strait Islander origin?  |
| ¨ No | ¨ Yes, Aboriginal  |
| ¨ Yes, Torres Strait Islander | ¨ Yes, Both Aboriginal & Torres Strait Islander |
| Is the student a young carer (providing support/care for other family member/s)? \* | ¨ Yes | ¨ 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 student’s living arrangements?**  |
| ¨ Student lives with parents/carers together at the same residence | ¨ Student lives with each parent/carer at different times |
| ¨ Student lives with one parent/carer only | ¨ State Arranged Out of Home Care\* |
| ¨ Informal care arrangement# | ¨ Student is independent |
| ¨ Homeless  |  |
| **If the student has a Case Manager, please provide their contact details below:**  |
|  |

\* Students who live in court ordered alternative care arrangements away from their parents. These court ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements) and living in residential care units.

# If the student is living in an informal care arrangement, please contact the school for an Informal Carer’s Statutory Declaration, which must be completed.

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

|  |
| --- |
| **How will the student primarily travel to and from school?** |
| ¨ Walking | ¨ School Bus | ¨ Train | ¨ Driven by parent/carer | ¨ Taxi / Ride Share |
| ¨ Bicycle | ¨ Public Bus | ¨ Tram | ¨ Self-Driven | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If the student catches public transport to school, what station/stop does their journey commence:** |  |
| **If the student drives themself to school, what is their Car Registration Number:** |  |

Students residing in rural and regional Victoria or attending special schools may be entitled to receive travel assistance. Travel assistance may be in the form of access to a school bus service or financial support through a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

## SCHOOL DETAILS

|  |  |  |
| --- | --- | --- |
| **Are you seeking to enrol the student at this school full-time?**  | ¨ Yes *(move to next section)* | ¨ No  |
| **If No, how many days a week would the student be attending this school?**  |  |
| **If No, provide reason you are seeking part-time enrolment:** |
|  |
| **If No, provide details for other schools:** |
| Other school name: |  | Days / week: |  | Has enrolment been accepted? | ¨ Yes | ¨ No |
| Other school name: |  | Days / week: |  | Has enrolment been accepted? | ¨ Yes | ¨ No |

### Previous Education – Students Enrolling in Foundation for the First Time

|  |  |  |
| --- | --- | --- |
| Is the student attending a funded kindergarten program\* in the year before Foundation?  | ¨ Yes | ¨ No |
| Name of kindergarten or early childhood service: |  |

### \* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is delivered by a qualified teacher. Funded kindergarten programs can be found at [www.education.vic.gov.au/findaservice](http://www.education.vic.gov.au/findaservice)

### Previous Education – Other

|  |  |  |
| --- | --- | --- |
| Has the student previously been enrolled at another school?  | ¨ Yes, in Victoria – Government School | ¨ Yes, in Victoria – Catholic or Independent School |
| ¨ Yes, interstate | ¨ Yes, overseas | ¨ No *(move to next section)* |

|  |  |
| --- | --- |
| If Yes, name of last school attended: |  |
| If Yes, location of last school attended: (suburb/town/state/country) |  |
| If Yes, date of attendance: (dd-mm-yyyy) | \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ 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 and support the health and wellbeing needs of students.

Please note: If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic). In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

### Medical Conditions

|  |  |  |
| --- | --- | --- |
| Does the student have an allergy?If yes, please provide the school with an ASCIA Action Plan for Allergies (available at: [www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a](https://www.allergy.org.au/hp/ascia-plans-action-and-treatment#r2a)) | ¨ Yes | ¨ No |

|  |  |  |
| --- | --- | --- |
| Is the student at risk of anaphylaxis?If yes, please provide the school with an ASCIA Action Plan for Anaphylaxis (available at: [www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis](https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis)) | ¨ Yes | ¨ No |

|  |  |  |
| --- | --- | --- |
| Does the student have asthma?  | ¨ Yes | ¨ No |
| **Has a current Asthma Action Plan been provided to School?** If No, please provide an Asthma Action Plan to the School (available at: [www.asthma.org.au/treatment-diagnosis/asthma-action-plan/](http://www.asthma.org.au/treatment-diagnosis/asthma-action-plan/)) | ¨ Yes | ¨ No |

|  |  |  |
| --- | --- | --- |
| Does the student have any other medical condition or other relevant medical assessment that the school needs to know about?If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to school. | ¨ Yes | ¨ No |
| **If Yes to any of the above, please specify:** |

### Medication

|  |  |  |
| --- | --- | --- |
| Does the student take medication? | ¨ Yes | ¨ No |
| Is the medication required during school hours?If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school | ¨ Yes | ¨ No |
| Name of medications taken: |
|  |

### Student Doctor

|  |  |
| --- | --- |
| **Doctor’s Name:** |  |
| **Medical Centre:** |  |
| **Street Address:** |  |
| **Suburb:** |  | **Postcode:** |  |
| **State:** |  | **Telephone Number:** |  |

### 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 additional needs and require support for learning?** |  | ¨ Yes | ¨ No |

|  |  |  |
| --- | --- | --- |
| Does the student have additional needs in any of the following areas?  | ***Hearing:*** | ¨ Yes *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Vision:*** | ¨ Yes *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Speech/Language:*** | ¨ Yes *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Physical:*** | ¨ Yes *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Cognitive/Learning:*** | ¨ Yes *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Social/Emotional:*** | ¨ Yes *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Has the student had a disability assessment before?**  | ¨ No |
| ¨ Yes *(specify outcome):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has the student received individualised disability funding before?** | ¨ No |
| ¨ Yes *(please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has any previous education provider prepared a documented plan to support the student’s additional learning needs?** | ¨ No |
| ¨ Yes *(provide details):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Please indicate any adjustments that may assist the student to participate at school:** |
|  |

### Allied Health Support

|  |
| --- |
| Has the student previously accessed support from an allied health professional? |
| **Occupational therapy:** | **Exercise physiology** | **Speech pathology** |
| ¨ Yes | ¨ No | ¨ Yes | ¨ No | ¨ Yes | ¨ No |
| **Name and contact details:** | **Name and contact details:** | **Name and contact details:** |
|  |  |  |
| **Physiotherapy** | **Behaviour support** | **Other** |
| ¨ Yes | ¨ No | ¨ Yes | ¨ No | ¨ Yes | ¨ No |
| **Name and contact details:** | **Name and contact details:** | **Name and contact details:** |
|  |  |  |

## STUDENT SAFETY, ACCESS AND SPECIAL CIRCUMSTANCES

### Student Risk

The Department of Education has a responsibility to assess and manage risk of harm to its staff and students. By providing information about your child, you will help facilitate their transition to school and ensure their safety. This may involve preparing a behaviour management plan or other appropriate strategies to meet the particular needs of the student.

|  |
| --- |
| **To your knowledge, is there anything in the student’s history or circumstances (including medical history not already provided) which might pose a risk of any type to this student, other students, or staff at this school?**  |
| ¨ Yes  | ¨ No *(move to the next section)* |
| **If Yes, please provide further detail:** |

### Court Orders and Other Care Arrangements *(previously referred to as an Access Alert)*

|  |
| --- |
| **Is there an intervention order, parenting order or any other court order impacting the student?**  |
| ¨ Yes  | ¨ No *(move to the next section)* |

If Yes, then complete the following questions and present a current copy of the document to the school.

|  |  |  |  |
| --- | --- | --- | --- |
| **Court Order or other access document type:**  | ¨ Family Law Order / Parenting Order | ¨ Parenting Plan / Agreement | ¨ Intervention Order |
| ¨ Child Protection Order | ¨ DFFH Authorisation | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **Please provide further details of the Court Order or other access documents, and any other safety concerns:** |
| **End Date** (if applicable): *(dd-mm-yyyy)* |  |

### 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](http://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](https://www.education.vic.gov.au/Pages/Schools%E2%80%99-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. This will assist the school with the enrolment process.** |
| ¨ Both parents/carers have completed and signed this form. |
| ¨ Parents/carers are completing separate forms (schools can provide additional forms on request). |
| ¨ One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have 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 are unknown to the enrolling parent/carer and not provided.  |
| ¨ There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.  |
| ¨ Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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](https://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](https://www2.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

|  |  |
| --- | --- |
| **Title** |  |
| **First Given Name** |  |
| **Surname** |  |
| **Gender**  | ¨ Male  | ¨ Female |
| ¨ Self-described: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |  |
| --- | --- |
| **Title** |  |
| **First Given Name** |  |
| **Surname** |  |
| **Gender**  | ¨ Male  | ¨ Female |
| ¨ Self-described: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **Adult 3 Relationship to student:** |
| ¨ Parent | ¨ Relative |
| ¨ Host Family | ¨ Friend |
| ¨ Foster Parent | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ¨ Step Parent |  |
| **Student lives with Adult 3:** |
| ¨ Always | ¨ Mostly |
| ¨ Balanced (50%) | ¨ Occasionally |

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

|  |  |
| --- | --- |
| **Adult 3 Job Title:** |  |
| **Adult 3 Employer:** |  |

|  |
| --- |
| In which country was Adult 3 born? |
| ¨ Australia | ¨ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| v Does Adult 3 speak a language other than English at home? |
| ¨ No, English only |
| ¨ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate any additional languages spoken by Adult 3: |  |
| Is an interpreter required? | ¨ Yes | ¨ No |

### Enrolling Adult 4

|  |
| --- |
| **Adult 4 Relationship to student:** |
| ¨ Parent | ¨ Relative |
| ¨ Host Family | ¨ Friend |
| ¨ Foster Parent | ¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ¨ Step Parent |  |
| **Student lives with Adult 4:** |
| ¨ Always | ¨ Mostly |
| ¨ Balanced (50%) | ¨ Occasionally |

|  |  |  |
| --- | --- | --- |
| **Address is the same as Enrolling Adult 3** | ¨ Yes | ¨ No (complete below) |
| No. & Street Address: |  |
| Suburb: |  |
| State: |  | Postcode |  |

|  |  |
| --- | --- |
| **Adult 4 Job Title:** |  |
| **Adult 4 Employer:** |  |

|  |
| --- |
| In which country was Adult 4 born? |
| ¨ Australia | ¨ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| v Does Adult 4 speak a language other than English at home? |
| ¨ No, English only |
| ¨ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate any additional languages spoken by Adult 4: |  |
| Is an interpreter required? | ¨ Yes | ¨ No |

|  |
| --- |
| v What is the highest year of primary or secondary school that Adult 3 has completed?  |
| ¨ Year 12 or equivalent | ¨ Year 11 or equivalent |
| ¨ Year 10 or equivalent | ¨ Year 9 or equivalent or below / no schooling |
| v What is the level of the highest qualification that Adult 3 has completed? |
| ¨ Bachelor degree or above | ¨ Advanced diploma / Diploma |
| ¨ Certificate I to IV (including trade certificate) | ¨ No non-school qualification |
| v What is the occupation group of Adult 3? 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 the last 12 months, enter ‘N’.
 |  |

|  |  |
| --- | --- |
| **What is the main language spoken between the student and adult at home?**  |  |
| **Preferred language of communications:** |  |
| Is Adult 3 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 |
| Is Adult 3 usually home during school hours? | ¨ Yes | ¨ No |
| Home Phone: |  |
| Work Phone: |  |
| Mobile: |  |
| SMS Notifications: | ¨ Yes | ¨ No |
| Email Address: |  |
| Email Notifications: | ¨ Yes | ¨ No |
| Adult 3’s preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)* | ¨ Mobile | ¨ Email  |
| ¨ Home Phone | ¨ Work Phone |
| Specify any other special conditions or times related to contact? |  |

|  |
| --- |
| v What is the highest year of primary or secondary school that Adult 4 has completed?  |
| ¨ Year 12 or equivalent | ¨ Year 11 or equivalent |
| ¨ Year 10 or equivalent | ¨ Year 9 or equivalent or below / no schooling |
| vWhat is the level of the highest qualification that Adult 4 has completed? |
| ¨ Bachelor degree or above | ¨ Advanced diploma / Diploma |
| ¨ Certificate I to IV (including trade certificate) | ¨ No non-school qualification |
| v What is the occupation group of Adult 4? 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 the last 12 months, enter ‘N’.
 |  |

|  |  |
| --- | --- |
| **What is the main language spoken between the student and adult at home?** |  |
| **Preferred language of communications:** |  |
| Is Adult 4 interested in being involved in school group participation activities? *(e.g., School Council, excursions)* | ¨ Yes | ¨ No |

|  |  |  |
| --- | --- | --- |
| Can we contact Adult 4 during school hours?  | ¨ Yes | ¨ No |
| Is Adult 4 usually home during school hours? | ¨ Yes | ¨ No |
| Home Phone: |  |
| Work Phone: |  |
| Mobile: |  |
| SMS Notifications: | ¨ Yes | ¨ No |
| Email Address: |  |
| Email Notifications: | ¨ Yes | ¨ No |
| Adult 4’s preferred method of contact: *(Email shall be used for communication that cannot be sent via phone)* | ¨ Mobile | ¨ Email  |
| ¨ Home Phone | ¨ Work Phone |
| Specify any other special conditions or times related to contact? |  |

**Billing Details**
You are not required to make payments or voluntary financial contributions to your school. Schools may request payments for extra-curricular items and activities. For more information, please refer to [www.vic.gov.au/school-costs-and-fees](https://www.vic.gov.au/school-costs-and-fees).

|  |  |  |  |
| --- | --- | --- | --- |
| **Send bills to:** *(select one)* | ¨ Adult 3 | ¨ Adult 4 | ¨ Another person / 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 another person / address, please ensure Additional Parent/Carer details are completed on pages 13-14.

### Correspondence Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Send correspondence addressed 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 Allowance Program?** |
| ¨ Yes  | ¨ No *(proceed to next question)* |
| 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](https://www2.education.vic.gov.au/pal/conveyance-allowance/policy)  |

### School Bus Program

The School Bus Program assists families in rural and regional Victoria by transporting students to school where they do not have access to public transport. The program supports travel to students nearest government and non-government school. Travel by bus to special schools is provided through the Students with Disabilities Transport Program (see below). Travel to a school that is not the nearest will pay a fare to travel. Your school can provide the relevant application form.

|  |
| --- |
| **Is the student applying for the School Bus Program?** |
| ¨ Yes (see text below) | ¨ No *(proceed to next question)* |
| Your school can provide the relevant application form and advice on travel type (free travel, pre-school, fare payer etc.) For further information, including the School Bus Program policy refer to the Department’s PAL here: [www.education.vic.gov.au/pal/school-bus-program/policy](https://www2.education.vic.gov.au/pal/school-bus-program/policy) |

### Students with Disabilities Transport Program

The Students with Disabilities Transport Program assists families throughout Victoria by transporting students to their nearest appropriate government special school. The program supports travel for students within Designated Transport Areas. Families should also consider the conveyance allowances that may provide increased or alternative travel options to support school travel.

|  |
| --- |
| **Is the student applying to travel on a school bus or other travel assistance?** |
| ¨ Yes (read below text) | ¨ No  |
| Your school can provide the relevant application form and advice on travel suitability. For further information, including the Students with Disabilities Transport Program policy, refer to the Department’s PAL here: [www.education.vic.gov.au/pal/transport-students-disabilities/policy](https://www2.education.vic.gov.au/pal/transport-students-disabilities/policy)  |
| **First date of travel?**  | ¨ Next school year | ¨ Alternate date: *(dd-mm-yyyy)* \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **Type of travel assistance requested?** |
| ¨ Access to School Bus | ¨ Conveyance Allowance |
| **If applicable, specify the student’s mode of assisted mobility.** | ¨ Wheelchair | ¨ Walker |
| **Comments relevant to travel:** |  |

## ATTACHMENT 4 – OFFICE USE ONLY SECTION

|  |
| --- |
| **OFFICE USE ONLY** |
| **Child’s Name sighted:** | ¨ Yes | ¨ No | Enrolment Date: |  |
| **Year level:**  |  | **Home Group:**  |  | Timetabling Group: |  | **House:** |  | **Campus:** |  |
| Student Email Address: |  |
| Australian residency confirmed: | ¨ Yes | ¨ No | ¨ Not sighted / provided |
| Date of birth confirmed: | ¨ Yes – Birth certificate | ¨ Yes – Doctor certificate | ¨ Yes - Other | ¨ Not sighted / provided |
| Does the student have a Disability ID number?  | ¨ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ¨ No |

|  |
| --- |
| Does the student have a Victorian Student Number (VSN)? |
| ¨ Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ¨ Yes, but the VSN is unknown | ¨ No, the student has never been issued a VSN |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For Foundation students, has a Transition Learning and Development Statement been provided? | ¨ Yes, via Insight Assessment Platform | ¨ Yes, direct from teacher/parent/carer | ¨ No | ¨ Pending |

|  |  |  |  |
| --- | --- | --- | --- |
| Immunisation Certificate received**:**  | ¨ Yes – Up to date | ¨ Yes – Not up to date | ¨ Not sighted / provided |
| Are there any Notice/s on the Immunisation History Statement: | ¨ Yes | ¨ No |
| Does the student have asthma, allergies or anaphylaxis? | ¨ Yes | ¨ No |
| Does the student need to take medication during school hours? | ¨ Yes | ¨ No |
| \*Have the required medical forms been provided to the school? | ¨ Yes | ¨ No | ¨ N/A – no medical conditions |

\*Note: Additional forms including student medical advice and condition forms can be found here: [Medical Advice Forms](https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx)

|  |  |  |
| --- | --- | --- |
| **Can the student Individual Education Plan include travel training?** | 🞎 Yes | 🞎 No |
| **Is the student attending their nearest school?** | 🞎 Yes | 🞎 No |
| **Does the student reside in Designated Transport Area (if attending special school)?** | 🞎 Yes | 🞎 No |
| **Can the student be accommodated on an existing route (if applicable)?** | 🞎 Yes | 🞎 No |
| **Pick-up Point:** |  | Map Ref: | Time AM: |
| **Set Down Point:** |  | Map Ref: | Time PM: |

|  |
| --- |
| 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) |
|  |

|  |  |  |
| --- | --- | --- |
| **Current Court Order or other access document placed on student file?** | ¨ Yes |  ¨ No |

**

Altona Meadows Primary School

ICT Acceptable Usage Agreement
Student Agreement

 0

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluation:**Altona Meadows Primary School uses digital technologies as teaching and learning tools. We see the internet and digital technologies as valuable resources by acknowledge that they must be used responsibly. Each student must use these technologies responsibly at school. Although we rigorously monitor student usage, parents should be aware that full protection from inappropriate content can not always be assured. The internet provides students with many opportunities to obtain information, engage in discussion and communicate with individuals, organisations and groups worldwide so as to increase skills, knowledge and abilities. **When I use the digital technology, I agree to:** * Be safe, responsible and ethical user whenever and wherever I use it
* Support other 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 behaviour)
* Talk to a teacher if I feel uncomfortable or unsafe online or see other 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, passwords and images
* Use the internet for educational purposes and use the equipment properly
* Use social networking sites and the internet for educational purposed only as directed by teachers
* Not copyright or plagiarise when using content on websites (ask permission to use images, text, audio and video and cite reference when necessary
* 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 system administrator or the teacher
* Not bring or download unauthorised programs, including games on school devices
* Only take photos and record sound or video when it is part of an approved lesson
* Seek permission from individuals involved before taking photos, recording sound or videoing them (including teachers)
* Seek parent (written) permission before publishing or sending photos, recorded sound or video to anyone else or to any online space
* 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 curricular 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. **Note: Without the return of the Acceptable Use Agreement, your child will be restricted from using technology at school to enhance their learning.** Logo  Description automatically generated Please read the attached Acceptable Use Agreement with your child and discuss any questions they may have. Both your and your child need to sign to show you accept the agreement and return this to your child’s classroom teacher. This Acceptable Use Policy also applies to students during school excursions, camps and other 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.

|  |  |
| --- | --- |
| Date |  |
| Student Name  |  |
| Student Signature  |  |
| Class  |  |

|  |  |
| --- | --- |
| Date |  |
| Parent Name  |  |
| Parent Signature  |  |

Please contact Altona Meadows Primary School on 9369 1288 to discuss any matter relating to this consent. Please return this completed section to your child’s classroom teacher. 1. This policy will be reviewed as part of the school’s three-year review cycle.

**April 2025****This policy was last ratified by School Council in....**  |

Altona Meadows Primary School

ICT Acceptable Usage Agreement
Student Agreement



Altona Meadows Primary School

Student Code of Conduct
2025

The Student Code of Conduct applies to all students at Altona Meadows Primary School and aims to ensure the safety, comfort and well-being of everyone at AMPS.

**Ensure your actions and words support teaching and learning and our school values**

* Be present at class on time and prepared for learning
* Follow your teacher’s instructions and directions in a prompt and respectful manner
* Use or School Wide Positive Behaviour Matrix to be safe in all areas

**Respect yourself and others**

* Harassment or violence of any kind including verbal, physical, psychological as well as bullying, including cyber bullying is not acceptable and will not be tolerated by our school community
* Altona Meadows Primary School will not tolerate any behaviour that victimises students due to their race, gender or disability
* You must not knowingly use ICT such as social media, mobile phones, text or instant messaging and websites to engage in behaviour that could be reasonably considered to have a negative impact on yourself or another person, cause them harm or make them feel unsafe at school
* Respect everyone’s right to privacy and the property of others including their intellectual property

All students at Altona Meadows Primary School are asked to follow these basic expectations

* Move and play safely
* Care for yourself, others and property
* Resolve problems calmly, sensibly and fairly
* Show respect to others in your words and actions
* Work as well as you can and allow others to do the same
* Respond to requests promptly and respectfully

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ALTONA MEADOWS PRIMARY SCHOOL**

 LOCAL EXCURSION PERMISSION NOTICE

Dear Parent/Guardian,

At times, your child/ren may leave the school grounds under careful supervision by staff.

These are *no cost* local excursions that can be reached by walking short distances from school eg sport competitions, visits to the shopping centre or around the neighbourhood etc.

Could you please complete the permission note and return to the **school office.**

**Please Note: This local excursion permission note will cover your child for the duration of their primary school years at AMPS.**

**If your circumstances change please notify the school.**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_

*I give permission for my child to attend any local excursions.*

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

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

**ALTONA MEADOWS PRIMARY SCHOOL**

 Consent to Conduct Head Lice Inspections

**Permission to cover the student for duration of time at**

**Altona Meadows Primary School.**

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

The management of head lice infection works best when all children are involved in our screening program.

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

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

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

The person conducting the inspections will check through each student’s hair to see if any head lice or eggs are present.

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

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

*I hear by give consent for my child to be included in the schools head lice inspection program for the duration of their schooling at Altona Meadows Primary School*

Name of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



 **ALTONA MEADOWS PRIMARY SCHOOL**

**Facebook & Instagram**

**Web Page & Multimedia**

 **Photo/Newspaper/T.V. Permission Form**

Dear Parents/Guardians,

AMPS has an Internet Web Page on the worldwide Internet. Our address is [www.amps.vic.edu.au](http://www.amps.vic.edu.au)

The web page includes information about the school, children's writing, art etc and some photographs or video images of children. The content will change from time to time.

*Please complete this form and return it to the school office. If circumstances change you may cancel this authority simply by contacting the school.*

**Student Photo’s and Privacy Act** – during your child’s education at AMPS they may occasionally have their photo or name (first name only) published on the school’s website and/or newspapers. If you have any objections about your child’s photo or name appearing on the website and/or newspapers, please contact Mrs. Hampton. We will never disclose full names, addresses or phone numbers.

**This authority will remain current for the years of your child’s education at AMPS unless you instruct us otherwise.**

*Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_*

*I give permission for my child to: -*

 *Please 🗹*

 *YES NO*

*Use the Internet for research purposes and I am aware of the school policy on*

*Internet use.*

*Publish written work and artwork on the Internet using his/her first name only.*

*Appear unnamed in photographs and video footage on the Internet.*

*Send and receive e-mail from other people and organisations as approved by*

*his/her classroom teacher.*

***Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_***