



Dear Parents and Guardians,

Thank you for your enquiry to enrol at Davis Creek Primary School. As per Department of Education guidelines, Davis Creek Primary School is required to sight and keep copies of certain documentation. Official documentation to confirm your residency in our neighbourhood area is also required. DET's policy on enrolments including our privacy policy can be viewed via DET's website www.education.vic.gov.au

Enrolment Checklist for admission for Davis Creek Primary School

- Ensure your home address is within our enrolment boundary via this DET link: <https://www.findmyschool.vic.gov.au/>
- Enrolment Form
- Copy of Childs Birth Certificate
- Copy of Childs Passport
- Copy of Both Parents Passport
- A copy of the Visa (if applicable)
- Copy of Childs Immunisation History Statement. This can be obtained from the Australian Immunisations Register or by logging into the MyGov website or Express Plus Medicare mobile app
- Copy of last School Report for the student from previous school
- Copy of 2 current utilities bills with the name and address of residents, front page only (Gas, Water, Electricity)

OR

- Copy of 'An intent to connect' or a 'Welcome' letter from the gas, water or electricity company.
- A rental agreement minimum of 1 complete school year. (First four pages)
- If your child currently attends another Government school, please advise them of your intentions to enrol at Davis Creek Primary School.

Student Medical Information

- Anaphylaxis Asthma Allergies Epilepsy

Coloured forms are available from the school office. Form must be completed and signed by your child's doctor and have a recent photo of the child attached.

*Please provide photocopies of all documents listed above. We will not be accepting the enrolment form if any of the above documents are missing or not photocopied.

Thank you for your understanding.

Davis Creek Primary School

PRIVACY COLLECTION NOTICE Information for students, parents, and carers

The Department of Education and Training (the Department) values your privacy and is committed to protecting the personal and health information that schools collect.

All school staff must comply with Victorian privacy law and the [Schools' Privacy Policy](#). This notice explains how the Department, including Victorian government schools (schools), handles personal and health information. On occasion, specific consent will be sought for the collection and use of information, for example, for a student to receive a health service. Our schools are also required by legislation, such as the *Education and Training Reform Act 2006*, to collect some of this information. Throughout this notice, 'staff' includes principals, teachers, student support service officers, youth workers, social workers, nurses and any other allied health practitioners, and all other employees, contractors, volunteers and service providers of the school and the Department.

On enrolment, and during the ordinary course of a student's attendance at a school, schools will collect information about students and their families for the following purposes:

- educating students
- supporting students' social and emotional wellbeing, and health
- fulfilling legal obligations, including duty of care, anti-discrimination law and occupational health and safety law
- communicating and engaging with parents
- student administration
- school management
- supporting policy in relation to student education and wellbeing.

If this information is not collected, schools may be unable to provide optimal education or support to students or fulfil legal obligations.

For example, our schools rely on parents to provide **health information** about any medical condition or disability that their child has, medication their child may take while at school, any known allergies and contact details of their child's doctor. If parents do not provide all relevant health information, this may put their child's health at risk. Our schools also require current, relevant information about all **parents and carers** so that schools can take account of safety concerns that affect their children. Parents should provide schools with copies of all current parenting plans and court orders about or that affect their children and provide updated copies when they change.

When parents enrol their child in primary school, they will be asked to provide personal and health information in several ways, including via the Enrolment Form, the [School Entrance Health Questionnaire \(SEHQ\)](#) and the [Early Childhood Intervention Service \(ECIS\) Transition Form](#).

The **Enrolment Form** is used to collect information that is essential for the purposes listed above, and requests information such as:

- **Emergency contacts** – Individuals parents nominate for a school to contact during an emergency. Parents should ensure that their nominated emergency contact agrees to their contact details being provided to the school and that they understand their details may be disclosed by the Department if lawful, e.g. in the case of emergency communications relating to bush fires or floods.
- **Student background information** – Information about country of birth, Aboriginal or Torres Strait Islander origin, language spoken at home and parent occupation. This information enables the
- Last updated 24 Nov. 21
- Department to allocate appropriate resources to schools. The Department also uses this information to plan for future educational needs in Victoria and shares some information with the Commonwealth government to monitor, plan and allocate resources.
- **Immunisation status** – This assists schools to manage health risks and legal obligations. The Department may also provide this information to the Department of Health and Department of Families, Fairness and Housing to assess immunisation rates in Victoria, but not in a way which identifies students.
- **Visa status** – This is required to process a student's enrolment.

All schools may use departmental systems and online tools such as apps and other software to effectively collect and manage information about students and families for the purposes listed above.

When schools use these online tools, they take steps to ensure that student information is secure. If parents or carers have any concerns about the use of these online tools, please contact the school.

School staff will only share student and family information with other school staff who need to know to enable them to educate or support the student as described above. Information will only be shared outside the school (and outside the Department) as required or authorised by law, including where sharing is required to meet duty of care, anti-discrimination, occupational health and safety, and child wellbeing and safety obligations. The information collected will not be disclosed beyond the school and Department without parent consent unless such disclosure is lawful. When a student transfers to another school (including Catholic, independent and interstate), personal and/or health information about that student may be transferred to the next school. Transferring this information is in the best interests of the student and assists the next school to provide the best possible education and support to the student. For further detail about how and what level of information is provided to the next school, refer to the: [Enrolment: Student transfers between schools](#). Schools only provide school reports and ordinary school communications to students, parents, carers or others who have a legal right to that information. Requests for access to other student information or by others must be made by lodging a [Freedom of Information \(FOI\)](#) application. To update student or family information, parents should contact their school.

For more information about how schools and the Department collect and manage personal and health information, or how to access personal and health information held by a school about you or your child, refer to the: [Schools' Privacy Policy](#)

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)

**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 website. Always use findmyschool.vic.gov.au to check school zones.

Details of Student

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

Primary Family Home Address and Billing			
No & Street:			
Suburb:	TARNEIT		
State:	VIC	Postcode:	3029

Please list any siblings attending this school:

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

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 <input type="checkbox"/> Speech			<input type="checkbox"/> ASD <input type="checkbox"/> I.D <input type="checkbox"/> Behaviour <input type="checkbox"/> NDIS <input type="checkbox"/> Other <input type="checkbox"/> :
Court Orders / Parenting Plan			Documents Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Enrolment Agreement			
Photographing, Filming and Recording Student			
DCPS Acceptable Use of Technology Agreement			Indigenous <input type="checkbox"/> Koori <input type="checkbox"/> Out of Home Care <input type="checkbox"/>
Transfer Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Date received			School Reports: Yes <input type="checkbox"/> No <input type="checkbox"/>
Teacher Advised			Previous School:
Family Contribution:			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):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (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
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (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
❖ What is the occupation group of Adult A? 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'. THIS BOX MUST BE COMPLETED.

ADULT B DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal First Name:
What is Adult B's occupation?
Who is Adult B's employer?
In which country was Adult B born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify): Please indicate any additional languages spoken by Adult B:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (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
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (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
❖ What is the occupation group of Adult 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'. THIS BOX MUST BE COMPLETED.

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

Main language spoken at home :
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick) <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither
Do you consent for your contact information to be shared with your child's classroom representative (Parent volunteer) each year? (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

❖ In which country was the student born? <input type="checkbox"/> Australia (Birth Certificate must be attached)	
<input type="checkbox"/> Other (Please Write here) (passport, visa or Immicard must be attached)	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the Student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency: <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport (copy must be attached) <input type="checkbox"/> Holds Permanent Residency Visa (copy of VISA must be attached)	
**Has the student lived outside of Australia for more than 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes: please advise below	
Date of Departure from Australia: _____ Date of Return to Australia: _____	
What is the Residential Status of the Parent? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (VISA)	
Visa Sub Class: _____ Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____	
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (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):	
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one) <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? (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.

Student's Religion:

Student Access or Activity Restrictions Details

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

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (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.)
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order
	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
A hard copy of the order must be produced to the school		
Is there an Activity Alert for the student? (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

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School: _____	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?	
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.
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Integration:	Is this student an Integration Student (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name: _____	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

KINDERGARTEN INFORMATION

Four Year Old Kindergarten Attended	<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
Transition Statement must be provided to us by the Early Childhood Educator, please ensure you give permission for this to the kindergarten.		
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.**

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

OTHER MEDICAL CONDITIONS

(MORE COPIES OF THE OTHER MEDICAL CONDITION FORMS ARE AVAILABLE ON REQUEST FROM THE SCHOOL.) 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
If yes, please specify:		
Symptoms:		
If my child displays any of the symptoms above please: (tick)		
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:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response		
Indicate the usual dosage of medication:	Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Teacher <input type="checkbox"/> Other		
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		
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

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.**

Is there any confidential information you wish to communicate to the Principal, to help with the smooth transition to school for the student? No Yes If yes please write below.

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 1 /Guardian 1: _____ Date: ____ / ____ / ____

Signature of Parent 2 /Guardian 2: _____ 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:

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 publicly 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
---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	----

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
---	---	---	---	---	---	---	---	---	----



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

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: _____



Photographing, Filming and Recording students at Davis Creek Primary School Annual Consent Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, showcase particular learning programs, document a student's learning journey/camps/excursions/sports events, communicate with our parents/carers and school community in newsletters, school social media accounts and on classroom apps, blogs and learning journals.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (eg concerts, sports events, assemblies etc) do so in a respectful and safe manner and that any photos, video or recordings ("images" of students are not publicly posted (eg to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact our school office on 03 9749 9800 or davis.creek.ps@education.vic.gov.au.

A. Use or disclosure within the school community

Unless you tell us otherwise below, images of your child may be used by our school within the school community, as described below.

Photographs, video or recordings of students may be used within the school community in any of the following ways:

- in the school's communication, learning and teaching tools (for example, emails, classroom blogs or apps that can only be accessed by students, parents or school staff with passwords eg Compass, SeeSaw and Class Dojo etc)
- in the school's newsletter
- for display in school classrooms, on noticeboards and data tracking
- to support student's health and wellbeing (eg photographs of pencil grip to assist in OT assessments)

B. Use or disclosure in publications/locations that are publicly accessible

Unless you tell us otherwise below, photographs, video or recordings of students may also be used in publications that are accessible to the public, including:

- on the school's website
- on the school's social media accounts
- Your child may be identified by first name only in these images (or not named at all).
- We will notify you individually if we are considering using any images of your child for specific advertising or promotional purposes.
- **Privacy**
- Photographs, video and recordings of a person that may be capable of identifying the person may constitute a collection of 'personal information' under Victorian privacy law. This means that any images of your child taken by the school may constitute a collection of your child's personal information. The school is part of the Department of Education and Training (**the Department**). The Department values the privacy of every person and must comply with the *Privacy and Data Protection Act 2014 (Vic)* when collecting and managing all personal information. For further information see [Schools' Privacy Policy](#)
- (<http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>).



Ownership and Reproduction

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

Opt Out

Davis Creek Primary School understands that parents and carers have the right to withhold permission for our school to use photographs, video or recordings of your child (apart from circumstances where the school is not required to seek consent – see *our Photographing, Filming and Recording Students Policy*).

If you have read this notice and are comfortable with the school using photos, video or recordings of your child as described above, you do not need to take any further action.

However, if you have decided that you **do not** want images of your child to be collected or used by our school, **please complete the form below** and return it to your child’s classroom teacher or the school office. Please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

I have read this form and I **do not consent** to Davis Creek Primary School using photos, video or recordings of my child (named below) to appear in the following ways:

- Use within the school community** (eg in the school’s communication, learning and teaching tools, on display around the school, in the school’s newsletter and SeeSaw)
- Use in publications/locations that are publicly accessible** (eg on the school’s website, on the school’s social media accounts, in promotional material for the school)

Note:

- *You may choose to opt out of both or only one type of use.*
- *It may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.*
- *Further information is available in the Davis Creek Primary School Photographing, Filming and Recording Students Policy.*

Name of student	
Name of parent/carers	
Signature	
Date	___ / ___ / _____



Student Name: _____

Davis Creek Primary School Acceptable Use of Technology Agreement

Davis Creek Primary School has an obligation to provide inclusive and safe learning spaces for all members of the school community. It is the right of this community to have access to consistently supportive online spaces digitally and to on-site environments in person. The following agreement outlines Davis Creek Primary School's part in the provision of digital learning, the school's roles and responsibilities, as well as the expected conduct of the students when using online resources at home and at school

All messages created, sent or retrieved on the school's internal network; the Compass School Management System, and Seesaw classrooms are the property of the school. The school reserves the right to access and monitor all messages and files on these systems, as necessary and appropriate. Communications including text and images may be required to be disclosed to law enforcement and other third parties, as per the mandatory reporting legislation outlined by the Victorian Department of Health and Human Services. This may be done without the consent of the sender.

At our School we:

- Have a Student Engagement, Behaviour Management and Wellbeing Policy that outlines our School's values and expected student behaviour. This Policy includes online behaviours;
- Have programs in place to educate our students to be safe and responsible users of digital technologies;
- Educate our students about digital issues such as online privacy, intellectual property and copyright;
- Supervise and support students using digital technologies for school-directed learning;
- Use clear protocols and procedures to protect students working in online spaces. This includes reviewing the safety and appropriateness of online tools and communities, removing offensive content at earliest opportunity, and other measures;
- Provide a filtered internet service, at school, to block inappropriate content. We acknowledge, however, that full protection from inappropriate content cannot be guaranteed;
- Use online sites and digital tools that support students' learning;
- Address issues or incidents that have the potential to impact on the wellbeing of our students;
- Refer suspected illegal online acts to the relevant Law Enforcement authority for investigation;
- Support parents and caregivers to understand safe and responsible use of digital technologies and the strategies that can be implemented at home. The following resources provide current information from both the Department of Education & Training and The Children's eSafety Commission:
 - Bullystoppers Parent Interactive Learning Modules
(www.education.vic.gov.au/about/programs/bullystoppers/Pages/parentmodules.aspx)
 - eSafetyParent | Office of the Children's eSafety Commissioner
 - <https://www.esafety.gov.au/education-resources/iparent>)



Student Agreement

Student behavioural expectations

When using digital technologies, students are expected to conduct themselves in a way that is consistent with Davis Creek Primary School's CARE values, Bullying Prevention policy and Student Engagement, Behaviour Management and Wellbeing Policy.

Students will agree to use the devices provided by Davis Creek Primary School.
Students will agree that their personal devices are not required to be at school.

Please ensure that the student has signed and understood the following values when using ICT inside and outside of the classroom. Signatory space is at the end of the document.

To show Curiosity:

I will use digital resources to safely be an inquirer.

- I will only use devices to support my learning.
- I will use applications to research information, answer questions and support problem solving.
- I will only search online resources safely, appropriately and under supervision where available.
- I will inform a teacher if questions are found online and in digital resources that ask for personal information.

To show Agency:

I will utilise digital materials and resources approved by my teachers.

- I will only use digital material and resources that have been provided by or approved by teaching staff, as directed by the teacher.
- I will suggest resources that could support student learning, to be reviewed by staff.
- I will collaborate with peers and teaching staff using digital technologies to accomplish learning goals.

To show Respect:

I will respect the school devices and the ways they can be used.

- I will be considerate and responsible in the use of digital technology when finding, creating or sending information and avoid anything that might be harmful, inappropriate or hurtful to me or anyone else.
- I will communicate with others online respectfully and with care.
- I will respect the privacy of others, such as not taking photos or videos without teacher approval and supervision.
- I will handle digital technologies carefully as with all school equipment, including not making any software, firmware or application changes; notifying a teacher of any damage or attention required



To show Excellence:

I will safely use, access and share appropriate sites.

- I will protect passwords and don't share them with anyone except my parent.
- I will only join spaces with my parents or teacher's guidance, permission and supervision.
- I will speak to a trusted adult if I see something that makes me feel upset or if I need help.
- I will speak to a trusted adult if someone is unkind to me or if I know someone else is upset or scared.

Breaches of this policy by students can result in a number of consequences which will depend on the severity of the breach and the context of the situation. This includes:

- Removal of network access privileges
- Removal of email privileges
- Removal of internet access privileges
- Removal of printing privileges.
- Other consequences as outlined in the school's *Bullying Prevention and Student Engagement, Behaviour Management and Wellbeing* policies.

Signature:

I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within this agreement.

This AUA applies when digital devices and technologies are being used at school, for school-directed learning, during school excursions, at camps and extra-curricular activities, and at home.

I understand that there are actions and consequences established within the school's Student Engagement Policy if I do not behave appropriately.

Parent/Guardian Name:

Parent/Guardian Signature:

Student signature:

School contact name:

Date:



My Ideas on Safe and Responsible Behaviour

This part of the document is for students to express their own ideas and can be taken home to encourage discussion of expectations and behaviour regarding the use of digital technology.

When I use digital technologies, I show curiosity. This means I:

When I use digital technologies, I show agency. This means I:

When I use digital technologies, I show respect. This means I:

When I use digital technologies, I show excellence. This means I:



**Acceptable Use of Technology
Student Agreement**



(principal or teacher)

acknowledges the commitment of

(student)

for being a polite, safe, responsible and ethical user of digital technologies.

As a student I continue to learn to use digital technologies safely and responsibly.
I will ask a trusted adult for help whenever I am unsure or feel unsafe.

Student's Signature

Teacher/Principal Signature

Date

