

## **PRIVACY NOTICE**

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Davis Creek Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Davis Creek Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Davis Creek Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Davis Creek Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Philip Fox if you would like to discuss, in strict confidence, any matters relating to family arrangements.

### **Emergency Contacts**

These are people that we may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to us.

### **Student Background Information**

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the school receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

### **Immunisation status**

This assists us in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

### **Visa status**

This information is required to enable us to process your child's enrolment.

### **Updating Your Child's Records**

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

### **Access To Your Child's Record Held By School**

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

If you have any concerns about the confidentiality of this information please contact the Principal. The school can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

# PARENTAL OCCUPATION GROUP CODES

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

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

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

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

**Defence Forces** Commissioned Officer

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

*Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional

*Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

*Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

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

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

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

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

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

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

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

*Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional

*Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)

*Defence Forces* senior Non-Commissioned Officer

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

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

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

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

*Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)

*Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)

*Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

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

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

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

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

*Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)

*Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)

*Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

**Labourers and related workers**

*Defence Forces* - ranks below senior NCO not included above

*Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)

*Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)



# DAVIS CREEK PRIMARY SCHOOL

**\*\*This enrolment is subject to the primary family address being within our designated school boundary on the first day of attendance. School zones are available on the [findmyschool.vic.gov.au](http://findmyschool.vic.gov.au) website. Always use [findmyschool.vic.gov.au](http://findmyschool.vic.gov.au) to check school zones.**

## Details of Student

Student ID						
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<b>Students Surname:</b>				<i>Title: Miss / Mr</i>
<b>First Name:</b>				
<b>Sex (Tick)</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Birth Date: Dd/Mm/Yyyy:</b>	
<b>Year Level:</b>	<b>Home Group</b>	<b>House</b>	<b>Enrolment Date</b>	

Primary Family Home Address and Billing			
<b>No &amp; Street:</b>			
<b>Suburb:</b>	TARNEIT		
<b>State:</b>	VIC	<b>Postcode:</b>	3029

<b>Please list any siblings attending this school:</b>

*This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.*

OFFICE USE	YES	NO	
Child's Name and Birth Date proof sighted			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport
Immunisation Certificate			
Proof of Residence			
Visa Documents			Visa Code: <input type="checkbox"/> confirmed
Medical Alert			<input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies
Court Orders			
Family Enrolment Agreement			
Family Drawing			
Transfer Requested			Date received    /    /
Teacher Advised			
Charges Invoiced			CSEF <input type="checkbox"/> Yes <input type="checkbox"/> No
Compass Details Provided			Admin Officer :

## Primary Family Details

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". **Additional and Alternative family forms are available from the school if this is required.** These additional forms are designed to cater for varying family circumstances. It is imperative that the legal surname, legal first name and legal second name are recorded.

### ADULT A DETAILS (PRIMARY CARER):

<b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult A's occupation?</b>
<b>Who is Adult A's employer?</b>
<b>In which country was Adult A born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): <b>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ <b>What is the level of the highest qualification the Adult A has completed?</b> (tick one) <input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ <b>What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <b>THIS BOX MUST BE COMPLETED.</b>

### ADULT B DETAILS:

<b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal First Name:</b>
<b>What is Adult B's occupation?</b>
<b>Who is Adult B's employer?</b>
<b>In which country was Adult B born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ <b>Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): <b>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ <b>What is the level of the highest qualification the Adult B has completed?</b> (tick one) <input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ <b>What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list. • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. <b>THIS BOX MUST BE COMPLETED.</b>

❖ These questions are asked as a requirement of the Commonwealth Government.  
All schools across Australia are required to collect the same information.

<b>Main language spoken at home :</b>				
<b>Are you interested in being involved in school group participation activities?</b> (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
<b>Do you consent for your contact information to be shared with your child's classroom representative (Parent volunteer) each year?</b> (Social events, calls for class donations, helpers etc)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

## Primary Family Contact Details

### Adult A Contact Details:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact:		

### After Hours:

Is Adult A usually home AFTER business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone		
Current Mobile:		
Preferred method of contact: <input type="checkbox"/> Mail. <input type="checkbox"/> Email		
Email address:		

### ADULT B CONTACT DETAILS:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact:		

### After Hours:

Is Adult B usually home AFTER business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone		
Current Mobile:		
Preferred method of contact: <input type="checkbox"/> Mail. <input type="checkbox"/> Email		
Email address		

Doctor's Practice Name: _____	
NOTE : (Not individual doctor's name)	
Address:	
Suburb:	Postcode:
State: VIC	Telephone
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:

## Primary Family Emergency Contacts: Neighbour, Relative, Friend or Other

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

## Other Primary Family Details

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
The student lives with the Primary Family: (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally <input type="checkbox"/> Never

## Demographic Details of Student

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

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

<b>Student's Religion:</b>
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## Student Access or Activity Restrictions Details

If you complete this section you must provide copies of Documents before information can be acted upon.

<b>Is the student at risk?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is there an Access Alert for the student?</b> (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
<b>Access Type:</b> (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order
	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
<b>A hard copy of the order must be produced to the school</b>		
<b>Is there an Activity Alert for the student?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction: _____		

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

## Previous Schooling

<b>Date of first enrolment in an Australian School:</b> _____ / _____ / _____	
<b>Name of previous School:</b> _____	
<b>Years of previous education:</b>	What was the language of the student's previous education?
<b>Does the student have a Victorian Student Number (VSN)?</b>	
Yes. Please specify: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes, but the VSN is unknown
	<input type="checkbox"/> No. The student has never been issued a VSN.
<b>Years of interruption to education:</b>	<b>Is the student repeating a year?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Integration:</b>	<b>Is this student an Integration Student</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the student be attending this school full time?</b> (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>No</b> , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
<b>Other school Name:</b> _____	<b>Time fraction:</b> 0. <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## KINDERGARTEN INFORMATION

<b>Four Year Old Kindergarten Attended</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Kindergarten Attended:	_____	
Address of Kindergarten:	_____	
Name of Educator:	_____	
Name of group/days attended:	_____	
Type (if applicable):	<input type="checkbox"/> Sessional	<input type="checkbox"/> Integrated
<b>Transition Statement must be provided to us by the Early Childhood Educator, please ensure you give permission for this to the kindergarten.</b>		
This information will be used to group children together (where possible) for the transition program.		

# Student Medical Details

## MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASTHMA MEDICAL CONDITION DETAILS:

Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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\*ANSWER THE FOLLOWING QUESTIONS ONLY IF THE STUDENT SUFFERS FROM ANY ASTHMA MEDICAL CONDITIONS. STUDENTS WITH ASTHMA MUST HAVE AN ASTHMA MANAGEMENT PLAN COMPLETED BY A DOCTOR AND **SUBMITTED AT TIME OF ENROLMENT.**

<b>Please indicate if the student suffers from any of the following symptoms: (tick)</b> <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	<b>If my child displays any of these symptoms please: (tick)</b> Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
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Has an Asthma Management Plan been provided to School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the student take medication? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:
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Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)	<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
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Indicate the usual dosage of med	Indicate how frequently t†
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Medication is usually administered by: (tick)	<input type="checkbox"/> Student	<input type="checkbox"/> First Aid	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
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Medication is stored: (tick)	<input type="checkbox"/> with Student	<input type="checkbox"/> with First Aid	<input type="checkbox"/> Fridge in First Aid	<input type="checkbox"/> Elsewhere
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Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating
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## OTHER MEDICAL CONDITIONS

(MORE COPIES OF THE OTHER MEDICAL CONDITION FORMS ARE AVAILABLE ON REQUEST FROM THE SCHOOL.) STUDENTS WITH ALLERGIES/ANAPHYLAXIS MUST HAVE A MANAGEMENT PLAN COMPLETED BY A DOCTOR. **SUBMITTED AT TIME OF ENROLMENT.**

Does the student have any other medical condition? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please specify:

Symptoms:
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<b>If my child displays any of the symptoms above please: (tick)</b>
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Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	

Does the student take medication? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:
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Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)	<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
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Indicate the usual dosage of medical	Indicate how frequently the medication is taken:
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Medication is usually administered by: (tick)	<input type="checkbox"/> Student	<input type="checkbox"/> First Aid	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
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Medication is stored: (tick)	<input type="checkbox"/> with Student	<input type="checkbox"/> with First Aid	<input type="checkbox"/> Fridge in F/Aid	<input type="checkbox"/> Elsewhere
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Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating
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## Childs Health and Development information

Please list other agencies your child has been or is currently linked to:

- No     Yes    Paediatrician  
 No     Yes    Early Childhood  
 No     Yes    Intervention Services  
 No     Yes    Speech Therapist  
 No     Yes    NDIS National Disability Insurance Scheme  
 No     Yes    Psychologist  
 No     Yes    Occupational Therapist  
 No     Yes    Other: If yes, please specify:  
 No     Yes    Do you authorise the school to communicate with the contacts listed to support your child's wellbeing, health and education.

**\*\*Please include any reports or contact details of the above agencies with the enrolment forms.**

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

**By typing in my name below I certify that the information contained within this form to be true and correct.**

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

## Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

This enrolment will be conditional until all medical documentation and required medicine/s required for the enrolled child are provided to the school.

Enrolment conditions:

## OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Parental Consent

The following are standard permission forms, which will be used for the duration of your child's schooling at Davis Creek Primary School. If you wish to withdraw your consent at a later date, you must inform the school in writing.

### MEDICAL CONSENT

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

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

### LOCAL SCHOOL EXCURSION PERMISSION

I hereby give permission for my child to participate in local excursions, which do not require transport but involve students leaving the school grounds to walk to a particular local venue, for the duration of their schooling at Davis Creek Primary School, providing a teacher is in charge and all reasonable care is taken to ensure student safety.

I agree that, in the event of an accident or illness during this excursion, if I cannot be contacted, the teacher in charge has permission to obtain such medical assistance as considered necessary for my child. I will accept responsibility for any costs involved. I note an excursion includes any teacher-supervised activity outside the school grounds. I understand that if I wish to withdraw local walking consent for my child, it will be my responsibility to inform the school in writing.

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

### USE OF STUDENT PHOTOS AND WORK FOR PROMOTIONAL PURPOSES

I hereby give permission for my child to be photographed for school use only, such as on the CASES21 enrolment system, classroom and foyer displays and for use in app and web-based educational programs that are not publically accessible. I understand that if I wish to withdraw school use photography consent for my child, it will be my responsibility to inform the school in writing.

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

### HEAD LICE INSPECTION

During your child's enrolment at Davis Creek Primary School there may be outbreaks of head lice infestations. It may be necessary to inspect all students in a class. The staff members are aware that this can be a sensitive issue and will provide necessary information to students. The inspection of students will be conducted by a trained person.

- If lice are found, parents will be notified and provided with advice.
- Your permission to inspect your child's hair is required.

Do you give permission for your child to participate in the School's head lice inspection program whilst enrolled at Davis Creek Primary School?  Yes  No

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

### EARLY LEARNING & PREVIOUS SCHOOL INFORMATION SHARING PERMISSION

I hereby give permission for my child's teacher, or a member of the school leadership team to contact my child's previous school, kindergarten or long day care for reciprocal sharing of information to support my child's learning and development.

Signature of Parent 1 /Guardian 1: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent 2 /Guardian 2: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Family Enrolment Agreement

### Opening Statement

Davis Creek Primary School highly values the partnership between parents and carers and the school to support student learning, engagement and wellbeing. We share a commitment to, and a responsibility for, ensuring inclusive, safe and orderly environments for our children.

As such, it is a requirement that all new families complete and sign the Family Enrolment Agreement Checklists before the family interview with the principal at Davis Creek Primary School.

### Purpose

- To ensure all parents, upon enrolment, understand and support our safe and happy learning environment policies
- To make clear the expectations of the partnership required between home and school for all students to learn, be safe and achieve their personal best
- For the school to understand the history of the student and parents so the transition process is purposeful and supportive.

### Pre- Enrolment Rating Scales

Child Name 1: \_\_\_\_\_

Parent ratings (Colour in box) Ratings: **1** being **Poor** through to **10** being **Outstanding**.

Rate your ability to support your child's education now and in the past (e.g. Ensuring home learning is followed up, ensuring your child reads every day)

1	2	3	4	5	6	7	8	9	10
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Rate the health of your relationship with your child's previous school/ kindergarten (e.g. friendly exchanges, working together and trusting the school/kindergarten)

1	2	3	4	5	6	7	8	9	10
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Rate your commitment in supporting the school when your child faces consequences if they display unsafe behaviours (e.g. picking them up if they have been unsafe and turning up to meetings).

1	2	3	4	5	6	7	8	9	10
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Rate your willingness to follow the school's policies even if you may disagree with them.

1	2	3	4	5	6	7	8	9	10
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Rate your ability to ensure you keep up to date with current communication via Compass.

1	2	3	4	5	6	7	8	9	10
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### Agreement Checklist

Tick	I agree
	to abide by the DCPS Statement of Values and Philosophy
	to abide by the Student Engagement, Safe Behaviours and Wellbeing Policy
	If my child is disrespectful, aggressive, physically violent or refusing to follow direct instructions, I agree, within the hour, to have someone at school to be with my child or possibly escort them home after the usual discipline policy have been followed.
	to disclose to the school any learning difficulties or issues of behaviour my child may be experiencing in previous settings. This will help us to have the relevant information so that together we can devise a plan.
	to use the schools online services such as Compass and will log on as soon as I obtain the log in details.
	to provide health related information to the school including an up to date plan (e.g anaphylaxis, asthma, allergies or epilepsy)
	to work with the school to support my child to achieve their personal best even if the situation is a challenging one. We are stronger together.

Please write any questions or other information you might have in relation to enrolment of your child at Davis Creek Primary School

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### Signatures to the Agreements

I agree to support the school and its policies as outlined in the documents presented to me upon enrolment.

Signed by Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

